



genesisalkali

BenefitsConnections

Your Company. Your Benefits. Your Choice.

Collective Bargaining Unit

2024 Benefits Guide

Your company. Your benefits. Your choice.

Genesis Alkali is committed to providing employees with a total benefit program that is both comprehensive and competitive. Our employee benefit plans are designed to provide you and your family members with:

- Quality health care coverage;
- Income protection benefits that offer a financial safety net if illness or injury prevents you from working; and,
- Retirement savings programs to help you invest in your future financial security.

In your BenefitsConnections Enrollment Guide, you will find information about our employee benefit offerings. Detailed information on Genesis' benefit plans is available at hr.genesisenergy.com. Here you can access the Summary Plan Descriptions (SPDs) and Summaries of Benefits Coverage (SBCs), which provide important plan rules and provisions.

This website will be your primary source of information on the benefit plans included in Genesis Alkali's program.

If you have any questions, be sure to contact the BenefitsConnections team. This internal team of benefit experts is just an email or phone call away.
(877) 241-9624 • benefitsconnections@genlp.com

PRINTED PLAN DOCUMENTS AND LEGAL NOTICES

The Summary Plan Descriptions (SPD) and Summaries of Benefits Coverage (SBC) are available at hr.genesisenergy.com under Genesis Alkali Union then Plan Documents and Legal Notices. We have posted the SPDs and SBCs online to help ensure you have easy access to your benefits information. If you prefer to receive a printed copy of the SPDs, SBCs or any legal notices, we will provide one to you at no charge. Contact the BenefitsConnections team at **(877) 241-9624** or benefitsconnections@genlp.com to request a printed copy.

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Genesis Alkali’s 2024 Benefits Guide is a summary of benefit plans available to Genesis employees whose participation is governed by the collective bargaining agreement (CBA). This guide reflects benefit levels and benefit premiums negotiated under the CBA as of January 1, 2024.

Should there be any discrepancy between this guide and official plan documents and contracts, the provisions of the official plan documents and policy certificates will prevail. Genesis Alkali, LLC intends to continue the benefits described within this guide indefinitely. However, Genesis Alkali reserves the right to terminate or modify the benefits, including employee eligibility to participate, at any time. Your participation in the Plan is not a guarantee of continued employment.

Certain portions of this Plan are maintained according to the CBA between Genesis Alkali, LLC and the United Steelworkers Local 13,214 dated July 1, 2016, including any amendments or ratifications to the CBA. A copy of the collective bargaining agreement may be obtained from the Green River Human Resources Department.

Enrollment Information

You will use Ceridian Dayforce to complete your benefit enrollment or make changes, whether it be a New Hire Enrollment, Open Enrollment or Qualifying Life Event. **Choose your benefit coverage carefully, because in most cases your initial benefit choices will remain in place the entire year unless you experience a qualifying life event.**

Enrollment is limited to specific circumstances, which are:

New Employees

Newly hired employees must make benefit elections **within 31 days** of their date of hire. If you do not act during your enrollment period, you will default to no coverage for medical, dental, and vision and no voluntary benefits. You will be auto-enrolled in Basic Life/AD&D and LTD at the 60% coverage level.

Current Employees

Open Enrollment

This is your once-a-year opportunity, usually in November, to enroll in or make changes to all benefit plans for the upcoming Plan Year effective January 1.

Qualifying Life Event

Employees with a qualifying life event may make changes to their benefit elections (consistent with the qualifying event) **within 31 days**. See page 6 for more information.

Health Savings Account

You can make changes to your Health Savings Account (HSA) contribution **at any time** during the year including increasing or decreasing your contributions.

Open Enrollment

You must take action during Open Enrollment if:

- You intend to elect, drop or change your coverage in the medical, dental, vision plans, and/or voluntary benefits for 2024.
- You elect to participate in a Flexible Spending Account (FSA) or Health Savings Account (HSA) for 2024. These elections do not roll over automatically.

Important: If you **do not** wish to change your medical, dental and/or vision plan and if you elect **not** to participate in an FSA or HSA for 2024, you do not need to take any action. Your current health care elections and voluntary coverage will automatically roll over to 2024.



OPEN ENROLLMENT DATES:

Monday

October 23, 2023 –

Friday

November 10, 2023

How to Enroll

1 Access Ceridian Dayforce from your home or work computer.

Single Sign-on from Work

Go to the Genesis portal page and click on “Dayforce”. You will have automatic access through single sign-on.

or

Online from Home

Go to the following website:
<https://sso.dayforcehcm.com/genesis>

- Enter your Genesis email address
- Enter your Genesis network password
- Click “Sign In”

2 Once you’ve logged in, click on “Benefits”.

Then, click on “Start Enrollment” from the list of available enrollments.

Read each page, make your selection, then click “Next” to continue.

If you have trouble accessing Ceridian Dayforce or need a password reset, contact the IT Helpdesk by submitting a request to helpdesk@genlp.com or by calling (713) 860-2512. Hours of operation are Monday – Friday, 6:30 a.m. – 4:00 p.m. MST.

Eligibility

If you are a full-time U.S. employee regularly scheduled to work at least 30 hours per week, the chart below lists the benefits you may be eligible to participate in upon meeting any and all requirements.

Benefit	Eligibility Waiting Period	Benefits End
Medical/Prescription Drug	Effective on date of hire if you enroll within 31 days	Last day of termination month
Dental	Effective on date of hire if you enroll within 31 days	Last day of termination month
Vision	Effective on date of hire if you enroll within 31 days	Last day of termination month
Health Savings Account (HSA)	Effective on date of hire if you enroll within 31 days	Date of termination
Flexible Spending Accounts (FSAs)	Effective on date of hire if you enroll within 31 days	Date of termination
Basic Employee Life and AD&D	Immediate	Date of termination
Optional Employee and/or Dependent Life and AD&D	Effective on date of hire if you enroll within 31 days	Date of termination
Short-Term Disability (STD)	Immediate	Date of termination
Long-Term Disability (LTD)	Effective on date of hire if you enroll within 31 days	Date of termination
Business Travel Accident (BTA)	Immediate	Date of termination
Employee Assistance Program (EAP)	Immediate	Date of termination
LegalShield	Effective on date of hire if you enroll within 31 days	Date of termination
NortonLifeLock	Effective on date of hire if you enroll within 31 days	Date of termination

Who is Eligible to Enroll?

You may enroll eligible dependents in certain plans provided you enroll yourself.

Your eligible dependents include:

- Your legal spouse, including a legally married same-sex spouse.
- Your eligible children up to age 26 (LegalShield - children up to age 23).

ELIGIBLE CHILDREN INCLUDE:

- Your biological children.
- Your legally adopted children, including children placed in your custody pending adoption.
- Your stepchildren.
- Any other dependent child who lives in your house in a parent-child relationship and depends on you for support, e.g., foster children or an unmarried grandchild who meets all of the conditions:
(1) ...is your dependent for income tax purposes under Section 152 of the Internal Revenue Code at the time of enrollment in the benefit plan; and (2) ...is subject to being under your legal guardianship under applicable state law.

Note: **Proof of dependent eligibility will be required; see details on page 6.**

Important: If you and your legal spouse or adult child both work for Genesis, that spouse or adult child can only be covered once under any Genesis plan offered, including medical and life, as either the employee or as your dependent. An employee cannot have double coverage as both an employee and as a dependent on someone else's coverage. If your spouse or adult child is also a Genesis employee, you must choose whether to cover them as a dependent on your plan or they may choose to cover themselves on their own plan. If you and your spouse both work for Genesis and have children, only one of you can cover your dependent children. If you don't choose Family medical coverage for everyone and instead make separate plan elections, you will have to meet two separate medical deductibles. If you or your spouse/child are both Genesis employees, you are not eligible for an opt-out credit.

Please refer to the summary plan description (SPD) for the full definition of eligible dependent under the plan. You can also contact the BenefitsConnections Team for additional information.

Dependent Verification

Any time you add a new dependent (child or spouse) to your Genesis medical, dental and/or vision coverage, you will be asked to provide documentation confirming the new dependent meets the plan's eligibility rules. As a reminder, new dependents can only be added during your new hire enrollment, Open Enrollment or **within 31 days** of a qualifying life event.

Adding a Dependent to Coverage

1. Complete the **Dependent Declaration** – Use the drop-down menu to indicate if you are declaring a new dependent(s). If you are, select “yes” and upload supporting documentation (marriage certificate/birth certificate) to verify dependent.
 - a. For **New Hires**, the Dependent Declaration is found within the “Onboarding” section of Ceridian – Complete this step first, then go to the “Benefits” section and start your “New Hire Enrollment”.
 - b. For **Open Enrollment**, go straight to the “Benefits” section of Ceridian and “Start Open Enrollment”.
 - c. For **Qualifying Life Events**, see the next section for more details.
2. Complete your **Current Dependent Information** – Here you'll add each dependent you plan to cover on your medical, dental and/or vision coverage. You will need your dependent's date of birth and social security card to complete this section. **If you do not add your dependent(s) first, then the system will not properly display all the plan options available to you.**
3. Complete your **Beneficiary Information** – Here you can add Beneficiaries to your record which you can assign to plans later in the Enrollment Process.
4. Complete your Enrollment and add your new Dependents to the desired coverages.

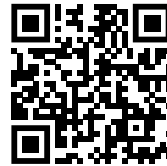
Qualifying Life Events

Changing Your Coverage During the Year

During the year, you may change your benefit enrollment only if you have a qualifying life event. Any benefit changes you make at that time must be consistent with your status change and must be made within 31 days of the qualifying life event (where day one is the day of the event). **You do not need to provide a social security number/card or a birth certificate to enroll a newborn—the birth announcement from the hospital is acceptable to meet the 31-day enrollment window.**

Qualified changes in status include:

- Marriage or divorce;
- Death of your spouse or dependent;
- Birth, adoption or placement of a child for adoption or custody;
- Become eligible for Medicare, Medicaid or CHIP, or an Exchange Plan;
- You or your dependent no longer qualify as an eligible dependent under another plan;
- You experience a reduction in hours worked (less than 30 hours of service per week);
- Gain or loss of eligibility due to change in employment status of you, your spouse or dependent; or
- Significant change (50% or more) in your spouse's or dependent's cost of coverage due to their employment or Open Enrollment period.



**Step by Step Video Guide:
How to Complete a Life Event
Enrollment in Ceridian Dayforce**

Scan the QR code with your smartphone Camera app or [visit this link to view the video.](#)

Important: It is always your responsibility to notify BenefitsConnections of any change regarding a dependent's eligibility status. Employees who violate the plans' guidelines may be subject to disciplinary action that is appropriate to the nature of the violation. This disciplinary action may require you to repay incurred claims for ineligible dependents and may include termination of employment. It is unacceptable for an employee to knowingly cover a dependent who is not eligible.

Initiating a Qualifying Life Event

Before you can add a new dependent or drop an existing dependent from coverage, you must demonstrate that a life event occurred by providing appropriate documentation like a birth certificate, marriage certificate, divorce decree or proof of other coverage.

Follow these steps to initiate the event:

1. Log into Ceridian Dayforce and click on “Forms” and select “Life Event Declaration”.
2. Enter the event date (i.e. date of marriage, date of newborn's birth, date of signed divorce decree, date other coverage ended).
3. Upload supporting documentation (i.e. social security cards, marriage certificate, birth facts, divorce decree). Then click “Submit”.

After you've submitted your Life Event Declaration it will be reviewed by the Benefits team. If approved, a new enrollment window will be opened allowing you to make changes to your benefits. **You will receive a notification in Ceridian Dayforce that your Declaration is approved and your Enrollment is available under Benefits.** This is where you will be able to change plans or add/drop dependents.

Medical Plans

Genesis Alkali's medical plan, administered by Blue Cross and Blue Shield of Texas (BCBSTX), offers two plan choices: the Low Deductible Health Plan and the High Deductible Health Plan.

The primary difference between the two options is how you pay for your health care expenses. The Low Deductible Health Plan and the High Deductible Health Plan have different monthly premiums, deductibles and out-of-pocket maximum limits. Both plans offer prescription drug coverage through CVS Caremark. **You can continue to use your current BCBSTX ID for the 2024 plan year; you will not receive a new ID card unless you change plans or tier levels.**

Your choices for medical plan coverage are the following:

Low Deductible Health Plan

BCBSTX Low Deductible Health Plan offers traditional medical and prescription drug coverage. Per-pay period premiums are higher, but the deductibles and coinsurance are lower, meaning more of your bill is covered by the plan up-front when you need health care.

or

High Deductible Health Plan

BCBSTX High Deductible Health Plan offers a high deductible health plan and prescription drug coverage that can be paired with a health savings account. Per-pay period premiums are lower, but the higher deductibles and coinsurance mean you will pay more money up-front when you need health care.

Prescription

The prescription drug program is administered by CVS Caremark, and is provided through the health plan you choose. Both health plans utilize the same network of pharmacies. When you have a prescription filled at a network pharmacy, simply show your BCBSTX identification card and pay the appropriate copay or coinsurance for the covered drug. The prescription drug program also covers certain preventive drugs at 100%.

You can save money on your prescriptions by using network pharmacies and buying generic instead of brand name drugs. You can also purchase maintenance medications (up to a 90-day supply) through the CVS Caremark mail order service. Maintenance medications (up to a 90-day supply) can also be purchased at your regular in-network retail pharmacy.

While CVS Caremark is responsible for managing pharmacy benefits, the pharmacy network includes other pharmacies besides CVS Pharmacy like Walmart, Kroger, Walgreens, Smith's and many more. Please check with CVS Caremark for a full list in-network pharmacies.

Networks

Both the Low Deductible Health Plan and the High Deductible Health Plan utilize the Blue Cross Blue Shield provider networks. To help reduce your medical costs, check to make sure your provider and facility are in-network by reviewing BCBS' online provider directories at www.bcbstx.com.

Network providers offer significant discounts on their services in return for being included in the plan's network. Non-network providers will typically charge undiscounted and often inflated fees for service. Non-network usage leads to increased costs for both employees and the Company. Staying within the network allows you to pay a smaller portion on a lower provider charge. Using non-network providers and facilities could lead to you paying a higher percentage on non-negotiated services and be billed for any amounts the plan does not pay.

Preventive Care

Preventive care services are those generally linked to routine wellness exams and screenings. Non-preventive services are those considered treatment or diagnosis for an illness, injury or other medical condition.

Preventive care is covered at 100% in-network for both medical plans, but there may be limits on how often or at what age you can receive preventive care services. You should ask your health care provider whether your visit is considered preventive or non-preventive care.

Medical and Prescription Drug Plan Comparison Chart

Below is a brief comparison of your medical plan choices. Refer to the Summary Plan Description (SPD) for additional details about coverage and exclusions. A Summary of Benefits and Coverage (SBC) for each plan is available online at hr.genesisenergy.com or from BenefitsConnections upon request.

Monthly Premiums	Low Deductible Health Plan		High Deductible Health Plan	
	Employee Only	\$255 / month		\$130 / month
Employee + 1	\$501 / month		\$256 / month	
Employee + Family	\$742 / month		\$379 / month	
Company HSA Contribution	N/A		\$500 / year	
Individual	N/A		\$1,000 / year	
Family	N/A			
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$500 / \$75 Rx	\$1,000 / \$75 Rx	\$2,000	\$4,000
Family	\$1,000 / \$150 Rx	\$2,000 / \$150 Rx	\$4,000	\$8,000
Calendar Year Out-of-pocket Maximum				
Individual	\$1,500 / \$5,100 Rx	\$3,000 / \$5,100 Rx	\$3,500	\$7,000
Family	\$3,000 / \$10,200 Rx	\$6,000 / \$10,200 Rx	\$7,000	\$14,000
Coinsurance	10%	40%	15%	50%
Physician Services				
Primary Care Office Visit	\$25 copay	40% after deductible	15% after deductible	50% after deductible
Specialist Office Visit	\$35 copay	40% after deductible	15% after deductible	50% after deductible
Preventive Care (1)	No charge	Not covered	No charge	Not covered
Testing				
Diagnostic Test (<i>X-ray, blood work</i>)	10% after deductible	40% after deductible	15% after deductible	50% after deductible
Imaging (<i>CT/PET scans, MRI</i>)	10% after deductible	40% after deductible	15% after deductible	50% after deductible
Outpatient Surgery				
Facility Fee	10% after deductible	40% after deductible	15% after deductible	50% after deductible
Physician/Surgeon Fees	10% after deductible	40% after deductible	15% after deductible	50% after deductible
Emergency Room Visit				
(<i>ER copay is waived if admitted</i>)	\$90 copay and 10% after deductible	\$90 copay and 10% after deductible	15% after deductible	15% after deductible
Hospital Stay (<i>per admission</i>)				
Facility Fee	\$220 copay and 10% after deductible	\$220 copay and 40% after deductible	15% after deductible	50% after deductible
Physician/Surgeon Fees	10% after deductible	40% after deductible	15% after deductible	50% after deductible
Urgent Care				
Physician Services	10% after deductible	40% after deductible	15% after deductible	50% after deductible
Mental Health & Substance Abuse				
Outpatient	\$25 copay	40% after deductible	15% after deductible	50% after deductible
Inpatient	\$220 copay and 10% after deductible	\$220 copay and 40% after deductible	15% after deductible	50% after deductible
Prescription Drugs (3)				
Retail (<i>30-day supply</i>)				
Generic	\$15	Not covered,	15% after deductible	Not covered,
Preferred Brand Name	\$40	except when traveling	15% after deductible	except when traveling
Non-preferred Brand Name	\$55	or in emergency	15% after deductible	or in emergency
Home Delivery (<i>90-day supply</i>)				
Generic	\$30	Not covered,	15% after deductible	Not covered,
Preferred Brand Name	\$80	except when traveling	15% after deductible	except when traveling
Non-preferred Brand Name	\$110	or in emergency	15% after deductible	or in emergency

1 Includes routine annual physicals, well woman and baby care, immunizations (6 years and older), and routine lab, X-ray, vision and hearing exams.

2 If there is a generic equivalent for your brand name prescription drug and you fill the brand name prescription drug, you will be charged both the applicable prescription copay plus the difference between the generic cost and the brand name cost.

Get the Most from Your Medical Plan

The following programs are included with enrollment in either BCBSTX medical plan.

Virtual Care Visits: MDLIVE

MDLIVE provides access to a national network of U.S. Board Certified physicians through a mobile application, online or by phone. Get access to quality health care without ever leaving your home, your job or wherever you are. Speak to a doctor 24 hours a day, 7 days a week, 365 days a year for non-emergency conditions. An average MDLIVE visit only costs about \$40 or your office visit copay. You can use MDLIVE for any of the following medical services:

- Instead of going to the ER or an urgent care center for a non-emergency issue including acute illness, flu, strep throat, skin rashes, ear infections, pink eye, UTI and more.
- During or after normal business hours, nights, weekends and even holidays.
- To request prescription refills (when appropriate).

MDLIVE Therapy can help in diagnosing and treating mental health issues. Whether you are looking for long-term therapy or simply need a one-time check-in on your health and wellness, MDLIVE's behavioral health therapy services are safe, confidential, and convenient.

Your BCBSTX Online Resource: Blue Access for Members

Would you like to know when your medical claims are paid and the payment amounts? Do you need to confirm your member information or request new medical identification cards? Blue Access for Members, the secure member portal from Blue Cross and Blue Shield of Texas, can help. Get immediate, secure online access to health and wellness information. It's easy, immediate, secure and available at www.bcbstx.com.

- Check the status of a claim as well as claims history
- View and print Explanation of Benefits (EOB) statements for a claim
- Locate a doctor or hospital in the network
- Request a new or replacement member ID card or print a temporary member ID card

Provider Finder is an innovative tool for helping you choose a provider, plus estimate and manage health care costs.

- Find a network primary care physician, specialist or hospital
- Filter your search by doctor, specialty, zip code, language and gender—even get directions
- Estimate the cost of procedures, treatments and tests and your out-of-pocket expenses
- Review providers' certifications and recognitions

Blue Access Mobile is Also Available for Members On the Go!

App features include: access to your claims, coverage and deductible information, facility and physician finder, and ID card access.

Blue Cross Blue Shield Global Core

Access doctors, hospitals and other health services in nearly 200 countries and territories in the world. The Blue Cross Blue Shield Global Core Service Center is available 24 hours a day, seven days a week toll free at **(804) 673-1177**.

Special Beginnings Maternity Program

Access support from early pregnancy until six weeks after delivery. Visit www.bcbstx.com or call **(888) 421-7781** to enroll or ask questions about the program.

Blue Care Advisors Condition Management

Chronic Condition Management is available to you and your covered dependent family members through your BCBSTX benefits at no additional cost. It's easy to join; just call **(866) 412-8795** and select "Blue Care Connection" to enroll.



MDLIVE Virtual Care

Register at www.MDLIVE.com or by downloading the app.

To register, you will need to provide your first and last name, date of birth and BCBSTX member ID number.



It's Easy to Get Started with BCBS Online!

1

Go to www.bcbstx.com

2

Click the Log In tab. Then click the Register Now button in the Blue Access for Members section

3

Use the information on your BCBSTX ID card to complete the registration process



Blue Access Mobile App

Learn more about Blue Access Mobile at bcbstx.com/mobile or text GOTX to **33633**.

Dental Plan

Dental coverage is important to your overall health and wellness. Genesis offers you two dental plans through Delta Dental of Pennsylvania—a Low Plan and a High Plan. Plan coverage and provisions for both plans cover four main types of expenses:

- **Preventive Care and Diagnostic Services** like routine exams, cleanings, and X-rays
- **Major Care** such as bridges, crowns and dentures
- **Basic Care** such as fillings, extractions, root canals, gum treatment and denture repair
- **Orthodontia** for dependent children to age 19

If you are enrolling in dental coverage after having opted out the previous year, there is a six-month waiting period before major care services and orthodontia will be covered.

Monthly Premiums	Low Plan	High Plan
Employee Only	\$11.08 / month	\$2.45 / month
Employee + 1	\$21.49 / month	\$6.11 / month
Employee + Family	\$31.91 / month	\$8.57 / month
Benefits		
Calendar Year Deductible		
Individual	\$50	\$100
Family	\$100	\$200
Preventive Care and Diagnostic Services	100%	100%
Basic Care	20% after deductible	30% after deductible
Major Care	50% after deductible	60% after deductible
Orthodontia per Child <i>(under age 19 per lifetime)</i>	50% up to \$2,000 after deductible	50% up to \$2,000 after deductible
Annual Maximum Per Person	\$2,100	\$1,500

Vision Plan

The Genesis vision plan is offered through Vision Service Plan (VSP). VSP is a network of providers who offer discounted fees and wholesale prices for routine eye exams, lenses and frames. Should you use a non-network provider, the plan partially reimburses your costs.

For more information about other covered services, such as the diabetic eye care program, please review the Summary Plan Description posted on the HR website. For a list of vision providers and more information, please go to www.vsp.com or call **(800) 877-7195**.

You don't need an ID card for vision. Let your doctor know you have VSP and they will verify coverage with VSP.

Monthly Premiums	Genesis Energy Vision Plan	
Employee Only	\$9.44 / month	
Employee + Spouse	\$13.50 / month	
Employee + Child(ren)	\$15.68 / month	
Employee + Family	\$25.07 / month	
Benefits	In-Network	Out-of-Network
WellVision Exam <i>(every plan year)</i>	\$20 copay	up to \$50
Frames <i>(every plan year)</i>	\$210 allowance	up to \$70
Lenses <i>(every plan year)</i>		
Single Vision	\$20 copay	\$50 copay
Bifocal	\$20 copay	\$75 copay
Trifocal	\$20 copay	\$100 copay
Contact Lenses	\$210 allowance	Up to \$105

Flexible Spending Accounts

Health Care Flexible Spending Account

Contributing to a Health Care Flexible Spending Account (FSA) is an easy way to lower your taxable income while paying for your health care. Your contributions are made on a pre-tax basis, and when claims are paid, you are reimbursed with the tax-free money you have set aside. Qualified health care expenses for you and your eligible dependents include expenses that are not paid under any other health care plan. **This account is administered by PayFlex.**

Plan Features	Health Care FSA
Minimum Contribution	\$100
Maximum Contribution	\$3,050
Covered Eligible Expenses	Eligible health care expenses for you and your eligible dependents that are not paid under any other health plan
Restrictions	Per federal tax law, if you enroll in both the High Deductible Health Plan medical plan and the Health Care FSA, the FSA is "limited purpose", only allowing qualified vision and dental expense reimbursements
Reimbursement Information	<ul style="list-style-type: none"> • Claims must be incurred prior to 12/31/2024 or date of termination, whichever is earlier • File for reimbursement by 3/31/2025 • Any unclaimed funds will be forfeited after 3/31/2025

Dependent Care Flexible Spending Account

Contributing to a Dependent Care FSA is an easy way to lower your taxable income while paying for the care of a qualified dependent while you (and your spouse, if you are married) work. Contributions to your Dependent Care FSA cannot be used to reimburse any health care expenses. **This account is administered by PayFlex.**

Plan Features	Dependent Care FSA
Minimum Contribution	\$100
Maximum Contribution	\$5,000 or \$2,500 if married and filing taxes separately
Covered Eligible Expenses	<p>Covered Eligible Expenses you incur to pay for the care of a qualified dependent:</p> <ul style="list-style-type: none"> • A dependent can be any child under age 13 or any dependent (including parents) age 13 or older who is incapable of self-care and spends at least eight hours a day in your home • Care can be in or outside your home • If care is provided in a day care center, it must be licensed if more than six people are cared for in the center • Caregiver cannot be claimed as a dependent
Restrictions	You and your spouse, if you are married, are required to work
Reimbursement Information	<ul style="list-style-type: none"> • Claims must be incurred prior to 12/31/2024 or date of termination, whichever is earlier • File for reimbursement by 3/31/2025 • Any unclaimed funds will be forfeited after 3/31/2025

Limited Purpose Flexible Spending Account

If you enroll in the High Deductible Health Plan and a Health Savings Account (HSA), you cannot enroll in a Health Care FSA, but you can enroll in a Limited Purpose Flexible Spending Account (LPFSA) to reimburse yourself tax-free for eligible out-of-pocket dental and vision expenses only.

Eligible medical expenses cannot be reimbursed using this account and should instead be covered using your HSA. A Limited Purpose FSA is a good idea if you have planned dental and vision expenses and want to preserve the funds in your HSA since they rollover from year to year. Like all Flexible Spending Accounts, the Limited Purpose is use-it-or-lose it. The Limited Purpose FSA contribution limit set by the IRS is \$3,050.

All types of Flexible Spending Accounts are



considered **"use it or lose it"** accounts, so be

sure to plan carefully when electing your annual contribution amount. Any remaining funds will be forfeited. The amount you elect during enrollment cannot be changed during the year unless you experience a qualifying life event.

Health Savings Account

If you choose to enroll in the BCBSTX High Deductible Health Plan, remember it is coupled with a Health Savings Account (HSA). The HSA, administered by Fidelity, is a **triple tax-advantaged** account you can use to pay for qualified health related expenses, including deductibles and coinsurance for medical, prescription drug, dental and vision expenses. You are eligible to enroll in an HSA and open an account at Fidelity only if you enroll in the High Deductible Health Plan option.

The Company will make a contribution to your HSA for the 2024 plan year which will be deposited into your HSA account at the beginning of the plan year. For new entrants to the plan throughout the year, the Company contribution is pro-rated based on your start date and in compliance with IRS rules. If opening an HSA account for the first time, you will need to make your election during the enrollment period and then open an account with Fidelity at www.401k.com. Any unused funds in the HSA are yours to keep. They will not be forfeited at the end of the year, and you can keep them even after your employment with Genesis Alkali ends. **If your account is not opened within 60 days from the end of the enrollment period, you forfeit the employer contribution.**

Health Savings Account Contributions

The maximum amount you are allowed to contribute tax-free is determined by your coverage tier, age and Genesis Energy's contribution to the IRS limits. You must open an HSA account with Fidelity before you can elect to contribute to your HSA.

Coverage Tier	Annual Maximum	Genesis Energy's Contribution	Your Annual Maximum Contribution	Additional Catch-up Contribution (age 55 or older)
Employee Only	\$4,150	\$500	\$3,650	+\$1,000
All Other Coverage Tiers	\$8,300	\$1,000	\$7,300	+\$1,000

You are eligible to open an HSA if you choose the High Deductible Health Plan as your medical plan and you:

- **Will not** be participating in a Health Care Flexible Spending Account in 2024.
- **Will not** be covered under any other non-high deductible health plan (this includes the Wyoming Miner's insurance plan).
- **Will not** be covered under Medicare, Medicaid or Tricare and haven't received VA medical services in the last three months.
- **Cannot** be claimed as a dependent on someone else's tax return.

Employee Assistance Program

SupportLinc EAP is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. It's available to you as an employee, your spouse, and any member of your household.

Counseling Services

SupportLinc provides confidential, professional referrals and up to **five (5) free counseling sessions** for a wide variety of concerns, such as:

- Anxiety
- Depression
- Marriage/relationship issues
- Grief and loss
- Substance abuse
- Anger management
- Work-related pressures
- Stress

Your five (5) free counseling sessions are available 24/7 via:

- Phone: **(888) 881-LINC (5462)**
- eConnect® Mobile App on your smartphone
- Online, visit supportlinc.com and select "Create Account" Use code "genesis" to get started
- Text therapy: Text "SUPPORT" to **51230**

In addition to counseling services, SupportLinc offers:

Expert Referrals and Consultations

- Legal assistance – free phone or face-to-face legal consultation
- Financial assistance – expert financial planning and consultation
- Convenience referrals for things like dependent care (child and adult), auto repair, pet care, home improvement and more

Web Resources

- Practical tools and resources to practice resiliency, mindfulness and other skills
- Discounted gym membership
- Online, secure video counseling
- On-demand education

Manager Consultation and Training

Topics include employee safety concerns, drug and alcohol in the workplace, organizational changes, and critical incident response.

Income Protection

Genesis Alkali provides eligible employees with a variety of insurance plans to provide replacement income to you or your beneficiaries in the event of disability, accident, or death. We recognize that your benefit needs are unique, and Genesis Alkali pays the full cost of some benefits, while offering the opportunity to participate in optional benefit plans that can also help meet your specific needs. All coverages for Life and Disability are provided by Prudential.

Company Paid Basic Life ¹	Company Paid Basic AD&D ¹
1x base pay	equal to Basic Life

Optional Coverages	Max Limit	Guaranteed Issue	Available Increments	Evidence of Insurability (EOI)
Optional Life ¹	\$2,000,000	\$750,000	1x – 6x base pay	EOI required ⁴
Spouse Life ²	\$100,000	\$50,000	\$10,000; \$20,000; \$50,000; \$75,000 or \$100,000	EOI required ⁵
Child Life ³	\$10,000	All coverage guaranteed	N/A	No EOI required
Optional AD&D ¹	\$2,000,000	All coverage guaranteed	1x – 6x base pay	No EOI required
Optional Spouse AD&D	60% Employee coverage up to \$500,000	All coverage guaranteed	1x – 6x base pay	No EOI required
Optional Child AD&D	15% Employee coverage up to \$100,000	All coverage guaranteed	N/A	No EOI required

Rates will be displayed during enrollment

- For employee life/AD&D coverage, the \$2,000,000 limit is the combined amount of basic and optional coverage.
- For spouse life coverage, the employee must have optional employee life coverage in equal or greater amount.
- You will pay the same rate for dependent life regardless of how many children you cover. Coverage begins at live birth up to age 26.
- EOI is required if increasing coverage from waived to any increment. If currently enrolled, can increase coverage by one increment without EOI if it doesn't exceed \$750k.
- EOI is required if increasing from waived to any increment.

You cannot elect life/AD&D coverage for a spouse or child if they are also an employee of Genesis. See note on pg. 5.

Short-Term Disability

Genesis Alkali provides short-term disability, at no cost to you, if you become disabled due to a non-occupational illness or injury. The short-term disability benefit pays 70% of your salary for a maximum of 26 weeks of income protection for eligible full-time employees. Please refer to the summary plan description (SPD) for full details.

Long-Term Disability

If you are a full-time employee, you can purchase long-term disability (LTD) insurance coverage. LTD benefits provide a monthly benefit in the event you cannot work after 26 consecutive weeks of disability due to an accident or illness. LTD benefits will continue until you are no longer disabled, reach the maximum benefit, or reach your Social Security Normal Retirement Age, whichever occurs first. Please refer to the SPD for further details on our LTD plan.

Evidence of Insurability (EOI)

Evidence of insurability (EOI) is proof of good health and there are additional steps you must take to get approved. If EOI is required, go to hr.genesisenergy.com, then “Life and AD&D” to print and complete the form.

Guaranteed Issue

‘Guaranteed’ is an insurance term that means insurance will be issued without providing Evidence of Insurability (EOI). However, there are certain restrictions and/or medical conditions that might affect your coverage or claim eligibility. Please see plan documents or insurance certificate for more information.

Retirement Plans

Genesis Alkali offers eligible Collective Bargaining Unit employees two ways to actively save for your retirement.

Pension Plan

The Genesis Alkali, LLC Union Retirement Plan, also known as the Pension Plan, is designed to provide a source of income when you retire from the company.

Plan Highlights

Key features of the Pension Plan are:

- You are eligible to participate in the Pension Plan after one Year of Credited Service with the employer.
- You are vested in your pension benefit after 5 Years of Vesting Service with the employer. This means that after 5 Years of Vesting Service, you have a right to a pension benefit even if you terminate employment before you retire.
- You can retire early and receive reduced benefits from the plan as early as age 55 with 10 or more Years of Credited Service; you can receive unreduced benefits at age 62 as long as you have 5 or more Years of Vesting Service.
- You can retire with unreduced benefits at age 65 regardless of your years of service.

The Pension Plan is established for only those Eligible Employees of a Participating Employer as provided under an applicable Supplement to the Plan and who are covered by an applicable Collective Bargaining Agreement which specifically provides for Pension Plan participation, or to whom coverage is extended by the Company or the Genesis Retirement Committee. Please refer to the SPD for further details on the Pension Plan (hr.genesisenergy.com).

Naming a Beneficiary

It is very important to name a beneficiary (or beneficiaries) for both the Pension Plan and the 401(k) Plan. This will ensure your loved ones receive any benefits that may be payable from your accounts upon your death. **The beneficiary (or beneficiaries) you designate for your life insurance DO NOT carry over.**

To name a beneficiary (or beneficiaries) to the Pension Plan, contact the Pension Service Center at **(844) 237-1480**.

To name a beneficiary (or beneficiaries) to the 401(k) Plan, visit www.401k.com or call Fidelity at **(800) 890-4015**.

Note that if you are married, you must have notarized written spousal consent to name someone other than your spouse as your primary beneficiary.

Fidelity 401(k) Plan

The Genesis Alkali, LLC Saving Investment Plan allows eligible employee to begin saving for retirement as soon as employment begins.

Plan Highlights

Key features of the 401(k) Plan are:

- New hires are automatically enrolled in the 401(k) Plan at a deferral rate of 3%. Employees will be notified of enrollment and at that time will have the option to choose a higher or lower deferral rate, or opt out of the program. Once enrolled, the deferral rate will automatically escalate 1% per year until a 5% deferral rate has been reached. Auto-enrollment does not apply to rehires—if you wish to participate in the 401(k), you must make an election through NetBenefits.
- Employees can contribute 1% to 85% of your eligible pay on a pre-tax or after-tax basis.
- The 401(k) Plan also allows additional “catch-up” contributions for employees age 50 and older (subject to annual IRS limits).
- Rollovers are permitted from prior eligible plans.
- Choice of investing in a traditional pre-tax 401(k), a Roth 401(k), or a regular after-tax option. A variety of investment funds are available.
- Loans available from your 401(k) Plan account, subject to plan rules.

How to Enroll

You will receive an enrollment packet from Fidelity with valuable information about planning for your retirement.

There are two ways to enroll:

Register through NetBenefits® by going online to www.401k.com. If you do not have an account with Fidelity, you will need to register online before accessing your account online.

or

Call Fidelity at **(800) 890-4015** to speak with a customer service representative.

For more information about the Pension or 401(k) Plan, please see the Summary Plan Descriptions located on the HR website at hr.genesisenergy.com.



LegalShield

Genesis offers a voluntary pre-paid legal service plan through LegalShield.

You can elect LegalShield coverage, \$14.75 per month, at the time of hire or through the annual Open Enrollment process. Once enrolled in the program, changes are only allowed during Open Enrollment.

A legal services plan can help with all sorts of planned and unplanned legal issues. By enrolling in LegalShield, you can rest assured that whether you're facing legal issues that are big, small or somewhere in between, you'll have access to legal advice for covered services when you need them.

LegalShield has developed a network of carefully selected law firms. Each law firm is licensed in the state or province it services and is dedicated to LegalShield members. Members only have to make one call to be connected with a lawyer, ensuring you know exactly who to call when a legal need arises.

This plan covers you and your eligible dependents. Below is a brief overview of the covered services.

- **Home:** Residential Loan Document Assistance, Refinance, Foreclosure
- **Unlimited:** Consultations on any personal or family questions
- **Financial:** Collections, Warranties, Guarantees, Contract review, IRS audit
- **Family Matters:** Uncontested Adoption, Divorce, Separation, Name Change Representation
- **Estate Issues:** Wills, Living Wills, Health Care Power of Attorney
- **Auto:** Moving Violations, Accidents, 24/7 Emergency hotline

Using Your LegalShield Plan is as Easy as 1-2-3!

1

Use the LegalShield app to call a law firm directly.

2

Tell them about your question or issue.

3

A lawyer will call to consult with you in 8 business hours or less!

Identity and Data Theft Protection

Genesis Energy's Identity and Data Theft Protection program provided by NortonLifeLock™. This Benefit Plan helps provide employees peace of mind with comprehensive all-in-one protection for your identity, personal information and connected devices.

Everyday things like online shopping, banking and even browsing can expose personal information and make you vulnerable to cybercriminals and identity theft. NortonLifeLock helps monitor your personal accounts and sends you alerts[†] if they detect potential threats to your identity.

If you should become a victim of identity theft, Norton will work to resolve it. Plus, Norton offers a Million Dollar Protection™ Package[†] if you become a victim of identity theft while a NortonLifeLock member.

You can elect NortonLifeLock coverage for \$9.99 Employee-only or \$18.98 for Family coverage per month. Learn more about this new benefit offering by reviewing the NortonLifeLock information online at hr.genesisenergy.com.

IN A WORLD OF ONLINE EVERYTHING,

EMPLOYEES NEED COMPREHENSIVE PROTECTION.



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References and Resources

Benefit	Who to Contact	Phone Number	Website/Email
Medical Group No: HDHP 357863 / PPO 357862	Blue Cross and Blue Shield of Texas	(800) 521-2227	www.bcbstx.com
Prescription Drug Group No: Rx3675	CVS Caremark	(844) 910-3890	www.caremark.com
Health Savings Account	Fidelity	(800) 890-4015	www.401k.com
Dental Group No: 18981	Delta Dental of PA	(800) 932-0783	www.deltadentalins.com
Vision Group No: 30043154	Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Flexible Spending Accounts Group No: 116234	PayFlex	(800) 284-4885	www.payflex.com
Life and AD&D Insurance Group No: 45697	Prudential	(800) 524-0542	www.prudential.com
Long-Term and Short-Term Disability Group No: 45697	Prudential	(877) 367-7781	www.prudential.com
Pension Plan	Aon	(844) 237-1480	www.aon.com
Savings Investment Plan	Fidelity	(800) 890-4015	www.401k.com
Employee Assistance Program	SupportLinc	(888) 881-LINC (5462)	www.supportlinc.com New Account code: genesis
Legal Services Group No: 203795	LegalShield	(800) 654-7757	www.legalshield.com
Identity and Data Theft Protection Group No: E0011429	NortonLifeLock	(800) 607-9174	www.mynorton.com
General Benefits Information	BenefitsConnections Team	(877) 241-9624	hr.genesisenergy.com BenefitsConnections@genlp.com

Required Benefit Notices

By law, Genesis Energy is required to provide you with official notices regarding your rights under certain employee benefit plans. All of the following notices are available on hr.genesisenergy.com for your review. You may choose to receive printed hard copies of these notices by contacting BenefitsConnections, otherwise you will default to receive these in electronic form by accessing them online.

- Women's Health and Cancer Rights Act
- Newborns' and Mothers' Health Protection Act
- Health Insurance Portability and Accountability Act
- Medicare Part D Notice of Credible Coverage
- Notice of Continuation of Coverage Rights Under COBRA
- Notice Regarding Medicaid and the Children's Health Insurance Program
- Coverage Options Notice (Formerly Exchange Notice)
- HIPAA Notice of Privacy Practices
- Summary of Benefits Coverage
- Summary Plan Descriptions (SPD)
- 401(k) 404a Notice
- Summary Annual Report (SAR)
- 401(k) Safe Harbor Notice

