

Energy Transport Logistics Benefits Guide | 2025



IMPORTANT INFORMATION ENCLOSED

TABLE OF CONTENTS

Overview	3
Contacts	4
Eligibility	5
Medical Benefits - UnitedHealthcare	6
Additional Medical Services	7
Behavioral Health Services	8
Medical Benefits – Kaiser Permanente	9
Medical Benefits - MediExcel	12
Dental Benefits	14
Vision Benefits	15
Basic Life and Accidental Death & Dismemberment (AD&D)	16
Travel Assistance	16
Accident Insurance	17
Critical Illness Insurance	17
Hospital Indemnity Insurance	18
Short-Term Disability	19
Long-Term Disability	19
401k Retirement Plan	20
Notes	22

Overview

At Energy Transport Logistics (ETL), your benefits are an important part of your total rewards package. Every day we make important choices about our lives, our health and the health of our loved ones-lifestyle decisions, the type of health coverage we choose and the care we need in different stages of our lives. At ETL, we view healthcare as a shared responsibility. We provide you with the plans, benefit options and information you need. It's up to you to be informed about your choices so you can make the right healthcare decisions for you and your family.

ENROLLING IN YOUR BENEFITS

Make sure you have a thorough understanding by reading this guide and researching benefit and enrollment information before enrolling in your benefits.

Duplicate enrollment/coverage on plans is not allowed. If you are married to another ETL employee, for example, enrollment as both an employee and a dependent of your ETL employed spouse/domestic partner is not permitted. Further, only one employee can cover dependent children.

Supporting documentation is required when enrolling eligible dependents on your plan

CONTACTS

Carrier	CUSTOMER SERVICE PHONE NUMBER	WEBSITE
UnitedHealthcare Medical	(866) 873-3903	www.myuhc.com or on the UnitedHealthcare® app
UnitedHealthcare Dental	(888) 679-8925	www.myuhc.com or on the UnitedHealthcare® app
UnitedHealthcare Vision	(800) 638-3120	www.myuhc.com or on the UnitedHealthcare® app
Kaiser Medical	(800) 464-4000	Custom Care & Coverage Just For You Kaiser Permanente
MediExcel Medical	(619) 365-4346	memberservices@mediexcel.com
UnitedHealthcare Employee Assistance Program	(888) 887-4114, option 1	www.myuhc.com or on the UnitedHealthcare® app
Unum Basic Life and AD&D	(866) 779-1054	services.unum.com or on the My Unum for Members app
Unum Accident Insurance	(800) 635-5597	services.unum.com or on the My Unum for Members app
Unum Critical Illness Insurance	(800) 635-5597	services.unum.com or on the My Unum for Members app
Unum Hospital Insurance	(800) 635-5597	services.unum.com or on the My Unum for Members app
Unum Whole Life Insurance		services.unum.com or on the My Unum for Members app
Unum Short Term Disability	(866) 779-1054	services.unum.com or on the My Unum for Members app
UNUM Long Term Disability	(866) 779-1054	services.unum.com or on the My Unum for Members app
UNUM Assist America Travel Assistance	Within the U.S.: 1-800-872-1414 Outside the U.S.: (U.S. access code) +609-986-1234	medservices@assistamerica.com

ELIGIBILITY

Benefit	Who Pays
Medical Plans	You and ETL
Dental Plan	You and ETL
Vision Plan	You and ETL
Employee Assistance Program	ETL
Accident Insurance	You
Critical Illness Insurance	You
Hospital Insurance	You
Short Term Disability	You
Long Term Disability	You
Basic Life and AD&D	ETL

ELIGIBLE EMPLOYEES

You are eligible for Energy Transport Logistics benefit program if you:

- Are a regular, full-time employee who works at least 30 hours per week;
- Employees in an eligible group on or before plan effective date is immediately; and
- Employees entering an eligible group after the plan effective date is first of the month coincident with or the next following 30 days of continuous active employment.

ELIGIBLE DEPENDENTS

When you are eligible for coverage, you may also enroll the following eligible dependents:

- Legally married spouse
- A domestic partner (same or opposite gender)
- Children and eligible grandchildren, up to age 26
- Children of any age deemed disabled by UnitedHealthcare

NOTE: All changes (qualifying life events) must be reported to Human Resources within 30 days of the event

MAKING CHANGES DURING THE YEAR

Qualifying life events include:

- Changes in your legal marital status including marriage, death of your spouse, divorce, legal separation or annulment.
- Changes in your number of dependents including birth, adoption, and placement for adoption, legal custody or death
- Employment status changes including the start or end of employment or a change in work hours of you, your spouse or your dependent
- Your dependent satisfying or no longer satisfying the eligibility requirements due to age or other circumstances.

MEDICAL BENEFITS UnitedHealthcare

Energy Transport Logistics offers three medical plans through UnitedHealthcare. Please refer to the UnitedHealthcare Summary of Benefits & Coverage (SBC) or Benefit Charts found on our website for more detail regarding coverage, limitations and exclusions.

Services	UHC		
	Standard Plus Plan	Standard Mid Plan	Standard Base Plan
	DMFE – 1000 IN NET/OUT NET	DMFU – 1500 IN NET/OUT NET	DMFK – 2000 IN NET/OUT NET
Deductible - Individual	\$1,000 / \$10,000	\$1,500 / \$10,000	\$2,000 / \$10,000
Deductible - Family	\$2,000 / \$20,000	\$3,000 / \$20,000	\$4,000 / \$20,000
Coinsurance	80%/50%	80%/50%	80%/50%
Out-of-Pocket Individual Maximum Per calendar yr	\$4,000 / \$20,000	\$7,900 / \$20,000	\$7,900 / \$20,000
Out-of-Pocket Family Maximum Per calendar yr	\$8,000 / 40,000	\$15,800 / \$40,000	\$15,800 / \$40,000
PCP Office Visits	\$25 / 50%	\$15 / 50%	\$25 / 50%
Specialist Office Visits	\$50 / 50%	\$50 / 50%	\$50 / 50%
Telehealth	No Charge by a Designated Virtual Network Provider / NA	No Charge by a Designated Virtual Network Provider / NA	No Charge by a Designated Virtual Network Provider I NA
Emergency Room Copay	80%	\$300 copay per visit, then 80%	\$300 copay per visit, then 80%
Urgent Care Copay	\$50 / 50%	\$25 / 50%	\$50 / 50%
Inpatient Hospital	* 80%/50%	* 80%/50%	* 80%/50%
Pharmacy Benefits			
Retail Copay	\$10 / \$45 / \$95	\$10 / \$45 / \$95	\$10 / \$45 / \$95
Mail-Order	\$25 / \$112.50 / \$237.50	\$25 / \$112.50 / \$237.50	\$25 / \$112.50 / \$237.50
Deductible	None (\$0)	None (\$0)	Combined With Medical
Out-of-Pocket Max	Combined With Medical	Combined With Medical	Combined With Medical
Mental Health/Substance Use Disorder	Yes	Yes	Yes
Pediatric Vision	Children's eye exam \$25 copay (Limited to 1 exam every 24 months)	Children's eye exam \$15 copay (Limited to 1 exam every 24 months)	Children's eye exam \$25 copay (Limited to 1 exam every 24 months)
Legend: * Deductible Applies			
Enrollment Type	EE Mo Rate / EE Per Pay Period	EE Mo Rate / EE Per Pay Period	EE Mo Rate / EE Per Pay Period
Employee	\$320.53 / \$147.93	\$235.19 / \$108.55	\$207.53 / \$95.78
Emp + Spouse	\$848.57 / \$391.65	\$677.91 / \$312.88	\$622.57 / \$287.34
Emp + Child(ren)	\$822.18 / \$379.47	\$655.80 / \$302.67	\$601.82 / \$277.76
Emp + Family	\$1,535.04 / \$708.48	\$1,253.43 / \$578.50	\$1,162.14 / \$536.36

This is a brief overview of the benefit program. The plan document, policy or certificate of insurance should be consulted to determine the governing contractual provisions of the coverage.

ADDITIONAL MEDICAL SERVICES

UnitedHealthcare also offers several ancillary services to all plan participants, including:

UHC Rewards – As a UnitedHealthcare plan member, who is enrolled in either medical plan, you qualify to enroll in the United Healthcare Rewards program. With UnitedHealthcare Rewards, a variety of actions – including many things you may already be doing – Actions lead to reward. The activities you go for are up to you – same goes for ways to send your earnings. You can earn up to \$300.

One Pass with UHC Rewards – With One Pass Select™, we're on a mission to make fitness engaging and accessible for everyone. One Pass Select supports you in reaching your fitness goals while helping you discover new passions along the way. Find a routine that fits your lifestyle, whether you prefer working out at home or at the gym. Choose a membership tier that suits you, offering all you need for whole-body health in one simple, affordable plan.

Real Appeal – Real Appeal on Rally Coach™ is a proven weight management program designed to help you get healthier and stay healthier. It's available to you and eligible family members at no additional cost as part of your benefits. This is a 52-week program available for employees at no cost.

Virtual Visits – With 24/7 Virtual Visits, providers may treat a wide range of health conditions - many of the same ones treated in an emergency room (ER) or urgent care. Members have access to 3 providers for virtual visits at \$0 dollar cost for those who enroll in any of the plans. Visit myuhc.com/virtualvisits or call 1-855-615-8335.

UHC Digital Engagement - Steps on how to register and QR Code for members. View benefit info, claim details, account balances and much more. Download the UnitedHealthcare® app or go to myuhc.com to connect.

Advocate4Me – Whether you have questions about a new claim, need help finding a doctor, or want a better understanding of your plan benefits, our Advocates are here for you. They can assist with finding care, interpreting bills, accessing hidden plan benefits, and much more. Call the number on your health plan ID card, sign in to myuhc.com and click on Chat, or open the UnitedHealthcare® app for assistance.

UHC is calling – If you are managing a health condition, recovering from a hospital stay or expecting a baby, a UnitedHealthcare nurses or advocates maybe reaching out to offer extra support to help schedule appointments, enroll you in complimentary programs, help fill prescriptions and answer your questions.

Calm Health App – The Calm Health app provides programs and tools to help support your mental health and well-being. As a UnitedHealthcare member, Calm Health is included in your health plan and available at no cost. You'll first need to sign in to your account on myuhc.com or download the UnitedHealthcare app. If you don't have an account, select Register to create one.

Visit your [Open Enrollment Benefits Page](#) to learn more about these services at [2025 Open Enrollment - Energy Transport Logistics](#)



MEDICAL BENEFITS

Behavioral health is health

UnitedHealthcare believes that care goes beyond physical health. That’s why we provide behavioral health resources to support you on your journey toward mental and emotional well-being.

Behavioral health goes beyond mental health — it also addresses addiction, anger management, grief, stress, and other life challenges. It’s a vital part of your overall well-being, because how you feel matters. Your plan includes caring support from behavioral health providers to help you navigate these areas.

Get connected to self-care digital tools, behavioral health providers (in-person or virtual) and other helpful resources.

<p>Self Care from AbleTo</p>	<p>Get access to clinician-created self-care techniques, coping tools, meditations and more — anytime, anywhere. With Self Care, you’ll get personalized content that’s designed to help support your self-guided journey to better mental health. For on-demand support to help with:</p> <ul style="list-style-type: none"> •Stress, anxiety and depression
<p>Employee Assistance Program (EAP)</p>	<p>Your EAP offers up to 3 provider visits for \$0 by phone and in-person counseling sessions for short-term support and advice to help with:</p> <ul style="list-style-type: none"> •Stress, anxiety and depression •Personal challenges, including substance abuse and relationships •Work/life balance, including legal and financial support
<p>Behavioral health provider</p>	<p>Connect virtually or in-person with a licensed therapist, counselor, psychologist or psychiatrist for ongoing support to help with:</p> <ul style="list-style-type: none"> •Bipolar and neuro-development disorders •Compulsive habits and eating disorders •Substance abuse, medication management and more

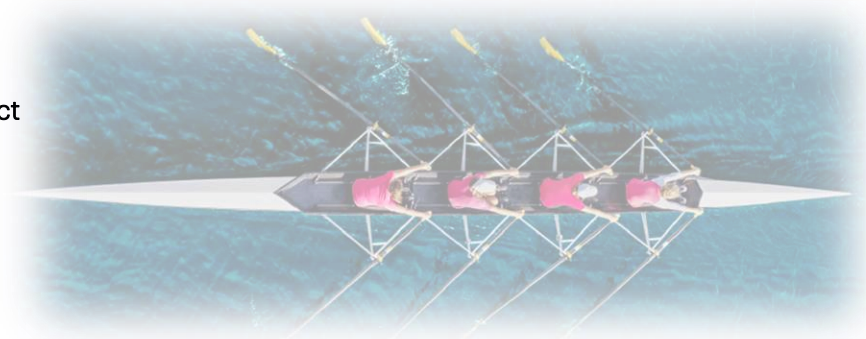
Visit able.to.com/begin and follow the steps to begin your self-care program; have your health plan ID card handy

Call 1-888-887-4114 for 24/7 in-the-moment phone support or to schedule in-person counseling with a masters-level EAP specialist

Answer a few questions and find support at myuhm.com/mh-recommendations or call the number on the back of your health plan ID card



Scan to save EAP contact information to your phone



MEDICAL BENEFITS – Kaiser Permanente

Energy Transport Logistics offers three medical plans through Kaiser. Please refer to the Kaiser Summary of Benefits & Coverage (SBC) or Benefit Charts found on our website for more detail regarding coverage, limitations and exclusions. This medical coverage is available for CLX, LAX & SAN employees only.

Services	Kaiser		
	Bronze 60 HMO	30 Copayment	Silver 70 HMO
	In-Network	In-Network	In-Network
Deductible	\$5,800 Individual / \$11,600 Family	\$0	\$1,900 Individual / \$3,800 Family
Pharmacy Deductible	\$450 Individual / \$900 Family	\$250 Individual / \$500 Family	Not Applicable
Out-of-Pocket Maximum per calendar year	\$8,850 Individual / \$17,700 Family. \$350 child / \$700 Children for Child Dental	\$3,000 Individual / \$6,000 Family	\$8,750 Individual / \$17,500 Family. \$350 child / \$700 Children for Child Dental
Primary care visit	\$60 / visit	\$30 / visit	\$65 / visit
Specialist Office Visits	\$95 after deductible	\$30 / visit	\$100 / visit
Preventive care / screening/immunization	No charge	No charge	No charge
Diagnostic test (x-ray, blood work)	X-ray: 40%, deductible applies. Lab tests: \$40 / encounter, deductible does not apply	\$10 / encounter	X-ray: \$75 / encounter, deductible does not apply. Lab tests: \$30 / encounter, deductible does not apply
Imaging (CT/PET scans, MRIs)	40% (after deductible)	\$50 / procedure	\$400 / procedure
Facility fee (e.g., ambulatory surgery center)	40% (after deductible)	\$200 / procedure	45% (after deductible)
Physician/surgeon fees	Not Applicable	Not Applicable	Not Applicable
Emergency room care	40% (after deductible)	\$100 / procedure	45% (after deductible)
Emergency medical transportation	40% (after deductible)	\$75 / procedure	45% (after deductible)
Urgent care	\$60 / visit	\$30 / visit	\$65 / visit
Inpatient or Outpatient Hospital services	40% (after deductible)	\$400 / day	45% (after deductible)
Outpatient Mental Health, behavioral health, or substance abuse services	No charge for individual or group visit, deductible does not apply	Mental / Behavioral: \$30 / individual. No charge for other outpatient services. Substance Abuse: \$30 / individual visit. \$5 / day for other outpatient services	No charge for individual or group visit, deductible does not apply
Pharmacy Benefits			
Generic drugs (Tier 1)	\$19	\$10	\$20
Preferred brand drugs (Tier 2)	40% up to \$500 (after \$450 drug deductible)	\$35	\$100
Non-preferred brand drugs (Tier 2)	40% up to \$500 (after \$450 drug deductible)	\$35	\$100
Specialty drugs (Tier 4)	40% up to \$500 (after \$450 drug deductible)	\$35	20% up to \$250 maximum (after deductible)

This is a brief overview of the benefit program. The plan document, policy or certificate of insurance should be consulted to determine the governing contractual provisions of the coverage.

MEDICAL BENEFITS – Kaiser Rates

KAISER PERMANENTE						KAISER PERMANENTE					
Bronze - HMO						Bronze - HMO					
EE AGE	EE Mo Rate	EE Per Pay Period	EE AGE	EE Mo Rate	EE Per Pay Period	DEP AGE	EE Mo Rate	EE Per Pay Period	DEP AGE	EE Mo Rate	EE Per Pay Period
0-14	\$61.88	\$28.56	39	\$96.19	\$44.40	0-14	\$123.76	\$57.12	39	\$192.39	\$88.79
15	\$67.06	\$30.95	40	\$97.41	\$44.96	15	\$134.12	\$61.90	40	\$194.83	\$89.92
16	\$69.04	\$31.87	41	\$99.24	\$45.80	16	\$138.09	\$63.73	41	\$198.48	\$91.61
17	\$71.03	\$32.78	42	\$101.00	\$46.61	17	\$142.05	\$65.56	42	\$201.99	\$93.23
18	\$73.16	\$33.77	43	\$103.43	\$47.74	18	\$146.32	\$67.53	43	\$206.87	\$95.48
19	\$71.73	\$33.10	44	\$106.48	\$49.15	19	\$143.45	\$66.21	44	\$212.97	\$98.29
20	\$73.93	\$34.12	45	\$110.07	\$50.80	20	\$147.85	\$68.24	45	\$220.13	\$101.60
21	\$76.22	\$35.18	46	\$114.33	\$52.77	21	\$152.45	\$70.36	46	\$228.67	\$105.54
22	\$76.22	\$35.18	47	\$119.14	\$54.99	22	\$152.45	\$70.36	47	\$238.27	\$109.97
23	\$76.22	\$35.18	48	\$124.62	\$57.52	23	\$152.45	\$70.36	48	\$249.25	\$115.04
24	\$76.22	\$35.18	49	\$130.04	\$60.02	24	\$152.45	\$70.36	49	\$260.07	\$120.03
25	\$76.53	\$35.32	50	\$136.13	\$62.83	25	\$153.06	\$70.64	50	\$272.27	\$125.66
26	\$78.05	\$36.02	51	\$142.16	\$65.61	26	\$156.11	\$72.05	51	\$284.31	\$131.22
27	\$79.88	\$36.87	52	\$148.79	\$68.67	27	\$159.76	\$73.74	52	\$297.57	\$137.34
28	\$82.85	\$38.24	53	\$155.49	\$71.77	28	\$165.71	\$76.48	53	\$310.99	\$143.53
29	\$85.29	\$39.37	54	\$162.74	\$75.11	29	\$170.59	\$78.73	54	\$325.47	\$150.22
30	\$86.51	\$39.93	55	\$169.98	\$78.45	30	\$173.03	\$79.86	55	\$339.95	\$156.90
31	\$88.34	\$40.77	56	\$177.83	\$82.07	31	\$176.68	\$81.54	56	\$355.65	\$164.15
32	\$90.17	\$41.62	57	\$185.75	\$85.73	32	\$180.34	\$83.23	57	\$371.51	\$171.46
33	\$91.32	\$42.15	58	\$194.21	\$89.64	33	\$182.63	\$84.29	58	\$388.43	\$179.27
34	\$92.53	\$42.71	59	\$198.41	\$91.57	34	\$185.07	\$85.41	59	\$396.81	\$183.14
35	\$93.14	\$42.99	60	\$206.87	\$95.48	35	\$186.29	\$85.98	60	\$413.74	\$190.95
36	\$93.75	\$43.27	61	\$214.18	\$98.85	36	\$187.51	\$86.54	61	\$428.37	\$197.71
37	\$94.36	\$43.55	62	\$218.99	\$101.07	37	\$188.73	\$87.10	62	\$437.97	\$202.14
38	\$94.97	\$43.83	63	\$225.01	\$103.85	38	\$189.95	\$87.67	63	\$450.02	\$207.70
			64+	\$228.67	\$105.54				64+	\$457.34	\$211.08

KAISER PERMANENTE - HMO 30				
	EE Mo Rate / EE Per Pay Period	EE Mo Rate / EE Per Pay Period	EE Mo Rate / EE Per Pay Period	EE Mo Rate / EE Per Pay Period
Age	EE Only	E + Spouse	E + Child/ren	Family
<30	\$94.25 / \$43.50	\$432.25 / \$199.50	\$423.25 / \$195.35	\$638.25 / \$294.58
30-39	\$104.00 / \$48.00	\$461.50 / \$213.00	\$428.00 / \$197.54	\$705.50 / \$325.62
40-49	\$134.25 / \$61.96	\$483.75 / \$223.27	\$375.75 / \$173.42	\$681.25 / \$314.42
50-54	\$174.75 / \$80.65	\$551.75 / \$254.65	\$401.75 / \$185.42	\$753.75 / \$347.88
55-59	\$221.00 / \$102.00	\$707.00 / \$326.31	\$439.50 / \$202.85	\$846.50 / \$390.69
60-64	\$272.50 / \$125.77	\$762.50 / \$351.92	\$456.50 / \$210.69	\$935.50 / \$431.77
65+	\$309.00 / \$142.62	\$1,026.50 / \$473.77	\$620.00 / \$286.15	\$1,159.00 / \$534.92

Visit your Open Enrollment Benefits Page for more information at [2025 Open Enrollment - Energy Transport Logistics](#)

MEDICAL BENEFITS – Kaiser Rates

KAISER PERMANENTE						KAISER PERMANENTE					
Silver - HMO						Silver - HMO					
EE AGE	EE Mo Rate	EE Per Pay Period	EE AGE	EE Mo Rate	EE Per Pay Period	DEP AGE	EE Mo Rate	EE Per Pay Period	DEP AGE	EE Mo Rate	EE Per Pay Period
0-14	\$68.83	\$31.77	39	\$107.66	\$49.69	0-14	\$137.66	\$63.54	39	\$215.33	\$99.38
15	\$74.63	\$34.45	40	\$109.03	\$50.32	15	\$149.27	\$68.89	40	\$218.06	\$100.64
16	\$76.85	\$35.47	41	\$111.08	\$51.27	16	\$153.70	\$70.94	41	\$222.15	\$102.53
17	\$79.07	\$36.49	42	\$113.04	\$52.17	17	\$158.14	\$72.99	42	\$226.08	\$104.34
18	\$81.46	\$37.60	43	\$115.77	\$53.43	18	\$162.92	\$75.19	43	\$231.54	\$106.86
19	\$80.28	\$37.05	44	\$119.18	\$55.01	19	\$160.56	\$74.10	44	\$238.36	\$110.01
20	\$82.75	\$38.19	45	\$123.19	\$56.86	20	\$165.51	\$76.39	45	\$246.38	\$113.71
21	\$85.31	\$39.38	46	\$127.97	\$59.06	21	\$170.63	\$78.75	46	\$255.94	\$118.12
22	\$85.31	\$39.38	47	\$133.34	\$61.54	22	\$170.63	\$78.75	47	\$266.69	\$123.09
23	\$85.31	\$39.38	48	\$139.49	\$64.38	23	\$170.63	\$78.75	48	\$278.97	\$128.76
24	\$85.31	\$39.38	49	\$145.54	\$67.17	24	\$170.63	\$78.75	49	\$291.09	\$134.35
25	\$85.65	\$39.53	50	\$152.37	\$70.32	25	\$171.31	\$79.06	50	\$304.74	\$140.65
26	\$87.36	\$40.32	51	\$159.11	\$73.43	26	\$174.72	\$80.64	51	\$318.22	\$146.87
27	\$89.41	\$41.27	52	\$166.53	\$76.86	27	\$178.82	\$82.53	52	\$333.06	\$153.72
28	\$92.74	\$42.80	53	\$174.04	\$80.32	28	\$185.47	\$85.60	53	\$348.07	\$160.65
29	\$95.47	\$44.06	54	\$182.14	\$84.06	29	\$190.93	\$88.12	54	\$364.28	\$168.13
30	\$96.83	\$44.69	55	\$190.25	\$87.81	30	\$193.66	\$89.38	55	\$380.49	\$175.61
31	\$98.88	\$45.64	56	\$199.03	\$91.86	31	\$197.76	\$91.27	56	\$398.07	\$183.72
32	\$100.93	\$46.58	57	\$207.91	\$95.96	32	\$201.85	\$93.16	57	\$415.81	\$191.91
33	\$102.20	\$47.17	58	\$217.38	\$100.33	33	\$204.41	\$94.34	58	\$434.75	\$200.65
34	\$103.57	\$47.80	59	\$222.07	\$102.49	34	\$207.14	\$95.60	59	\$444.14	\$204.99
35	\$104.25	\$48.12	60	\$231.54	\$106.86	35	\$208.50	\$96.23	60	\$463.07	\$213.72
36	\$104.93	\$48.43	61	\$239.73	\$110.64	36	\$209.87	\$96.86	61	\$479.45	\$221.28
37	\$105.62	\$48.75	62	\$245.10	\$113.12	37	\$211.23	\$97.49	62	\$490.20	\$226.25
38	\$106.30	\$49.06	63	\$251.84	\$116.23	38	\$212.60	\$98.12	63	\$503.68	\$232.47
			64+	\$255.94	\$118.13				64+	\$511.88	\$236.25

MEDICAL BENEFITS – MediExcel

Energy Transport Logistics offers a medical plan through MediExcel. Please refer to the MediExcel Summary of Benefits & Coverage (SBC) or Benefit Charts found on our website for more detail regarding coverage, limitations and exclusions. This medical coverage is available for CLX & SAN employees only

MediExcel		
PS Platinum HMO		
Individual/Family Overall Annual Deductible		\$0
Individual/Family Overall Annual Out-of-Pocket-Maximum		\$4,500/\$9,000
Medical Event	Service Type	Copay
Health Care Provider's Office or Clinic Visit	Office Visits - Primary C-d-c (including mental health)	\$5 per visit
	Office Visits - Specialist	\$10 per visit
	Office Visits - Other Healthcare Practitioners	\$5 per visit
	Preventive Care/Screening/Immunization	No Copay
	Primary Care Telemedicine Consultation	No Copay
	Dental Exam & Prophylaxis Cleaning	No Copay
Tests	Laboratory Tests	\$5 per visit
	X-rays & Diagnostic Imaging	\$5 per visit
	Imaging – (CT/Pet Scans, MRIs)	\$100 per visit
Outpatient Prescription Drug Coverage	Tier 1 - Generic/Low-cost brands	\$10 per prescription
	Tier 2 - Brand Formulary	\$15 per prescription
	Tier 3 - Brand Non-Formulary	\$20 per prescription
	Tier 4 - Specialty Drugs	40% up to \$250
Outpatient Services	Surgery Facility Fee	\$78 per visit
	Physician/ Surgeon Fee	No Copay
	Outpatient Visit	10%
Emergency & Urgent Care	Emergency Room Facility Fee	25%, up to \$250
	Emergency Medical Transportation	15%
	Urgent Care in Mexico	\$15 per visit
	Urgent Care in the US/Outside of Mexico	\$35 per visit
Hospital Stays	Inpatient Hospital Facility Fees	\$50/day, 5 days max
	Inpatient Physician/Surgeon Fees	No Copay
Mental Health, Behavioral Health, Substance Abuse Needs	Outpatient Office Visits	\$5 per visit
	Other Outpatient Items & Services	No Copay
Pregnancy	Prenatal Care & Preconception Visits	No Copay
Help Recovering or Other Special Health Needs	Home Health Care	No Copay
	Outpatient Rehabilitation/Habilitation Therapy	\$10 per visit
	Skilled Nursing care	\$25/day, 5 days max
	Durable Medical Equipment (incl. diabetic equip.)	20%
	Prosthetics/Orthotics	20%
	Hospice Services	\$50 per day
Child Eye Care	Eye Exam & 1 Pair of Glasses per year	No Copay
Child Dental Diagnostic & Preventive Services	Oral exam	No Copay
	Preventive - Cleaning & X-ray	No Copay
	Sealants per Tooth	No Copay
	Topical Fluoride Application	No Copay
	Space Maintainers - Fixed	No Copay
Child Dental Basic Services	Amalgam Fill -1 Surface	\$25
Child Dental Major Services	Root Canal - Molar	\$300
	Gingivectomy per Quad	\$150
	Extraction - Single Tooth Exposed Root or Erupted	\$65
	Extraction - Complete Bony	\$160
	Porcelain with Metal Crown	\$300
Child Orthodontics	Medical Necessary Orthodontics	\$1,000

This is a brief overview of the benefit program. The plan document, policy or certificate of insurance should be consulted to determine the governing contractual provisions of the coverage.

MEDICAL BENEFITS – MediExcel Rates

MediExcel						MediExcel					
PS Platinum HMO						PS Platinum HMO					
EE AGE	EE Mo Rate	EE Per Pay Period	EE AGE	EE Mo Rate	EE Per Pay Period	DEP AGE	EE Mo Rate	EE Per Pay Period	DEP AGE	EE Mo Rate	EE Per Pay Period
0-14	\$24.89	\$11.49	39	\$41.06	\$18.95	0-14	\$49.78	\$22.98	39	\$82.13	\$37.90
15	\$27.10	\$12.51	40	\$41.58	\$19.19	15	\$54.21	\$25.02	40	\$83.17	\$38.38
16	\$27.95	\$12.90	41	\$42.37	\$19.55	16	\$55.90	\$25.80	41	\$84.73	\$39.11
17	\$28.80	\$13.29	42	\$43.11	\$19.90	17	\$57.59	\$26.58	42	\$86.23	\$39.80
18	\$29.71	\$13.71	43	\$44.15	\$20.38	18	\$59.42	\$27.42	43	\$88.31	\$40.76
19	\$30.62	\$14.13	44	\$45.46	\$20.98	19	\$61.24	\$28.26	44	\$90.91	\$41.96
20	\$31.56	\$14.57	45	\$46.99	\$21.69	20	\$63.13	\$29.13	45	\$93.97	\$43.37
21	\$32.54	\$15.02	46	\$48.81	\$22.53	21	\$65.08	\$30.03	46	\$97.62	\$45.05
22	\$32.54	\$15.02	47	\$50.86	\$23.47	22	\$65.08	\$30.03	47	\$101.71	\$46.94
23	\$32.54	\$15.02	48	\$53.20	\$24.55	23	\$65.08	\$30.03	48	\$106.40	\$49.11
24	\$32.54	\$15.02	49	\$55.51	\$25.62	24	\$65.08	\$30.03	49	\$111.02	\$51.24
25	\$32.67	\$15.08	50	\$58.11	\$26.82	25	\$65.34	\$30.15	50	\$116.23	\$53.64
26	\$33.32	\$15.38	51	\$60.68	\$28.01	26	\$66.64	\$30.75	51	\$121.37	\$56.01
27	\$34.10	\$15.74	52	\$63.51	\$29.31	27	\$68.20	\$31.48	52	\$127.03	\$58.63
28	\$35.37	\$16.32	53	\$66.38	\$30.64	28	\$70.74	\$32.65	53	\$132.76	\$61.27
29	\$36.41	\$16.80	54	\$69.47	\$32.06	29	\$72.82	\$33.61	54	\$138.94	\$64.12
30	\$36.93	\$17.04	55	\$72.56	\$33.49	30	\$73.86	\$34.09	55	\$145.12	\$66.98
31	\$37.71	\$17.40	56	\$75.91	\$35.04	31	\$75.42	\$34.81	56	\$151.82	\$70.07
32	\$38.49	\$17.77	57	\$79.30	\$36.60	32	\$76.99	\$35.53	57	\$158.59	\$73.20
33	\$38.98	\$17.99	58	\$82.91	\$38.26	33	\$77.96	\$35.98	58	\$165.81	\$76.53
34	\$39.50	\$18.23	59	\$84.70	\$39.09	34	\$79.00	\$36.46	59	\$169.39	\$78.18
35	\$39.76	\$18.35	60	\$88.31	\$40.76	35	\$79.52	\$36.70	60	\$176.62	\$81.51
36	\$40.02	\$18.47	61	\$91.43	\$42.20	36	\$80.04	\$36.94	61	\$182.86	\$84.40
37	\$40.28	\$18.59	62	\$93.48	\$43.14	37	\$80.57	\$37.18	62	\$186.96	\$86.29
38	\$40.54	\$18.71	63	\$96.05	\$44.33	38	\$81.09	\$37.42	63	\$192.10	\$88.66
			64+	\$97.61	\$45.05				64+	\$195.23	\$90.10

Age as of Effective Date of Group Agreement
Includes Pediatric Dental and Vision Coverage

DENTAL BENEFITS

Good dental health is important to your overall health and well-being. Energy Transport Logistics' Dental Plan helps you pay for expenses to keep your teeth and gums healthy.

UnitedHealthcare administers the Dental Plan. You can see any dentist; however, you pay less when you see an in-network dentist.

Covered Benefits

For Plan details and a complete list of covered expenses, see the Summary Plan Description (SPD).



Benefits	In-Network	Out-of-Network
Diagnostic Services		
Periodic Oral Evaluation	100%	100%
Radiographs		
Lab and Other Diagnostic Test		
Preventive Services		
Dental Prophylaxis (Cleaning)	100%	100%
Fluoride Treatment		
Sealants		
Space Maintainers		
Basic Services		
Restorations (Amalgams or Composite)	80%	80%
Emergency Treatment/General Services		
Simple Extractions		
Periodontics		
Endodontics		
Major Services		
Oral Surgery (incl. surgical extractions)	50%	50%
Inlays/Onlays/Crowns		
Dentures and Removable Prosthetics		
Fixed Partial Dentures (Bridges)		
Implants		
Deductible (Individual/Family)	\$50 / \$150	\$50 / \$150
Deductible applies to Prev. & Diag.	No	No
Annual Maximum	\$1,500	\$1,500
Waiting Period	None	None
Out-of-Network Basis		UCR 80 th

Dental Insurance Premiums		
	Monthly	Per Pay Period
Employee Only	\$9.52	\$4.39
Employee + Spouse	\$29.30	\$13.52
Employee + Child(ren)	\$30.68	\$14.16
Family	\$54.40	\$25.11

VISION BENEFITS

Energy Transport Logistics will continue to offer employees a vision program through UnitedHealthcare (UHC). UHC's preferred providers offer thorough eye exams and a wide variety of quality eye wear. Members pay less out-of-pocket thanks to UHC network discounts.



Benefits		In-Network
Benefit Frequency		
Exams/ Lenses/ Frames/Contacts		12/12/12/12
In-Network Services		
Exam(s)		\$10.00
Eyeglasses (lenses and frame)		\$25.00
Contact lenses instead of Eyeglasses		\$25.00
Retinal Screening		\$39.00
Frame Benefit (for frames that exceed the allowance, an additional 30% discount may be applied)		
Private Practice Provider		\$130.00 retail frame allowance
Retail Chain Provider		\$130.00 retail frame allowance
Lens Options		
Standard Scratch-resistant Coating, Polycarbonate Lenses for Dependent Children (up to age 19) – covered in full		
Contact Lens Benefit		
Elective contact lenses Allowance is applied toward the purchase of contact lenses. Contact lens copay is waived		\$105.00
Elective contact lens fitting and evaluation Allowance is applied toward the contact lens fitting/evaluation fees.		\$40.00
Necessary contact lenses		Covered in full after copay (if applicable)
Children's and Maternity Eye Care Benefit		
Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.		
Out-of-Network Reimburse (Copays do not apply)		
Exam(s)		Up to \$40.00
Frames		Up to \$45.00
Single Vision Lenses		Up to \$40.00
Lined Bifocal and Progressive Lenses		Up to \$60.00
Lined Trifocal Lenses		Up to \$80.00
Lenticular Lenses		Up to \$80.00
Elective Contacts instead of Eyeglasses		Up to \$80.00
Contact Lens Fitting and Evaluation		Up to \$0.00
Necessary Contacts instead of Eyeglasses		Up to \$210.00

This is a brief overview of the benefit program. The plan document, policy or certificate of insurance should be consulted to determine the governing contractual provisions of the coverage.

Vision Insurance Premiums		
	Monthly	Per Pay Period
Employee Only	\$0.00	\$0.00
Employee + Spouse	\$2.10	\$0.97
Employee + Child(ren)	\$2.22	\$1.02
Family	\$5.71	\$2.64

BASIC LIFE AND AD&D INSURANCE

Energy Transport Logistics provides all eligible employees with Basic Term Life and Accidental Death and Dismemberment (AD&D) coverage at no cost to you. Your Basic Life and AD&D coverage is provided to you through UNUM.

Basic Employee Life / AD&D

All Employee in active employment in the United States with the Employer working 30+ hours per week

\$25,000

- AD&D coverage is equal to your employee paid life insurance coverage.
- AD&D covers accidental death, loss of hands, feet, speech, hearing, toes, and fingers.
- Benefits are reduced for employee at age 65 and again at age 70

TRAVEL ASSISTANCE

Things can happen on the road. Passports get stolen or lost. Unforeseen events or circumstances derail travel plans. Medical problems surface at the most inconvenient times. Travel Assistance can help you navigate these issues and more at any time of the day or night.

You and your spouse are covered with Travel Assistance — and so are kids through age 25 — with your group insurance from UNUM.

24/7 SERVICES ANYWHERE IN THE WORLD

Unum travel assistance services are provided 24/7 services anywhere in the world by Assist America, Inc., a leading provider of Unum global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.

USE YOUR TRAVEL ASSISTANCE PHONE NUMBER TO ACCESS:

- Hospital admission assistance*
- Emergency medical evacuation
- Prescription replacement assistance
- Transportation for a friend or family member to join a hospitalized patient
- Care and transport of unattended minor children
- Assistance with the return of a vehicle
- Emergency message services
- Critical care monitoring
- Emergency trauma counseling
- Referrals to Western-trained, English-speaking medical providers
- Legal and interpreter referrals
- Passport replacement assistance

Contact Travel Assistance

Within the U.S.:
1-800-872-1414

Outside the U.S.:
(U.S. access code) +609-986-1234

Via email:
medservices@assistamerica.com

With the Assist America Mobile App, you can:

- Call Assist America's Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.



SUPPLEMENTAL PLANS

Accident and Critical Illness Insurance are limited benefit policies. They are not health insurance, and do not satisfy the requirements of minimum essential coverage under the Affordable Care Act.

ACCIDENT INSURANCE

Minimize the financial impact that can come with an accidental injury. Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident.

Who can be covered?

You	If you're actively at work*
Your Spouse	Can get coverage as long as you have purchased coverage for yourself.
Your Children	Dependent children from birth until their 26 th birthday, regardless of marital or student status.

*Employees must be legally authorized to work in the United States and actively working at a U.S. location to receive coverage. See schedule for a complete list of what is covered.

Why should I consider it?

Benefits will be paid directly to you to use for any purpose, such as paying out-of-pocket medical expenses, copays deductibles, groceries, gas, utilities and more.

- Coverage is always guarantee issue.
- You can choose to take this coverage with you if you leave your employer or retire, and you'll be billed at the same rates via direct billing.

How much does it cost?

This table shows your rates for Accident Insurance.

Accident Insurance	
Your Monthly Premium	Option 1
You	\$24.40
You and your Spouse	\$42.49
You and your Children	\$50.34
Family	\$68.43

CRITICAL ILLNESS INSURANCE

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition.

What conditions does it cover?

Critical Illness	
<ul style="list-style-type: none"> • Heart attack • Stroke • Major organ failure • End-stage kidney failure 	Coronary artery disease Major 50%: Coronary artery bypass graft or valve replacement Minor (10%): Balloon angioplasty or stent placement

Cancer conditions	
<ul style="list-style-type: none"> • Invasive cancer – all breast cancer is considered invasive 	<ul style="list-style-type: none"> • Non-invasive cancer (25%) • Skin Cancer - \$500

Progressive diseases	
<ul style="list-style-type: none"> • Amyotrophic Lateral Sclerosis (ALS) • Dementia, including Alzheimer's disease • Multiple Sclerosis (MS) • Parkinson's disease • Functional loss 	<ul style="list-style-type: none"> • Loss of sight, hearing or speech • Benign brain tumor • Coma • Permanent Paralysis • Occupational HIV, Hepatitis B, C or D • Infectious Diseases (25%)

Please refer to the certificate for complete definitions about these covered conditions. Coverage may vary by state. See exclusions and limitations.

Why should I consider it?

Use your paid benefits for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more.

Who can get coverage?

You	\$15,000
Your Spouse	50% of employee's benefit
Your Children	50% of employee's benefit

Your rates will depend on your age and the level of coverage you select. Your rates will be determined when you choose your coverage level during enrollment. Visit your [Open Enrollment Benefits Page](#) to learn more about this benefit at [2025 Open Enrollment - Energy Transport Logistics](#)

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and consideration of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern.

SUPPLEMENTAL PLANS

HOSPITAL INDEMNITY INSURANCE

Hospital Indemnity Insurance pays a fixed daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. Hospital Indemnity Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirements of minimum essential coverage under the Affordable Care Act.

Why should I consider it?

- Use your paid benefits for any purpose, such as paying out-of-pocket medical expenses, copays, deductibles, groceries, gas, utilities and more.
- Coverage is always guaranteed issue.
- Your coverage can go with you if you leave your employer or retire, and you'll be billed directly

Be Well Benefit

Every year, each family member who has Hospital coverage can also receive \$50 for getting a covered Be Well screening test, such as:

- Annual exams by a physician include sports physicals, wellchild visits, dental and vision exams
- Screenings for cancer, including pap smears, colonoscopy
- Screenings for cholesterol and diabetes
- Immunizations including HPV, MMR, tetanus, influenza

Who can be covered?

You have the option to enroll yourself as well as your spouse* and children** in Hospital Indemnity Insurance coverage to meet your needs.

**The use of "spouse" means a person insured as a spouse as described in the certificate of insurance or rider.*

***The definition of "child" may vary by state. Please contact your employer for more information.*

How much does it cost?

This table shows how much you'll pay for Hospital Indemnity Insurance. The premium is deducted from your paycheck.

Hospital Indemnity Insurance	
Your Monthly Premium	
You	\$17.84
You and your Spouse	\$38.30
You and your Children	\$26.97
Family	\$47.43

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and consideration of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern.

SHORT TERM DISABILITY (STD)

Energy Transport Logistics offers Voluntary Short-Term Disability (STD) coverage. STD insurance provides you with income protection in the event you have a non-occupational illness or injury. Employees regularly scheduled to work a minimum of 30 hours per week are eligible for this coverage.

Benefit Waiting Period:	Your benefits would begin after you become disabled for 7 days
Benefit Level:	60% of your weekly income, up to a maximum benefit of \$1,357 per week. The weekly benefit may be reduced or offset by other sources of income. <i>*See the Legal Disclosures for more information</i>
Maximum Benefit Duration:	The maximum number of weeks you can receive benefits while you're disabled. You have a 52-week benefit duration

LONG TERM DISABILITY (LTD)

Energy Transport Logistics offers Voluntary Long-Term Disability (LTD) coverage to eligible employees regularly scheduled to work a minimum of 30 hours per week.

Your Voluntary Long-Term Disability (LTD) plan provides partial replacement of your monthly base salary (60% of your monthly income) if you are disabled and qualify for benefits. This benefit takes over when your Short-Term Disability (STD) benefits run out. This plan does not cover pre-existing conditions. See certificate for more details.

Elimination Period:	Your elimination period is 360 days. This is the number of days that must pass after a covered accident or illness before you can begin to receive benefits.
Benefit Amount:	60% of your monthly income, up to a maximum payment \$6,000. The monthly benefit may be reduced or offset by other sources of income. <i>*See the Legal Disclosures for more information</i>
Benefit Duration:	This is the maximum length of time you can receive benefits while you're disabled. You can receive benefits up to the Social Security (SS) normal retirement age.
Additional Benefits:	Waiver of premium: If you're disabled and receiving benefit payments, Unum waives your cost until you return to work. Survivor Benefits: If you die while you've been disabled and receiving benefits for at least 180 days, your family could get a benefit equal to 3 months of your gross disability payment. Worldwide emergency travel assistance: If you are traveling 100 or more miles from home, you and your family will receive immediate help anywhere in the world.

Your rates will depend on your age and the level of coverage you select. Your rates will be determined when you choose your coverage level during enrollment. Premium increases or decreases are due on the next premium due date following the change. Changes will not be pro-rated daily. Unum will only adjust for the current policy year and prior policy year. In the case of fraud, premium adjustments will be made for all policy years. Visit your [Open Enrollment Benefits Page](#) to learn more about this benefit at [2025 Open Enrollment - Energy Transport Logistics](#)

If you didn't get coverage when you were first eligible, you'll have to answer health questions now. If you're newly eligible, you may not have to answer health questions. If you already have coverage, you can increase it up to the maximum available. You may have to answer health questions. New coverage may be subject to pre-existing condition limitations.

Please refer to the certificate for complete definitions about these covered conditions., Coverage may vary by state. See exclusions and limitations.

401(K) RETIREMENT PLAN

Energy Transport Logistics - 401k Matching Contribution

Your 401k retirement savings plan at Energy Transport Logistics (ETL) is one of the best ways to save for your retirement. ETL encourages you to take advantage of your 401k plan and all the benefits that it offers you, so that you can look forward to a more secure financial future.

MATCH: ETL offers a 401(k)-match equal to 50% per \$1.00 of your deferrals into the plan for the first 9% of eligible pay that you defer.

YOU HAVE TO ENROLL TO GET MATCHING CONTRIBUTIONS: Enrolling in the 401k plan is quick and easy! Once you enroll, your salary deferrals are deducted automatically from your pay, which makes saving in the plan convenient. You can elect from a wide range of investment options under the 401k plan. Your own deferrals plus the matching contributions made by ETL can help you achieve your goal for a more comfortable retirement. By participating in the 401k plan sooner rather than later, you also have the potential to benefit significantly over time from compound earnings. Compounding enables you to build retirement savings not only from your own deferrals and company matching contributions, but also from all reinvested earnings!

YOUR MATCH GOES IN AS OFTEN AS YOUR DEFERRALS: ETL will make a matching contribution to your participant account as often as you defer – in other words, as often as you get paid – bi-weekly! ETL will contribute \$0.50 for each dollar that you contribute up to a maximum of 9% of your eligible pay. Take a look at the following examples:

Bi-Weekly Salary	Contribution Percent	Bi-Weekly Dollar Total Employee Contribution	Bi-Weekly Company Matching Contribution
\$1,000	1%	\$10.00	\$5.00
\$1,000	2%	\$20.00	\$10.00
\$1,000	3%	\$30.00	\$15.00
\$1,000	4%	\$40.00	\$20.00
\$1,000	9%	\$90.00	\$45.00

**Maximum ETL Match is 9%

The next table shows the impact that a 4% contribution would have on your take home pay:

Take Home Pay Impact of a 4% Contribution		
Gross Pay	\$1,000	\$1,000
401(k) Contribution	\$0	\$40
Tax	\$250	\$240
Take Home Pay	\$750	\$720

Take Home Pay only impacted \$30 by a 4% contribution

* This assumes a 25% income tax-bracket, individual taxpayer circumstances may vary. This is for illustrative purposes only

Please note: If you are not deferring into the 401k plan, you cannot take advantage of the company matching contribution!



401(K) RETIREMENT PLAN

A VESTING SCHEDULE APPLIES TO COMPANY MATCHING CONTRIBUTIONS: You are always 100% “vested” in your own deferrals into the 401k plan. That means that your own deferrals (plus any earnings on those deferrals) belong to you at all times – and you can take them with you when you retire or otherwise leave your employment at Energy Transport Logistics. A vesting schedule does apply to the matching contributions that you receive from Energy Transport Logistics. The amount of money in your match account that you may take with you if you leave depends on the length of time that you have been employed with Energy Transport Logistics (i.e., your “years of service”). Please see the following vesting schedule:

VESTING SERVICE*	VESTING PERCENTAGE
Less than 1 year of service	0%
1 year	0%
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years or more	100%

* A year of Vesting Service is a Vesting Period in which you have at least 1,000 Hours of Service.

HOWTO ENROLL: If you are not already enrolled in the 401k plan, we encourage you to begin deferring so that you may take advantage of the matching contribution. You may enroll online after your first paycheck at the following website:

Enroll online: <https://www.capitalgroup.com/myplan/g9kl1>

Enrollment video: <https://www.capitalgroup.com/advisor/how-to-enroll-employee-video-planpremier.html>

For questions on the 401K program, enrolling online or Capital Group, you may contact: Hirschy Clein, Client Services Manager, at (949)-337-4205



NOTES



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