



Benefits for **today** and **tomorrow**

With you every step of the way.





Peace of mind

Health care, like other aspects of the current environment, is experiencing unprecedented challenges and complexity. The pandemic has been a powerful reminder of the importance our benefits plans and programs serve in the lives and well-being of our employees and their family members. We recognize that our employees value reliable coverage and access to quality care.

Our focus for 2021 is to reinforce the strength and value of our plans, promoting total well-being to assist our employees in living healthy lifestyles and providing you peace of mind knowing your benefits will give you support, protection and stability when you need them most.

Your enrollment package

This guide will provide you with all of the information you need to know to direct you on any actions you need to take to enroll in Barnes Group benefits coverage.

Learn more online

Be sure to review our 360 Benefits website at www.barnesgroupbenefits.com for complete plan details, forms, plan documents and vendor contact information!



Your guide to what's inside



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Benefits Basics

ELIGIBILITY AND ENROLLMENT

At Barnes Group, we recognize that our employees value reliable coverage and access to quality care.

We are committed to providing comprehensive benefits to ensure support, stability and protection when our members need it most.

The first step in making the most informed decisions about your coverage starts with understanding your benefits and how they work. Use the information in this guide to maximize your benefits and find the best fit for you and your family.



Eligibility

You are eligible to participate in the Barnes Group 360 Benefits program if you:

- < Are a U.S.-based active salaried or nonunion hourly employee
- < Work at least 20 hours per week*

Generally, spouses, domestic partners and dependent children are eligible to enroll for benefits under the 360 Benefits program. Eligible dependents include:

- < Your spouse
- < Your domestic partner**
- < Your children or domestic partner's children, up to age 26, for medical, dental, vision and child life insurance
- < Your unmarried children or domestic partner's children of any age who are incapable of self-support due to a mental or physical disability, and who are totally dependent upon you**

*Certain limitations in coverage may apply for individuals scheduled to work less than 30 hours per week. Please consult your HR Representative or Summary Plan Description (SPD) for more information.

**Certain eligibility and documentation requirements must be satisfied for enrollment. Verification of domestic partner eligibility will be subject to completion of the Domestic Partner Affidavit and required supporting documentation.

Make sure your dependents are eligible before enrolling

Not sure about a dependent's eligibility? Use the following guidelines:

- < **Medical, dental, vision, life insurance:** Your children or domestic partner's children are eligible up to age 26 without student status requirements.

If you enroll someone who is not eligible, you may have to reimburse Barnes Group for any claims or expenses paid for that person. Barnes Group cannot refund any difference in your premiums after canceling your ineligible dependent's coverage. Honest mistakes happen, but you can be subject to disciplinary action — especially if we suspect fraud. Penalties may include termination of coverage for that plan and/or termination of employment.

Domestic partners

You can enroll a domestic partner (and his or her eligible child[ren]) in your medical, prescription drug, dental, vision and other voluntary benefits programs. Domestic partners are generally defined as two adults of the same or opposite sex who:

- < Are at least age 18
- < Are not related by blood
- < Have lived together continuously for at least 12 months and plan to do so indefinitely
- < Are mutually responsible for their common welfare
- < Reside at the same address
- < Maintain no other domestic partnerships or marriages

One of the greatest values of a benefits package is the ability to protect not only you, but your family members, as well. Please review eligibility guidelines to be sure you are enrolling your family appropriately.



To register your domestic partner for coverage, you will be required to provide a signed, notarized affidavit and furnish proof of the domestic partnership upon enrollment.

We may ask for proof of eligibility for dependents

When you enroll your eligible spouse, domestic partner and/or child(ren) in the various Barnes Group benefits plans — and when you continue their participation at each Open Enrollment — you're certifying that the person is an eligible dependent under the terms of the plan. We may ask for documentation that proves the dependent's eligibility when you first enroll the dependent, or later on in the year.

Please provide this proof in a timely manner. If you don't, you may delay the dependent's coverage under the plan. Ask your HR Representative if you have any questions about this requirement.

Making a change to your benefits during the year (qualified life event)

The Internal Revenue Service (IRS) does not permit you to change benefits options during the year unless you have a qualified life event, such as marriage, divorce, change in domestic partner status, birth or adoption of a child, or changes in insurance options.

If you experience a qualified life event (QLE) and need to make changes to your benefits, you must do so within 30 days of the effective date of the event. Please visit the Life Events section of the 360 Benefits website at www.barnesgroupbenefits.com for further details.



THE AFFORDABLE CARE ACT AND YOU

Public Health Insurance Marketplace

The Marketplace is designed to serve those who cannot get qualified medical coverage through their employer or a public program. You are currently eligible for the Barnes Group health benefits, and your benefits meet the minimum essential coverage standard set by the Affordable Care Act. Since you're eligible for comprehensive benefits through Barnes Group, it is unlikely that you will be eligible for the financial benefits of the Marketplace. For example, you won't qualify for a discount (subsidy), you'll have to pay for that coverage on an after-tax basis, and Barnes Group will not contribute to the cost of any coverage purchased from the Marketplace.



Enrollment

5 EASY STEPS to complete your benefits enrollment

Follow this step-by-step checklist to ensure a smooth benefits enrollment process. It's your responsibility to review your benefits and complete your enrollment before the deadline.

Step 1

Review this guide and our 360 Benefits website.

This benefits guide and the 360 Benefits website, www.barnesgroupbenefits.com, provide the information you need to understand your coverage options.

Step 2

Understand your coverage and costs.

Review your options carefully to ensure they provide the best costs and coverage for you and your family.

Step 3

Gather any information you may need.

Before you enroll, make sure you have the following personal data for yourself and your dependents or beneficiaries:

- Names
- Social Security numbers
- Home addresses
- Dates of birth
- If you're enrolling for the first time, we may also ask for proof of dependent eligibility. Please provide this information in a timely manner; if you don't, you may delay the dependent's coverage under the plan.

Step 4

Call or log in to enroll.

- To enroll by phone, call **1-877-435-0260**. A representative will answer your questions and record your benefits elections Monday through Friday from 8 a.m. to 5 p.m. EST.
- To enroll online, visit www.myMarketLink.com/barnes.

Login: First initial of first name, up to the first six characters of last name and last four numbers of SSN.

Password: Your birthdate (YYYYMMDD), first initial (lowercase), last initial (UPPERCASE), followed by an exclamation point (!).

Example: Rebecca Anderson, XXX-XX-2345, August 14, 1962

Login: randers2345, Password: 19620814rA!

After your initial login, you will be prompted to change your password. Please keep your new password in a secure location so you can easily access MarketLink in the future.

Step 5

Carefully review your benefits confirmation statement.

The confirmation statement you receive in the mail reflects the benefits you elected. This is your last chance to correct any errors or take specific actions, such as completing Evidence of Insurability applications, domestic partnership declaration form or other qualifications, to ensure your benefits coverage will be in effect when you are first eligible. Failure to complete your benefits confirmation statement within 30 days of your hire date will result in your enrollment in the Company's core benefits coverage only.

Contact your local HR Representative as soon as possible if your confirmation statement is incorrect or if you do not receive a confirmation statement.



Healthcare Bluebook™

Shopping for a new phone or car is easy; shopping for health care is not. Healthcare Bluebook empowers employees to make informed decisions by providing an intuitive, easy-to-use web and mobile platform that enables employees to look up services and compare providers on cost and quality. Stop overpaying for health care, and take health care price and quality transparency for a spin at www.healthcarebluebook.com.



- < Bluebook's Fair Price calculates the reasonable amount you should be paying for a medical service.
- < This makes it simple to find high-quality, cost-effective facilities and physicians.
- < With quality transparency, you can be sure you're always getting the highest-quality care for the best price.

USE YOUR SMARTPHONE TO ACCESS HEALTHCARE BLUEBOOK



Download the free app from the App Store® or Google Play™.* Then launch the “Bluebook” app on your phone and click **My Employer Provides Bluebook**. Enter your company code (**Barnes**) and any additional log-in information as prompted. Once you've logged in, search for your procedure, review the price range shown on the color bar, then scroll down the page and review the list of facility options by quality and cost.

* App Store is a service mark of Apple Inc., registered in the U.S. and other countries. Google Play is a trademark of Google LLC.



MEDICAL, PRESCRIPTION DRUG AND DENTAL MEMBER ID CARDS

After you enroll, new ID cards will be sent to you from MyQHealth and Guardian®. You can also print your member ID cards from the secure member websites at www.MyBGIBenefitsCenter.com and www.guardiananytime.com.



NEW! Go Green to Get Green Program

Get paid to save on care!

Find the quality care you deserve with Healthcare Bluebook

Most of us have no idea if the prices doctors and other health care providers offer are fair or not. When prices for the same in-network procedure can vary by over 500%, chances are you're paying more than you have to.

Healthcare Bluebook is an online tool to research the cost and quality of health care services — so you can search for the care you need at the right price. The power behind Healthcare Bluebook is an easy-to-use searchable database giving you the Fair Price — the amount a patient should reasonably expect to pay. The Fair Price is determined based on the range of prices from the providers and facilities in your area.

Using Healthcare Bluebook can save you hundreds of dollars and rewards you when you shop smart for health care. Our new Go Green to Get Green rewards program will send you or your covered dependents a check for \$25, \$50 or \$100 if you choose a “green” provider for certain medical procedures. A “green” provider or facility is considered a high-quality provider that charges the Fair Price or less for their services.

How it works

- < When your doctor suggests a test or procedure, take a minute to do a simple search in Healthcare Bluebook, or work with your MyQHealth Care Coordinator to do the legwork for you.
- < Access Healthcare Bluebook online at www.healthcarebluebook.com and look for the color-coded cost and quality ratings, so you can easily see a side-by-side comparison of available facilities and know where to go for the highest quality at the lowest costs.

Cost Ratings

- At or Below Fair Price
- ▲ Slightly Above Fair Price
- Highest Price

Quality Ratings

- ✓+ Highest Quality
- ✓ Average Quality
- ✓- Lowest Quality





The Go Green to Get Green Program

Each time you use a Fair Price provider for select health care services, first you save, then you get rewarded.

The following are procedures included in the Go Green to Get Green Program, with associated incentives:

Procedure	Incentive
Most CT scans	\$25
Most MRIs	\$25
Transthoracic echocardiogram (TTE)	\$25
TTE with doppler	\$25
Cataract surgery	\$50
Cholecystectomy (laparoscopic)	\$50
Ear tube placement (tympanostomy)	\$50
Heart perfusion imaging	\$50

Procedure	Incentive
Lithotripsy	\$50
Removal of adenoids	\$50
Sleep study	\$50
Tonsillectomy	\$50
Colonoscopies	\$100
Knee arthroscopy	\$100
Shoulder arthroscopy	\$100
Upper gastrointestinal endoscopies	\$100







Health & Well-being

TRANSFORMING LIVES FOR BETTER HEALTH

Advancing the health and well-being of our employees is deeply rooted in our benefits philosophy, and we are committed to building a healthier company, one employee at a time.

From comprehensive benefits options that fit your budget to outcome-based programs, support, resources and expertise, our health benefits are designed to help employees live healthier and safer lives — at work and at home.

Earn incentive credits

You can earn well-being incentives simply by taking an active role in managing your health and participating in important well-being activities. Refer to the *Well-being programs* section in this guide for more information.



Medical

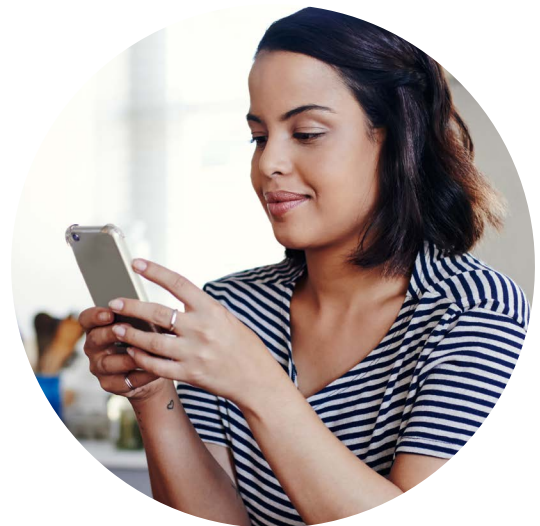
Our plans:

- < Encourage well-being checkups and routine care
- < Promote effective consumerism of health care services
- < Provide security and help protect you and your family against large financial burdens in the event of a serious illness or injury

Medical Plan Options	Key Plan Features
POS Choice Plan	Highest employee premiums; lowest deductible of all plans.
HSA Advantage Plan	Lowest deductible of the three HSA plans. Includes a Company HSA matching contribution with your own HSA contributions.
HSA Value Plan	Higher deductible than the HSA Advantage Plan, but features lower premiums. Also includes a Company HSA matching contribution with your own HSA contributions.
HSA Max Plan	Highest deductible of all plans, but features lowest premiums. Includes a Company-funded HSA matching contribution with your own contributions to an HSA.

How medical expenses are paid

Barnes Group self-insures our medical, prescription and dental plans. This means that Barnes Group pays the actual cost of all health care claims, so every claim affects our bottom line. Our vendors, MeritainSM, CVS Caremark[®] and Guardian, handle the administration and claims processing for our benefits plans, as well as establishing provider networks and negotiating discounted rates with doctors and facilities, but Barnes Group remains responsible for paying the actual cost of each claim.



When you are comparing medical insurance, it's a good idea to look at all of the options available. You want coverage that works with your lifestyle, helps you get the best possible care and fits with your financial picture. With four plans to choose from — each using the same robust network of doctors and hospitals across the country — you'll have the confidence of knowing the plans will deliver high-quality care for you and your family.



Medical Summary of Benefits

The chart below is a summary of typical medical expenses and out-of-pocket costs for care received under our four medical plans. You can find a more comprehensive comparison of the benefits plans on the 360 Benefits website.

2021 Medical and Prescription Drug Comparison

Medical	POS Choice*	HSA Advantage**	HSA Value**	HSA Max**
Deductible (Individual/Family)	\$750/\$1,500	\$1,750/\$3,500	\$2,750/ \$5,500	\$6,900/\$13,800
Copay	\$20/\$40	n/a	n/a	n/a
Coinsurance	20%	25%	30%	n/a
Out-of-pocket max. (Individual/Family)	\$3,500/\$7,000	\$3,500/\$7,000	\$4,500/\$9,000	\$6,900/\$13,800
Barnes HSA matching contribution	n/a	\$250/\$500	\$500/\$1,000	\$750/\$1,500
Premium	\$\$\$\$	\$\$\$	\$\$	\$

Prescription Drug

30-day supply or less: Obtain from any network retail CVS Pharmacy®	Generic: \$10 copay Preferred Brand: \$35 copay Non-Preferred Brand: \$60 copay Specialty: \$200 copay
Up to a 90-day supply: Obtain through CVS Caremark Mail Service Pharmacy™ or from any CVS Pharmacy	Generic: \$20 copay Preferred Brand: \$70 copay Non-Preferred Brand: \$120 copay Specialty: \$400 copay
Preventive Generics Program	Retail (30-day supply): Generic: \$0 copay Mail-order Generics: \$0 copay Non-generic preventive medications subject to plan deductible and applicable copayments.
Preventive Drug List for our HSA plan members	The FDA and IRS have compiled a list of specific drugs that are used for preventive care, called the Preventive Drug List. To help save money, you will not be required to first meet your deductible before the plan pays. Preventive generics under the CVS Caremark formulary will be free (\$0 copay).

*Primary care physician (PCP) and specialist visits are subject to copays.

**The family deductible includes employee + one or more enrolled family members; no benefits will be paid for any family member until the family deductible is met. Under the HSA plans (Advantage, Value and Max), prescription drug purchases will apply to your deductible, coinsurance and out-of-pocket maximums. This is only a summary of the prescription drug coverage. Please refer to the plan SPD, plan documents or the Barnes Group 360 Benefits website for complete details.



How the Medical Plans Work

Amounts shown in the following chart represent in-network services.

	POS Choice Plan*	HSA Advantage Plan	HSA Value Plan	HSA Max Plan
	Preventive Care			
Eligible preventive services include annual exams, certain screenings, immunizations and health education.	Preventive care is covered at 100% with no deductible when you use network providers.			
	▼			
	Calendar-Year Deductible (In Network)			
You are responsible for the deductible.	Individual: \$750 Family: \$1,500**	Individual: \$1,750 Family: \$3,500**	Individual: \$2,750 Family: \$5,500**	Individual: \$6,900 Family: \$13,800**
	▼			
	Coinsurance			
Once you've paid your calendar-year deductible, your costs for covered services will be based on the plan's coinsurance schedule.	The plan pays 80% You pay 20%	The plan pays 75% You pay 25%	The plan pays 70% You pay 30%	n/a
	▼			
	Out-of-Pocket Maximum***			
When your share of costs reaches the limit, the plan pays 100% of covered expenses for the rest of the year.	Individual: \$3,500 Family: \$7,000	Individual: \$3,500 Family: \$7,000	Individual: \$4,500 Family: \$9,000	Individual: \$6,900 Family: \$13,800

*Primary care physician (PCP) and specialist visits are subject to copays.

**The family deductible includes employee + one or more enrolled family members; no benefits will be paid for any family member until the family deductible is met.

***Includes coinsurance, copays and deductible amounts.



MyQHealth services and support

When you don't know where to begin, start with MyQHealth:

- < Your personal team of nurses, benefits experts and claims specialists who will do all they can to support your unique health care needs
- < Your one resource to contact for help with medical, wellness or pharmacy benefits

Your MyQHealth Care Coordinators help:

- < Verify coverage
- < Find in-network providers
- < Provide health education resources
- < Advocate for your care
- < Manage chronic conditions
- < Contact providers to discuss treatment
- < Answer claims, billing and benefits questions
- < Create health improvement plans
- < Reduce unnecessary out-of-pocket costs
- < Confirm precertifications

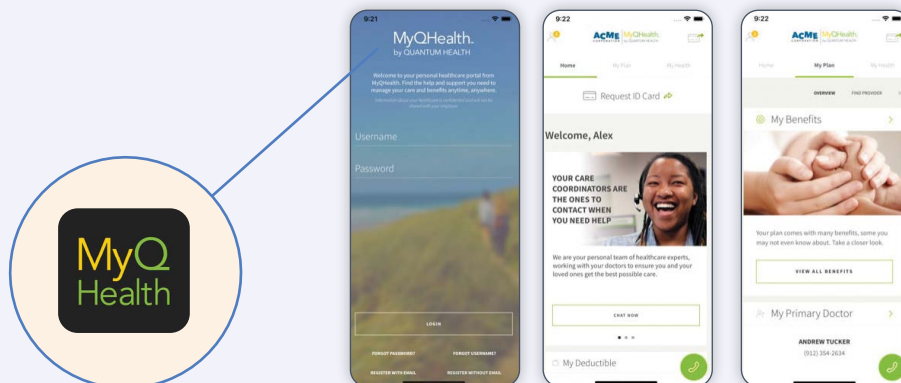
Your MyQHealth Care Coordinators put you first

Download the MyQHealth – Care Coordinators app for 24/7 access to your health plan benefits and personal health care information, including:

- < Up-to-date benefits information
- < Current claims and deductible status
- < Real-time health and wellness guidance
- < In-network providers near you
- < And so much more!

HOW DO I CONTACT MYQHEALTH CARE COORDINATOR?

Call your Care Coordinators with any questions at **1-855-649-3862** (Monday – Friday, 8:30 a.m. – 10 p.m. EST), visit www.MyBGIBenefitsCenter.com or download the **MyQHealth app** to have access to your Care Coordinator whenever you need them!



In addition to having Spanish-speaking Care Coordinators on staff, MyQHealth has other language translation services available upon request.



Pharmacy benefits

Barnes Group pharmacy coverage is designed around prevention, maintenance and helping you live a healthier life. Offered through CVS Caremark, our prescription drug plans are automatically integrated with your medical plan coverage, and are thoughtfully crafted to provide comprehensive coverage for the routine, as well as specialty medications for the most complex conditions. In addition, we provide free generic preventive medications supporting more than 15 diagnostic categories.

Our pharmacy coverage also includes a diabetes management program through Livongo, for individuals living with diabetes, designed to promote routine glucose testing and provide participants with subsidized diabetic supplies.

Four medical plans — one prescription drug plan

Each of our four medical plan options provides the same CVS Caremark prescription drug benefits. Your prescription drug costs will depend on whether you purchase at a retail pharmacy or through home delivery, and whether you buy generic or brand-name medications.

Prescription Drug Summary of Benefits

	POS Choice Plan	HSA Advantage Plan*	HSA Value Plan*	HSA Max Plan*
General Prescriptions				
Type of medication	General prescriptions			
Plan deductible	Waived	Applies; you must pay the deductible first		
Prescription Drug				
30-day supply or less: Obtain from any network retail CVS Pharmacy	Generic: \$10 copay Preferred Brand: \$35 copay Non-Preferred Brand: \$60 copay Specialty: \$200 copay			
Up to a 90-day supply: Obtain through CVS Caremark Mail Service Pharmacy or from any CVS Pharmacy	Generic: \$20 copay Preferred Brand: \$70 copay Non-Preferred Brand: \$120 copay Specialty: \$400 copay			
Preventive Generics Program	Retail (30-day supply): Generic: \$0 copay Mail-order Generics: \$0 copay Non-generic preventive medications subject to plan deductible and applicable copayments.			
Preventive Drug List for our HSA plan members	The FDA and IRS have compiled a list of specific drugs that are used for preventive care, called the Preventive Drug List. To help save money, you will not be required to first meet your deductible before the plan pays. Preventive generics under the CVS Caremark formulary will be free (\$0 copay).			

*Under the HSA plans, prescription drug purchases will apply to your deductible and out-of-pocket maximums. This is only a summary of the prescription drug coverage. Please refer to the plan SPD, plan documents or the Barnes Group 360 Benefits website for complete details.



MANAGE YOUR PRESCRIPTION DRUG BENEFITS ON THE CVS CAREMARK WEBSITE

Register at www.caremark.com/wps/portal/REGISTER_ONLINE to order prescription refills, review the plan's formulary, get drug cost estimates, identify ways to reduce your medication costs, and manage your prescription coverage and benefits online.





Preventive Generics Program

Our plan features a comprehensive Preventive Generics Program to encourage compliance with long-term medications that help prevent complications associated with chronic illnesses.

When you purchase generic medications on the CVS Caremark Generic Preventive Drug List, your deductible and copays are waived and your medications will be free!

	POS Choice Plan	HSA Advantage Plan	HSA Value Plan	HSA Max Plan
Preventive Generics Program				
Type of medication	Prescriptions specifically to treat: <ul style="list-style-type: none">• Asthma• Diabetes• Hypertension• Hyperlipidemia• Mental health• Anticoagulants• Anticonvulsants• Some cardiac conditions• Osteoporosis• Chemical dependency• Anti-obesity• Multiple sclerosis• Immunosuppressive agents• Other miscellaneous conditions			
Plan deductible	Waived			
Your prescription costs	Generics: \$0 copay			



Important information regarding your prescription drug plan benefits:

When you enroll in the HSA Advantage, HSA Value or HSA Max medical plans:

- < You must pay all out-of-pocket costs for prescription drugs until you meet your annual deductible (combined with medical). After you meet the deductible, you will be responsible for your plan's copays until you reach the out-of-pocket maximum.
- < You can use your HSA to pay for your prescriptions.
- < Preventive generic medications bypass the deductible and are at \$0 cost to you. (Review the Generic Preventive Drug List available on the 360 Benefits website.)



Prescription drug types are listed in the formulary

A drug formulary is a list of preferred medications published by CVS Caremark. You can find the drug formulary at www.barnesgroupbenefits.com/health-wellness/pharmacy. Medications fall into these categories:

- < **Generic drugs** — An FDA-approved drug composed of virtually the same chemical formula as a brand-name drug, but usually at a much lower cost.
- < **Brand formulary** — If a generic medication is not available for your condition, your doctor may prescribe a brand-name medication. Brand formulary drugs have been evaluated by physicians and pharmacists at CVS Caremark and are deemed to be a cost-effective way to treat a specific condition. These are covered at a slightly higher cost to you than generic drugs, but at a lesser cost than the brand non-formulary drug.
- < **Brand non-formulary** — In the event you require a prescription medication that is neither generic nor brand formulary, you will pay the highest out-of-pocket cost for a brand non-formulary drug.
- < **Specialty drugs** — This category includes prescription medications that require special handling, administration or monitoring. These drugs are used to treat complex, chronic and often costly conditions, such as multiple sclerosis, rheumatoid arthritis, hepatitis C and hemophilia.

Anytime you receive a prescription, ask your doctor if a generic drug is available and if it's right for your condition. Doing so can save you hundreds of dollars.



Transform diabetes

Transform Diabetes Care™ Program

Get ongoing support to manage your condition

If you enroll in this voluntary program, you'll receive a FREE connected glucose meter that automatically sends your readings to your own personal diabetes website, caregivers, family and doctors.

You'll be assigned a health coach who will monitor your results to keep you healthy. You'll also get:

- < Diabetic testing supplies — test strips, lancing device, lancets and other diabetes supplies with no out-of-pocket copays or deductibles, when you regularly maintain and transmit your blood glucose readings to Livongo
- < Live, personalized health coaching from CVS pharmacists to help you manage your diabetes medications
- < Online portal and smartphone app where you can access and share your results with your health care providers or family members

The Transform Diabetes Care Program is brought to you by Livongo in partnership with CVS Caremark and is available to all employees and their family members enrolled in one of our medical plans who are diagnosed with diabetes or pre-diabetes.



TRANSFORM DIABETES CARE PROGRAM

Call **1-800-945-4355** or visit www.start.livongo.com to get started.



MAKING DIABETES MANAGEMENT EASIER

Participation in the Transform Diabetes Care Program and ongoing glucose monitoring entitles participants to free diabetic supplies, including test strips and lancets.

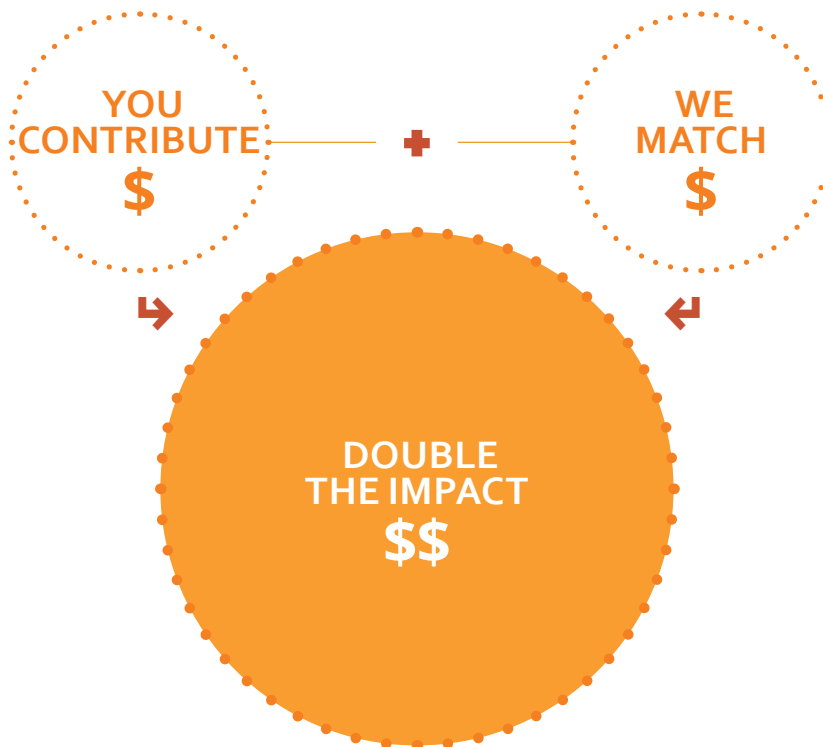


Health Savings Accounts

The HSA Advantage, HSA Value and HSA Max medical plans feature higher deductibles than the POS Choice plan but lower employee premiums. Each plan also features a Health Savings Account, or HSA, that includes Company-matching contributions you can use toward your deductible and other eligible expenses. With lower payroll deductions, matching contributions and tax savings, an HSA plan may be a more cost-effective choice for you and your family.

The Health Savings Account is your money

The account is yours to keep even if you leave the plan or the Company. Barnes Group will help you fund your HSA through a matching contribution. You decide whether to use your HSA balance toward current eligible expenses, or let it grow and save it for future expenses — even into retirement.





2021 HSA contribution limits

The chart below illustrates the matching contributions Barnes Group will make based on your own HSA contributions and elected health plan coverage, up to the IRS maximum.

HSA Advantage Plan	Barnes Group Matching Contribution*	Your Maximum Contribution	IRS Maximum Contribution**
Individual	\$250	\$3,350	\$3,600
Family	\$500	\$6,700	\$7,200

HSA Value Plan	Barnes Group Contribution	Your Maximum Contribution	IRS Maximum Contribution**
Individual	\$500	\$3,100	\$3,600
Family	\$1,000	\$6,200	\$7,200

HSA Max Plan	Barnes Group Contribution	Your Maximum Contribution	IRS Maximum Contribution**
Individual	\$750	\$2,850	\$3,600
Family	\$1,500	\$5,700	\$7,200

*Barnes Group will match participants' contributions up to the dollar maximums indicated above. Matching contributions will be deposited on a per-pay-period basis.

**Maximum permitted amount contributed annually from all sources. For age 55 (before or during 2020) and older — an extra \$1,000 "catch-up" contribution is allowed.

Don't focus on just the deductible

Think about how much you'll save in premiums, too. You can contribute the money you save each month, up to the IRS-allowed limit, to build up your savings account and budget for the unexpected.

Remember:

- < The plans help protect you with an annual out-of-pocket maximum.
- < Preventive care is covered at 100 percent when you use network providers.
- < Unused balances in your HSA roll over each year and can be used to pay for current or future medical expenses, including deductibles and coinsurance.
- < All HSA plans use the same network of providers as the POS Choice plan.

YOUR HSA DOLLARS

Use your HSA dollars to pay for medical, dental, vision and other qualified health care services that are not covered under your medical and dental plans. See IRS Publication 502 for a complete list of qualified expenses.





Triple tax advantages:

1. Your contributions

When you make contributions to an HSA, those dollars are deducted from your pay before taxes. This reduces your taxable income, thus saving you money. Depending on your tax bracket, this can mean savings of 15 to 40 percent.

2. Your withdrawals

You can then use the money you've contributed to reimburse yourself for eligible health care expenses. You do not pay taxes on money used as long as it's for qualified medical expenses. Withdrawals made after age 65 for other purposes are subject to ordinary income tax.*

3. Interest earned

Your HSA is an interest-bearing account, or can be invested in several investment options or brokerage accounts. You pay no taxes on your earnings.

*Based on current tax law

HSA investment options

Your contributions earn interest and the opportunity to invest through Devenir® and TD Ameritrade.

- < Choose from a wide range of securities, including mutual funds, stocks, bonds and more.
- < No minimum HSA balance is required to start investing (minimum trade requirements may apply).
- < Start investing when and how you want; there are no proprietary or default investments based on your HSA balance. You can easily transfer funds between the investment account and your HSA through the HSA Bank free Internet banking service.

Take your account with you

If you leave Barnes Group, remember that the HSA is your bank account, and any unused dollars remain yours. Your HSA dollars will be available to pay for qualified health care expenses in the future for you and your eligible dependents.

Save your receipts

Unlike Flexible Spending Accounts (FSAs), HSAs do not require that you substantiate expenses at the time of payment. However, you may need your receipts in the event you are audited, or to itemize any ineligible (non-medical) expenses for your annual income tax filing.

Eligibility for an HSA

By law, you cannot contribute to an HSA if you are:

- < Not covered by a qualified high-deductible health plan
- < Covered by a second health care plan, such as a spouse's health care plan
- < Eligible to be claimed as a dependent on another person's tax return
- < Enrolled in TRICARE®
- < Enrolled in Medicare

More facts about HSAs

- < It is your responsibility to follow contribution rules/limits and use HSA funds for qualified expenses.
- < Non-qualified withdrawals are taxable and subject to a 20 percent penalty if you are under age 65 and not Medicare eligible. After age 65, or when Medicare eligible, withdrawals are treated as ordinary income without an additional penalty.
- < IRS regulations do not permit you to contribute to a standard Health Care FSA and an HSA in the same calendar year. However, you may contribute to an HSA-compatible (Limited-Purpose) FSA, which you can use to cover eligible vision and dental expenses. See Flexible Spending Accounts (FSAs) on page 38 for more information about HSA-compatible FSAs.
- < Expenses associated with domestic partners or the child(ren) of a domestic partner are not eligible for reimbursement from an HSA.



Dental plans

Barnes Group offers two Guardian dental plans for you and your family:

- < Advantage plan — Higher monthly premiums with lower out-of-pocket costs
- < Value plan — Lower monthly premiums with higher out-of-pocket costs

Dental Summary of Benefits*

In-Network Benefits**	Advantage Plan	Value Plan
Individual deductible	None	\$100 per covered individual (\$300 maximum per family)
Preventive services	100% of covered charges	100% of covered charges
Basic services	80% of covered charges	60% of covered charges
Major services	50% of covered charges	40% of covered charges
Orthodontia	50% of covered charges; lifetime maximum of \$2,000 per individual	No coverage
Annual maximum	\$2,000 per covered individual	\$1,000 per covered individual

*This is only a summary of how the dental plans pay benefits. Please refer to your plan's SPD and the Barnes Group 360 Benefits website at www.barnesgroupbenefits.com for complete details.

**Coverage for out-of-network services is available on a reduced-coverage basis at reasonable and customary rates. You will be responsible for all charges above the reasonable and customary rates.

Save with network dentists

It's always best practice to seek care from network dentists. Your percent share of the cost is the same whether you go in or out of the network for covered dental services. However, that percent is calculated from a lower negotiated rate when you stay in the network. When you go outside the network, you have no control over how much your dentist charges. To access an in-network dentist, try our "Find a Provider" tool available at www.barnesgroupbenefits.com/health-wellness/dental.



SMILE!

A bright smile takes more than just brushing and flossing — good oral health is an essential part of a healthy lifestyle.



Vision plans

Caring for your vision can lead to a better quality of life and help you detect underlying health conditions well before other signs become apparent. Barnes Group offers two vision plans through Vision Service Plans (VSP®), one of the leading vision providers nationwide.

Pair VSP coverage with your medical insurance

Your medical plan options include full coverage for annual preventive care eye exams. Adding VSP coverage is a great supplement for the purchase of lenses, frames and contact lenses.

Vision Summary of Benefits*

In-Network Benefits**	Advantage Plan	Value Plan
Annual eye exam	100% after \$10 copay	100% after \$10 copay
Lenses — standard	\$25 copay	\$25 copay
Lens options	\$50 – \$160, depending on options elected	\$55 – \$175, depending on options elected
Frame allowance	\$170 every 12 months Choice of frames <u>or</u> contacts (Benefit cannot be duplicated with Contact allowance)	\$170 every 24 months Choice of frames <u>or</u> contacts (Benefit cannot be duplicated with Contact allowance)
Contact allowance	\$150 every 12 months Choice of frames <u>or</u> contacts (Benefit cannot be duplicated with Frame allowance)	\$150 every 24 months Choice of frames <u>or</u> contacts (Benefit cannot be duplicated with Frame allowance)

* This is only a summary of how the vision plans pay benefits. Please refer to your plan's SPD and the Barnes Group 360 Benefits website at www.barnesgroupbenefits.com for complete details.

** Coverage for out-of-network services is available on a reduced-coverage basis at reasonable and customary rates. You will be responsible for all charges above the reasonable and customary rates.



YEARLY EYE EXAM

Nearly 4.2 million Americans age 40 and older are visually impaired. That's 20/40 or worse in the better-seeing eye.¹

Be sure to get an eye exam every year and wear any corrective lenses as prescribed.

¹National Eye Institute, www.nei.nih.gov/eyedata/vision_impaired.



MyQHealth Care Coordinators

All employees, regardless of Barnes Group medical plan enrollment, are encouraged to take advantage of the free and confidential services of MyQHealth, to help with health care benefits and medical services.

Get help with your health care whenever you need it

Care Coordinators are nurses, clinicians and benefits specialists who advocate for members' care. They also:

- < Serve as personal health care guides who get to know members' unique health and wellness needs and work with their providers to ensure members receive high-quality, safe and cost-effective care
- < Understand Barnes Group benefits from top to bottom, so they can help with any questions
- < Bring personalized health care solutions to members

When do I contact MyQHealth Care Coordinators?

Anytime. Here are some common issues Care Coordinators help with:

- < Receiving ID cards
- < Answering claims, billing and benefits questions
- < Managing a health condition
- < Saving money on out-of-pocket costs
- < Understanding how to get the most out of benefits
- < Learning simple steps to improving health
- < Helping with medical needs — planned or unplanned

When you don't know where to begin, start with MyQHealth

From walking through treatment plans with providers and caregivers to addressing benefits issues or finding better, more cost-effective alternatives, MyQHealth Care Coordinators have all the right tools and services to ensure you and your family members are receiving the right care.

HOW DO I CONTACT MYQHEALTH CARE COORDINATORS?

Phone — Call your Care Coordinators at **1-855-649-3862** (service hours are 8:30 a.m. – 10:00 p.m. EST).

Email or chat — Register at www.MyBGIBenefitsCenter.com to email and/or chat with a Care Coordinator.

In addition to having Spanish-speaking Care Coordinators on staff, MyQHealth has other language translation services available upon request.





Teladoc

You pay just \$40 per call to consult with a Teladoc board-certified, licensed doctor by phone or online video chat anytime, day or night. While Teladoc is not intended to replace your primary care physician, it can provide a convenient alternative to more costly places of treatment, as well as access after hours or when you're away from home. With your permission, Teladoc can share your consultation record with your primary care physician.

Teladoc physicians can diagnose and prescribe medications for non-emergency issues, such as:

- < Ear/sinus infections
- < Bronchitis
- < Allergies
- < Colds and flu
- < Urinary tract infections
- < Respiratory infections
- < Strep throat, and more



Teladoc is a convenient, confidential and affordable alternative to a doctor's office or urgent care visit, and you don't have to make an appointment or leave home or work to get there.*

*Teladoc operates subject to state regulations.



TELADOC

Call **1-800-DOC-CONSULT (1-800-362-2667)** or log in at www.mydrconsult.com or www.teladoc.com/mobile to request a consultation. You'll be connected with a doctor who is licensed to practice medicine in your state. If you register in advance, Teladoc will be ready whenever you need help.



Well-being programs

Here's a look at just some of the well-being tools and resources available through LifeWorks.



Health risk assessments

LifeWorks includes multiple confidential online questionnaires covering a variety of well-being areas to provide you with a snapshot of your current health status and risks, based on your lifestyle factors and other key measures. After you complete a questionnaire, you'll receive recommendations and personalized health content to help you track your progress and provide ongoing motivation for continued improvement.



Challenges

Challenge yourself or join a team competition that is focused on incorporating more activity into your daily routine and offers you the support of your coworkers. Participation gives you the chance to earn credits toward the LifeWorks gift card mall.



Workshops and trackers

Check out more than 12 available online workshops covering topics such as nutrition, exercise, weight loss, tobacco cessation, stress management and more, along with health resources, well-being blogs, trackers, tip sheets and a monthly newsletter.



Health coaching

Leading a healthy lifestyle isn't always simple. It often requires help and support to overcome unhealthy habits and choices. LifeWorks health coaches engage and support employees and their family members in modifying unhealthy behaviors to get — and stay — healthy. You and your experienced coach will work closely to design a personalized plan that meets your specific health needs.

Health coaching is open to employees and eligible family members, and includes:

- < Personalized, action-oriented approach for long-lasting change
- < Behavior-change programs to encourage healthy lifestyles
- < Unlimited communication with a health coach, supported by robust online tools
- < Seamless integration with other LifeWorks programs and services

To engage a health coach, call **1-888-456-1324**.



Your path to platinum: Wellness Pays! incentive program

Our Wellness Pays! incentive program provides all employees with the opportunity to earn a well-being credit of up to \$200 annually.

Earn well-being rewards

All employees can now earn and accumulate points by completing everyday well-being activities. This new incentive program offers points when you complete a health assessment, participate in an onsite screening, join a workplace challenge, or access and review well-being content on the LifeWorks app. LifeWorks features direct integration with Apple®, Android™, Fitbit®, Garmin® and other wearable technology, so you can even earn points automatically for reaching daily step goals!







TAKE ACTION

Take a proactive approach to wellness by taking action! Fitness challenges, snackable wellness content and a seamless integration with wearable technology will motivate, energize and inspire you to be healthy and happy — all while earning incentive rewards in the process!



Find your path to Platinum status

Unlock your awards based on your status level as of November 1 each calendar year.

Tier level		Points to unlock tier	Points required to remain in tier	Barnes Group incentive reward* as of November 1 status
Bronze		0 – 2,499		
Silver		2,500 – 4,999	Participants have three months to accumulate 1,200 points to remain in Silver status.	\$50 Gift card or payroll well-being credit
Gold		5,000 – 9,999	Participants have three months to accumulate 2,400 points to remain in Gold status.	\$100 Gift card or payroll well-being credit
Platinum		10,000+	Participants have three months to accumulate 3,600 points to remain in Platinum status. Aim for 1,200 points per month!	\$200 Gift card or payroll well-being credit

*Award based on tier status as of November 1 each calendar year. All rewards are subject to appropriate taxation.

Reaching Platinum is kind of a big deal, and an accomplishment like that deserves a special reward. That's why in addition to the best reward of all — better health — you earn the highest incentive. If you reach and maintain the Platinum tier level as of November 1, you'll receive a nice incentive in December, just in time for the holidays!

LifeWorks Bucks

As an added bonus to keep you motivated, you can earn an instant reward with LifeWorks Bucks when you achieve Gold or Platinum status and for every quarter you maintain Platinum status. LifeWorks will send participants a \$5* gift card credit to redeem with more than 100 different vendors when you achieve Gold status, an additional \$5 credit when you achieve Platinum status and \$5 for every quarter you maintain Platinum status.

*Each award can only be earned once per calendar year.







Financial Protection Benefits

PREPARING FOR WHAT'S AHEAD

Our benefits help you save for your retirement, protect your loved ones, maximize your assets and plan for the unexpected.

In addition to the Company's comprehensive retirement plans and programs, we offer several survivor benefits plans and disability protection options, providing you and your family with important financial protection.



Financial protection benefits

If you want to . . .	Then consider this . . .
Protect your family	Life insurance: <ul style="list-style-type: none">— Basic Life Insurance and Accidental Death and Dismemberment (AD&D insurance) provided by Barnes Group— Supplemental options for you and your dependents
Protect your income	Disability insurance: <ul style="list-style-type: none">— Short-term and long-term disability policies provided by Barnes Group— Two supplemental LTD options
Pay today's expenses with untaxed dollars	Flexible Spending Accounts (FSAs): <ul style="list-style-type: none">— HSA-compatible (Limited-Purpose) FSA— Health Care FSA— Dependent Care FSA
Pay tomorrow's expenses with untaxed dollars	HDHP with a Health Savings Account (HSA and Company match)
Plan for the unexpected	<ul style="list-style-type: none">— Accident insurance— Critical illness and cancer insurance— Hospital indemnity insurance— ID theft protection— MetLife legal benefits
Build your retirement income	<ul style="list-style-type: none">— 401(k) Retirement Savings Plan with Company match— Company-sponsored pension, profit sharing and defined contribution plans*

*Eligibility for Company-sponsored retirement plans varies by division and date of hire.





Flexible Spending Accounts

A Flexible Spending Account (FSA) is a pre-tax account used to pay for eligible health care expenses, such as medical, dental and vision care, or for dependent care expenses, such as preschool, summer day camp, before- or after-school programs, and child or elder day care. It's a smart, simple way to save money and lower your taxes while taking care of your loved ones and keeping you and your family healthy and protected.

The following are your FSA plan options.

	Health Care FSA	Limited-Purpose Health Care FSA (HSA Compatible)	Dependent Care FSA
Annual contributions	\$300 – \$2,700	\$300 – \$2,700	\$300 – \$5,000*
Covered expenses	<p>Certain qualified health care-related expenses for you or your tax dependents, such as:</p> <ul style="list-style-type: none">— Deductibles, coinsurance and copayments— Qualifying health care costs not covered or limited by insurance, such as orthodontia, eyewear or prescription medications	<p>For use with the HSA Advantage, HSA Value and HSA Max plans. Use only for qualified dental and vision expenses for you or your tax dependents.</p>	<p>Use for qualified dependent care-related expenses for dependents under age 13 and for mentally or physically disabled dependents of any age. Qualified expenses include:</p> <ul style="list-style-type: none">— Day care provided by someone other than a sibling or immediate family member— Qualified preschool expenses— Qualified day camp expenses <p>Expenses must be incurred and necessary so you and your spouse (if married) can work or attend school full time.</p>

*For a Dependent Care FSA, you cannot contribute more than the lesser of your or your spouse's income. If you're married and file a separate tax return, the maximum you can contribute is \$2,700. If your spouse contributes to a similar account, your total family contribution cannot exceed \$5,000. You may only reimburse yourself up to the amount you have actually contributed to your account at the time you filed the claim.



Decide how much to contribute to your FSA

1. Review the list of eligible FSA expenses at www.barnesgroupbenefits.com/financial-protection/flexible-spending-accounts. You can also review IRS publications 502 and 503 at www.irs.gov to learn more.
2. Total your annual health care costs and dependent care costs separately if you plan to use both accounts. You cannot transfer funds from one to the other after you deposit them.
3. Divide your annual totals by 12 to get a monthly total.
4. Estimate conservatively. Subtract approximately 10–15 percent from your monthly total. Use this conservative figure for your monthly deduction to avoid having leftover funds at the end of the year.

If you don't use it, you lose it

Deposit only what you need into your FSA. You will lose any money that's left over at the end of the year. So be conservative when you estimate.

Domestic partners are not eligible for FSA reimbursement

Domestic partners and children of domestic partners who are not also dependents of the employee are generally not considered eligible dependents under federal tax law. As a result, you cannot use your FSA for reimbursement of medical or dependent care expenses for your domestic partner or domestic partner's child(ren).



KEEP YOUR RECEIPTS

Whether you pay out of pocket or with your FSA debit card, always keep your receipts. You may need them to validate expenses.



Life and AD&D insurance

Get peace of mind knowing you've helped protect your loved ones. Life insurance can help provide for the people who depend on you financially if you can't be there for them. The money can be used for final expenses to help replace your income, cover debts, pay your mortgage, fund a child's education and more.

Barnes Group plans offer life insurance options for all budgets and life needs. In addition, these plans come with programs and services to help plan your estate, and also provide an Accelerated Death Benefit feature if you are diagnosed as terminally ill (less than 12 months to live).

Coverage	Hourly Employees	Salaried Employees
Basic Life Insurance	\$50,000	1.5 times base salary up to \$300,000
AD&D Insurance	\$50,000	1.5 times base salary up to \$100,000

If you desire extra financial security, you have the opportunity to purchase additional life insurance for yourself, your spouse and/or your children.

Coverage	Optional Life Insurance
Employee*	Increments of 1 to 6 times annual base salary, up to \$2 million, when combined with basic employee life insurance coverage
Spouse**	\$10,000 – \$250,000; coverage cannot exceed the lesser of the employee coverage amount (including basic coverage) or \$250,000
Child(ren) up to age 26	\$5,000 – \$10,000; coverage cannot exceed 100% of employee amount

*May require Evidence of Insurability (EOI).

**If your spouse is also an employee of Barnes Group, you are not permitted to elect supplemental spouse coverage, and only one of you may cover your eligible dependent children for supplemental child life insurance.

Annual enrollment

After you first enroll for employee Voluntary Term Life, you may choose to increase your amount by selecting the next two higher amount(s) from the plan you elected, not to exceed an increase of \$200,000. This option is available once annually during the Open Enrollment period.

We must report Basic Life Insurance amounts over \$50,000 as imputed income

Company-provided life insurance benefits that exceed \$50,000 may result in taxable income for you. This is known as "imputed income." We will report the excess amount as earnings in your paycheck, which makes them subject to federal, state and FICA taxes each pay period.



Voluntary life insurance amounts are subject to Evidence of Insurability (EOI)

If you choose to add Voluntary Term Life insurance or increase the amount you already have during Open Enrollment, you may be required to provide Evidence of Insurability. EOI is a statement of your physical condition, occupation and other factors that might affect your acceptance for insurance coverage.

Guardian may request additional information from you or your doctor, depending on the information contained in the EOI.

Voluntary life insurance amounts that are subject to EOI will not be effective until you receive approval from Guardian. Also, you will begin to pay for these benefits only if and when you are approved.

An extra benefit of Guardian life insurance

Will Prep Services, a will preparation service, offers a range of services to help you communicate how you want to provide for your loved ones. For eligible members with Voluntary Term Life plans, the service includes online planning documents, a resource library and access to professionals to help with issues related to:

- < Advance health care directives
- < Estate taxes
- < Executors and probate
- < Financial power of attorney
- < Getting organized
- < Guardianship and conservatorship
- < Health care power of attorney
- < Living wills
- < Resource library
- < Trusts
- < Wills

Estate planning documents: Policyholders have access to a number of necessary planning documents, such as wills, health care power of attorney, financial power of attorney and living wills. Documents are easy to use and understand.

Access to estate planners: The complexities of estate planning can be overwhelming, especially during times of need. Each member is provided with up to three phone consultations with an estate planner.

Attorney-assisted will preparation: While many people feel comfortable using the service's interactive web-based program to develop their own will free of charge, others prefer to have an attorney actually prepare the will. The option for an attorney-prepared will is available for a modest charge.

Resource library: Learn the importance of estate planning, organizing your personal affairs and protecting your loved ones through unlimited access to a dedicated legal/financial website. Each member can gain access to a glossary of legal terms, a variety of legal articles and guides, as well as legal frequently asked questions (FAQs).



MAKE SURE YOU DESIGNATE YOUR BENEFICIARIES

Initial enrollment is the best time to select beneficiaries for your life insurance proceeds, but be sure to review them each year during the Open Enrollment period to make sure they are still accurate.



Disability insurance

If you cannot work due to a non-work-related sickness or injury, disability insurance can help you meet expenses and maintain your standard of living. It can help you pay bills, such as your mortgage, tuition and car payments, and help cover expenses for food, clothing and utilities. Disability insurance replaces a portion of your income to help provide financial security until you get back on your feet and return to work.

Short-term disability (STD)*

When you're out of work for up to 26 weeks

Short-term disability coverage provides benefits to eligible employees when they cannot work for a short period of time due to a covered illness or injury. Once approved, the STD benefit provides a percentage of your income, for up to 26 weeks, if you're out of work due to a non-work-related illness, injury or condition. Common causes of disability absence include:

- < Illness
- < Injury
- < Pregnancy

All disabilities require evidence from your doctor that explains your condition and estimates how long you'll be unable to work. In most cases of STD, there is a short waiting period between the date you leave work and the date when you actually receive your benefits. Once your disability leave has been approved and the waiting period is over, you will receive a percentage of your base salary.

GET BACK TO WORK SOONER

Guardian disability specialists will work with you, your doctor and your employer to help you get back on the job when it's medically safe to do so.

Long-term disability (LTD)*

When you're out of work for longer than 26 weeks

Long-term disability coverage provides benefits when you cannot work for a longer period of time due to a non-work-related illness or injury. Your LTD coverage, if approved, pays a portion of your income after 26 consecutive weeks of STD. The benefit pays 50 percent of your annual base pay, subject to a monthly maximum of \$10,000 or \$20,000, depending on your position.

Basic Long-Term Disability Coverage (company provided)	Coverage Level
50% of your annual base pay	Up to monthly maximum of \$10,000 or \$20,000 (depending on your position)

Supplemental long-term disability*

You can purchase extra LTD coverage for added peace of mind. This pays a portion of your salary on top of the basic LTD benefit. Choose from the following two supplemental LTD options:

Optional Supplemental Long-Term Disability Coverage	Coverage Level (up to a monthly permitted maximum)
10% option	50% basic + 10% supplemental = 60% of your annual base pay
16 ² / ₃ % option	50% basic + 16 ² / ₃ % supplemental = 66 ² / ₃ % of your annual base pay

*Subject to applicable eligibility and waiting period rules.



Critical illness insurance

When a serious illness strikes, critical illness insurance can provide financial support to help you through a difficult time, protecting your hard-earned savings and assets. It can pay you a lump-sum cash benefit, which you can use any way that meets your needs.

Critical illness and cancer insurance

A diagnosis of cancer, heart disease or stroke can disrupt your life physically, emotionally and economically. A critical illness plan helps you cope with the costs associated with a life-threatening disease, while providing some peace of mind to your family.

Coverage available up to \$30,000

This benefit depends on the level of coverage you select. Coverage for your spouse and children is also available and will be determined based on 50 percent of your coverage volume. The money is paid to you directly, so you can use it for whatever you need:

- < Help offset loss of a paycheck
- < Pay your health plan's deductible, coinsurance or copayments
- < Pay expenses not covered by health insurance
- < Pay normal living expenses (mortgages, car payments, utility bills, child care, groceries, credit card bills, etc.)

Covered health events

Your policy will provide protection for a variety of critical illnesses and diagnoses, including:

- | | |
|---|---|
| <ul style="list-style-type: none">— Heart attack— Stroke— Coronary artery condition— Major organ failure— End-stage renal failure— Paralysis— Loss of sight (blindness)— Loss of speech— Loss of hearing— Coma— Benign brain tumor— Third-degree burns— Cancer (invasive) | <ul style="list-style-type: none">— Bypass surgery — 25% benefit— Alzheimer's disease — 25% benefit— Parkinson's disease — 25% benefit— Lupus — 25% benefit— Multiple sclerosis — 25% benefit— Muscular dystrophy — 25% benefit— Carcinoma in situ (non-invasive) — 25% benefit— Skin cancer — \$1,000 |
|---|---|



Accident insurance

You can't always avoid accidents, but you can help protect yourself from costs related to them. While you can count on your health insurance to cover certain qualified medical expenses, it may not cover all indirect costs resulting from a serious accident. You may experience out-of-pocket expenses for things like deductibles, coinsurance and prescriptions, or for transportation, day care and extra help around the house. With accident insurance, the benefits you receive can help take care of these expenses and provide an extra layer of financial protection.

While you don't know when an accident will happen, you can be prepared for it. Enrolling in one of our accident insurance plans through Aetna® can help you manage unexpected costs. It pays you cash to help pay for health care costs and other expenses when you have a covered injury.

While medical plans typically cover a serious illness, they don't cover the additional expenses that come with it — this is where accident insurance can help.

Consider the statistics:



About **two-thirds** of disabling injuries suffered by American workers aren't work related. **That means they're not covered by workers' compensation.**¹



2.6+ million children are seen in **emergency departments** for injuries related to sports and recreation each year.²

Accident Insurance*		
	Plus Plan	Base Plan
Emergency room (once per accident)	\$200	\$100
Urgent care center or PCP (once per accident)	\$200	\$100
Hospital confinement (up to 365 days)	\$300	\$100
Follow-up care	\$50 (4 visits)	\$50 (2 visits)
Dislocations and fractures	Various dollar amounts depending on body part	

¹National Safety Council. Injury Facts®, 2016 edition. Itasca, IL: NSC Press 2016.

²Safe Kids Worldwide. Sports and Recreation Safety Fact Sheet (2015). Available at: https://www.safekids.org/sites/default/files/documents/skw_sports_fact_sheet_feb_2015.pdf. Accessed August 2020.

*Visit www.barnesgroupbenefits.com for additional plan details.



Hospital indemnity insurance

With two plans to choose from, hospital indemnity coverage helps to ease the financial impact of plan deductibles and other out-of-pocket expenses. It pays a lump-sum cash benefit directly to individuals admitted to a hospital for a covered sickness or injury, whether or not costs are already covered by a medical plan. This benefit can be used for any purpose — from medical copays and deductibles to everyday expenses, such as a mortgage, transportation, groceries and utilities.

Hospital Indemnity Insurance		
	Plus Plan	Base Plan
Hospital or ICU admission (payable once per admission)	\$1,000	\$500
Hospital confinement (daily benefit)	\$200	\$100
ICU confinement (daily benefit)	\$400	\$200
Rehab unit (daily benefit)	\$50	\$50



Two ways to submit a claim

1. Visit the Forms page of our 360 Benefits website to download a claim form. Work with your physician to complete the form, and fax it along with any additional supporting documentation.
2. Use the Aetna online portal to initiate your claim electronically. Visit www.myaetnasupplemental.com.

Even with health insurance, hospital stays can be expensive. Our hospital indemnity plans through Aetna are simple to use and offer additional financial protection in the event you or a covered family member is hospitalized.





Identity and legal protection

Identity theft protection from Allstate® (formerly known as InfoArmor®)

Allstate can detect a wide range of threats and will alert you by phone, email or text of suspicious activity. If you become a victim of identity theft while actively enrolled in the plan, a dedicated U.S.-based Identity Restoration Specialist will work with you from start to finish to help fix the issue. If you have money stolen due to identity theft, Allstate will replace it, as provided by your plan.

Product features:

- < Identity monitoring
- < Credit card activity alerts and annual credit report
- < Internet surveillance
- < Digital identity reporting
- < Lost wallet protection
- < Social media reputation monitoring
- < Identity restoration support

After you enroll:

You can reach Allstate at www.infoarmor.com or by calling 1-800-789-2720.

Covered legal services from MetLife Legal Plans

MetLife is our voluntary group legal benefit designed to provide simple, convenient and affordable legal solutions for enrolled plan members for a small after-tax payroll deduction. Choose from more than 14,000 attorneys in our network, or use an out-of-network attorney, and MetLife will reimburse you according to the fee schedule.

The plan includes 100 percent paid-in-full coverage for attorneys' fees when you use a network attorney for these services and more:*

- < Simple and complex will preparation
- < Living will and power of attorney documents
- < Guardianship, conservatorship and adoption
- < Name change
- < Divorce (first 15 hours)
- < Consumer and personal property protection matters
- < Debt collection defense and personal bankruptcy
- < Small claims assistance
- < Misdemeanor and felony defense
- < Immigration assistance
- < Driving defense and privilege restoration
- < Tenant rental issues
- < IRS tax audits

*Employment and business-related matters are excluded from coverage.

After you enroll:

Call 1-800-821-6400, Monday through Friday, 8 a.m. – 7 p.m. EST, to be connected to a network attorney. There's no waiting period.



Home and auto insurance

MetLife Group Auto & Home Insurance program offers significant discounts:

- < Group discount of up to 15 percent for being an active Barnes Group employee
- < Employee tenure discount of up to 20 percent:
 - 3 – 9 years of service = 5 percent discount
 - 10 – 19 years of service = 15 percent discount
 - 20+ years of service = 20 percent discount
- < Multi-policy discount of up to 10 percent when you insure both your auto and home with MetLife

Specific coverage offerings and discounts depend on state insurance rules. MetLife representatives will provide details about coverage available in your area.

Enroll anytime during the year

Call **1-800-GET-MET8 (1-800-438-6388)** for home and auto quotes or to make changes to your existing policies anytime during the year.

MetLife will give you a quote for coverage within minutes, and if you decide to go with MetLife home or auto coverage, MetLife will help you make the change from your current coverage quickly and easily.



MetLife Group Auto & Home Insurance program is available to all Barnes Group employees as a voluntary benefit. As part of the program, you have access to value-added features and benefits on auto and home insurance, as well as a variety of other insurance policies.







Retirement Program

SECURITY FOR YOUR FUTURE

The dream of a secure, comfortable retirement is much easier when you plan and save for it. Participation in the Company's 401(k) retirement program will help provide a foundation for your future and help you achieve the retirement you envision.



401(k) plan

Barnes Group is dedicated to helping our employees build a healthy financial future. One way we contribute to your financial security is through the Barnes Group 401(k) Retirement Savings Plan. It's never too early to start saving for your future and, with matching contributions from the Company, you can grow a foundation for the retirement you envision.

Take advantage of the Company match

Barnes Group will match 50 cents for every dollar you contribute, up to 6 percent of your eligible pay. If you're not investing at least 6 percent, you're missing out on free money!

Forecast your future retirement savings

Visit www.401k.com > Library > Tools & Calculators to make smart choices about your money. You can:

- < See how your pre-tax contributions affect your take-home pay
- < Find out how much your contributions will add up over time
- < Determine the maximum amount you can contribute
- < Find other useful and important information

Contribute more to your 401(k) as your pay increases

Don't forget! Recalculate your budget every time you get a pay raise, and make sure you're contributing as much as possible.



In addition to our 401(k) plan with matching contributions, the Company provides several supplemental retirement programs to eligible individuals, including a Company pension, profit sharing and defined-contribution plans. These programs, along with your 401(k) plan, work together to help you build a secure future and retirement.



CURRENT BENEFICIARIES

Fidelity requires all 401(k) beneficiaries to be recorded in their system. Be sure to log in at www.401K.com today to add, review or change your beneficiaries.





Work/Life Benefits

FROM LIFEWORKS

Whether you're on a well-being journey, experiencing stress or just want to set new health goals, LifeWorks has something for everyone. From biometric screenings, well-being workshops and personalized health coaching, to EAP, work/life and convenience services, you'll find what you need to lead a healthier, happier and more productive life at work and at home.



Work/life benefits



Register for the LifeWorks portal

Visit the LifeWorks portal anytime to access your personalized news feed. This site offers access to the entire suite of LifeWorks benefits, including EAP, work/life, perks and well-being programs.

If you're not already registered, get started today:

1. Go to www.login.lifeworks.com, or download the app from the App Store or Google Play (search for "LifeWorks").
2. Click on the "Sign Up" button and enter your unique employee identifier. Your unique code will be BGI- + first initial of your first name + the first six letters of your last name + the month and date of your birth (mmdd). For example, for James Harrington, birthdate March 16, 1952, the login would be BGI-JHarrin0316.
3. You will be prompted to create a new username and passcode upon registration.

Your privacy

Barnes Group understands the importance of your privacy and is committed to making sure your personal information remains private and completely confidential. You will interact with and share personal information directly with LifeWorks, a HIPAA-compliant organization, for EAP, work/life and well-being programs. Barnes Group will only receive information pertaining to employee health that is aggregated and de-identified for use in the design of our future health and well-being programs. In addition, Barnes Group will receive only your name and earned well-being incentive credits for purposes of administration of our Wellness Pays! incentive program.





Employee Assistance Program (EAP)

You can get confidential counseling by phone or in person from licensed professionals for help and support on a variety of clinical and personal matters.*

Your EAP counselor will help address:

- < Stress, depression or anxiety
- < Difficulties in marital, family or parenting relationships
- < Anger, grief and loss
- < Work or family conflict resolution
- < Alcohol and drug abuse
- < Personal and life improvement

This program includes telephonic counseling, or you can schedule an appointment to see a counselor in person. If you choose to see a counselor, you and each eligible dependent have access to three in-person visits per issue. If your issue is unresolved at the conclusion of your third counseling session, any additional visits will coordinate with your medical insurance. LifeWorks will always aim to connect you with a counselor within your medical insurance network to ensure continuity of care. The EAP is completely confidential. No one at Barnes Group will receive notification that you're using the program.

*Services are available for you, your spouse, dependent children or other household members.



Call your EAP toll-free, anytime, 24/7, 365 days a year:



Call

If you're using the mobile app, you can call LifeWorks with one tap from your smartphone.



Provide your name

and employer's name to an advisor. Your information will be kept confidential.



Share your concerns

with a professional advisor for expert advice, strategies and next steps.



Arrange with the advisor

about how, when and where you want to be contacted if follow-up is required.



Work/life and convenience services*

LifeWorks work/life specialists are available to help you and your household members with family care and everyday needs. They provide expert consultation and detailed information on service providers ranging from dog walkers to house cleaners, and local gyms to day care centers or home health aides. They also provide educational materials to help members make informed decisions about all types of daily life needs, helping you manage your valuable time for better balance of your work and life.

Work/life and family support specialists are available to consult with you and provide information, resources and referrals in a variety of areas and everyday needs, such as:

- < Money management & financial planning
- < Legal guidance
- < Child & elder care assistance
- < Pet resources
- < Entertainment services
- < Home repairs
- < Pet care
- < Transportation & travel services
- < Volunteer opportunities
- < Fitness & wellness center/programs
- < Moving/relocation services
- < And more!

*Work/life services are available for you, your spouse, dependent children, parents and parents-in-law.



Contact LifeWorks as often as you'd like

- < **By phone:** Call 1-888-456-1324 to connect with an EAP counselor, work/life or convenience services specialist.
- < **Online:** Register first and log in via your LifeWorks app or online at www.login.lifeworks.com.

To register for the first time:

1. Go to www.login.lifeworks.com or download the app from the App Store or Google Play (search for "LifeWorks").
2. Click on the "Sign Up" button and enter your unique employee identifier. Your unique code will be BGI- + first initial of your first name + the first six letters of your last name + the month and date of your birth (mmdd). For example, for James Harrington, birthdate March 16, 1952, the login would be BGI-JHarrin0316.
3. You will be prompted to create a new username and passcode upon registration.



Contacts & Resources

GET ANSWERS TO YOUR QUESTIONS

Contact these vendors when you have specific questions about their products and services.

Vendor	Plan, Program or Feature	Website	Telephone Number
 MyQHealth [™] by QUANTUM HEALTH	All benefits, including medical	www.MyBGIBenefitsCenter.com	1-855-649-3862 (service hours 8:30 a.m. – 10:00 p.m. EST)
 aetna [™]	Accident insurance	www.myaetnasupplemental.com	1-888-772-9682 (TTY: 711)
	Critical illness insurance		1-888-772-9682 (TTY: 711)
	Hospital insurance		1-888-772-9682 (TTY: 711)
 CVS caremark [®]	Prescription drug benefits	www.caremark.com	1-800-552-8159
		www.cvsspecialty.com	1-800-237-2767
 Fidelity [®] INVESTMENTS	<ul style="list-style-type: none"> • 401(k) • Profit sharing 	www.401k.com	1-800-835-5095
 Guardian [®]	Dental benefits	www.guardiananytime.com	1-888-600-1600
	Disability (STD, LTD)		
	Life insurance/AD&D		
 LifeWorks [®] by Morneau Shepell	EAP & Work/life services	www.login.lifeworks.com	English: 1-888-456-1324 Spanish: 1-888-732-9020 TTY: 1-800-999-3004
	Health coaching		
	Well-being programs		
	Work/life		
 hsabank [®] own your health [™]	Health Savings Account	www.hsabank.com	1-800-357-6246
 Allstate [®] You're in good hands.	ID theft protection	www.infoarmor.com	1-800-789-2720
 MERCER	Pension administration	https://barnesgroup.mercerpencentral.com	1-800-352-8904
 MetLife	Group auto & home insurance	https://members.legalplans.com	1-800-821-6400
	Legal benefits		
 TELADOC [®]	Telemedicine	www.mydrconsult.com	1-800-362-2667
 MMA MARKETLINK [™]	<ul style="list-style-type: none"> • Enrollment • Flexible Spending Accounts 	www.myMarketLink.com/barnes	1-877-435-0260
 VSP [®] Vision care for life	Vision benefits	www.vsp.com	1-800-877-7195
 Healthcare Bluebook [®]	Medical	https://www.healthcarebluebook.com/ui/signinpublic/	1-855-649-3862



This guide highlights certain components of the Barnes Group Inc. 360 Benefits program; it is only an overview. Separate legal contracts and documents control the operation of any specific plan. This guide does not take the place of official plan documents, which are the final authority on plan provisions used to determine how and when benefits are paid. Barnes Group Inc. reserves the right to change, amend, suspend, withdraw or terminate any or all parts of the plans at any time. Further, neither the plans nor this guide are an employment contract, and nothing contained herein guarantees you the right to continued employment at Barnes Group Inc. The names of the companies and products mentioned herein may be trademarks of the respective companies.