

BenefitsConnections

Your Company. Your Benefits. Your Choice.

2025 Benefits Guide

Your company. Your benefits. Your choice.

Genesis Energy 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 Benefits Guide, you will find information about our employee benefit offerings. Detailed information on Genesis' benefit plans is available at [genesisenergy.com/human-resources](https://www.genesisenergy.com/human-resources). 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 Energy'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 [genesisenergy.com/human-resources](https://www.genesisenergy.com/human-resources) under 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 Energy’s 2025 BenefitsConnections Benefits Guide is a summary of benefit plans available to Genesis employees. This guide reflects benefit levels and benefit premiums as of January 1, 2025.

The policies, plans and programs outlined in the BenefitsConnections Benefits Guide may be amended, terminated or changed at any time at the sole discretion of the Company. Whenever this occurs, the affected provisions of the policy, plan or program previously in effect are specifically superseded. 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.

Receipt of this information does not constitute eligibility for participation in Genesis sponsored benefit plans and programs. Receipt of this information does not constitute an employment contract or offer of employment.

Employees whose benefit plan participation is governed by a collective bargaining unit must refer to the collective bargaining agreement to identify the benefit plans in which the collective bargaining unit participates. The benefits in this guide do not apply to collective bargaining units.

Enrollment Information

You will use 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	Current Employees		
<p>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 any voluntary coverages.</p>	<p>Open Enrollment</p> <p>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.</p>	<p>Qualifying Life Event</p> <p>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.</p>	<p>Health Savings Account</p> <p>You can make changes to your Health Savings Account (HSA) contribution at any time during the year including increasing or decreasing your contributions.</p>

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 2025.
- You elect to participate in a Flexible Spending Account (FSA) or Health Savings Account (HSA) for 2025. These elections do not roll over automatically.



OPEN ENROLLMENT DATES:

**Monday
October 28, 2024 –
Friday
November 15, 2024**

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 2025, you do not need to take any action. Your current health care elections and voluntary coverage will automatically roll over to 2025.

How to Enroll

1 **Access 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.



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 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, 7:30 a.m. – 5:00 p.m. CST.

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	Benefits Begin	Benefits End
Medical/Prescription Drug	Effective on date of hire if you enroll within 31 days	Date of termination
Dental	Effective on date of hire if you enroll within 31 days	Date of termination
Vision	Effective on date of hire if you enroll within 31 days	Date of termination
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 if under the Guaranteed Issue amount	Date of termination
Short-Term Disability (STD)	Immediate	Date of termination
Long-Term Disability (LTD)	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 IRS 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.

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 Dayforce – 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 Dayforce 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 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 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 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 Energy's medical plan, administered by Blue Cross and Blue Shield of Texas (BCBSTX), offers two plan choices: the Choice Plus PPO and the Choice Saver HSA.

The primary difference between the two options is how you pay for your health care expenses. The Choice Plus PPO and the Choice Saver HSA have different monthly premiums, deductibles and out-of-pocket maximum limits. Both plans offer embedded prescription drug coverage through CVS Caremark. **Rates will remain the same for 2025, but there will be some changes to plan design—shown in **BOLD** and highlighted in **BLUE** on the next page.**

Your choices for medical plan coverage are the following:

Choice Plus PPO

Choice Plus PPO 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

Choice Saver HSA

Choice Saver HSA 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. When you choose this plan, the company will make a contribution to your Health Savings Account (HSA).

Prescription

The prescription drug program 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 medical/Rx 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 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 of in-network pharmacies.

Networks

Both the Choice Plus PPO and the Choice Saver HSA health plans 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. As a self-insured medical plan, premiums are directly tied to claims paid through the plan. Higher non-network usage can be a factor in the increase in medical plan premiums each year.

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 you to paying a higher percentage on a higher provider charge.

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 and the costs for which you are responsible. 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 [genesisenergy.com/human-resources](https://www.genesisenergy.com/human-resources) or from BenefitsConnections upon request.

Monthly Premiums	Choice Plus PPO		Choice Saver HSA	
	Employee Only	\$158 / month		\$104 / month
Employee + Spouse	\$386 / month		\$225 / month	
Employee + Child(ren)	\$321 / month		\$188 / month	
Employee + Family	\$587 / month		\$336 / month	
Company HSA Contribution				
Individual	N/A		\$500 / year	
Family	N/A		\$1,000 / year	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar Year Deductible				
Individual	\$500	\$1,000	\$2,000	\$4,000
Family	\$1,000	\$2,000	\$4,000	\$8,000
Calendar Year Out-of-pocket Maximum				
Individual	\$3,000	\$6,000	\$4,000	\$8,000
Family	\$6,000	\$12,000	\$7,000	\$14,000
Lifetime Maximum	Unlimited		Unlimited	
Coinsurance	10%	30%	20%	50%
Physician Services				
Primary Care Office Visit	\$20 copay	30% after deductible	20% after deductible	50% after deductible
Specialist Office Visit	\$40 copay	30% after deductible	20% after deductible	50% after deductible
Surgery	10% after deductible	30% after deductible	20% after deductible	50% after deductible
Preventive Care (1)				
Immunizations (up to 6 years)	No charge No charge	30% after deductible No charge	No charge No charge	50% after deductible No charge
Inpatient Services (per admission)	10% after deductible	30% after \$500 deductible (2)	20% after deductible	50% after deductible
Outpatient Services				
Physician Office Visit	\$20 copay	30% after deductible	20% after deductible	50% after deductible
Preventive Lab, X-ray, and Testing	No charge	30% after deductible	20% after deductible	50% after deductible
Diagnostic Procedures	10% after deductible	30% after deductible	20% after deductible	50% after deductible
Urgent Care				
Physician Services	\$40 copay	30% after deductible	20% after deductible	50% after deductible
Emergency Care				
Physician Services	10% after deductible	10% after deductible	20% after deductible	20% after deductible
Facility Services	\$200 copay, then 10%	\$200 copay, then 10%	20% after deductible	20% after deductible
Mental Health & Substance Abuse				
Outpatient – Physician Office Visit	\$20 copay	30% after deductible	20% after deductible	50% after deductible
Outpatient – Facility Services	10% after deductible	30% after deductible	20% after deductible	50% after deductible
Inpatient – Physician Services	10% after deductible	30% after deductible	20% after deductible	50% after deductible
Inpatient – Facility Services	10%; no copay or deductible	30% after \$500 deductible (2)	20% after deductible	50% after deductible
Prescription Drugs (3)				
Retail (30-day supply)				
Generic	\$10 copay	20% after \$10 copay	20% after deductible	50% after deductible
Preferred Brand Name	\$20 copay	20% after \$20 copay	20% after deductible	50% after deductible
Non-preferred Brand Name	\$35 copay	20% after \$35 copay	20% after deductible	50% after deductible
Specialty	Based upon preferred/non-preferred drug copay above		30% after deductible (up to \$125 maximum)	50% after deductible
Home Delivery (90-day supply)				
Generic	\$20 copay		20% after deductible	
Preferred Brand Name	\$40 copay		20% after deductible	
Non-preferred Brand Name	\$70 copay		20% after deductible	

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 you fail to pre-authorize any inpatient hospitalization (including all usual hospital services and supplies, semi-private rooms, intensive care and coronary care units), you will be required to pay a \$250 penalty. Call the customer service number on the back of your ID card for pre-authorization.

3 If there is a generic equivalent for your brand name prescription drug and you elect 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.

Note: **Pre-authorization is required for non-emergency hospital admissions and other outpatient services.**

Call the customer service number on the back of your ID card for pre-authorization services.

Get the Most from Your Medical & Pharmacy Plans

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.

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.



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

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

NEW FOR 2025!

Introducing PrudentRx

Offered by CVS Caremark in conjunction with your Genesis medical plan, the PrudentRx program provides eligible members with access to a third-party copay assistance program for select specialty medications. If your specialty drug qualifies for this program, **your new co-pay will be \$0 under the Choice Plus PPO and \$0 under the Choice Saver HSA** after the deductible is met. This partnership helps you save money, but also allows Genesis to take advantage of discounts and rebates offered by the drug manufacturer(s).

If your specialty drug qualifies, prior to filling your first prescription, PrudentRx will reach out to you by phone to assist you with enrollment. Additionally, you will receive a letter in the mail containing further information about the program and instructions on how to fill your specialty medication through CVS mail-order delivery. If you decide not to enroll, you will be responsible for a 30% co-insurance for specialty medications. We strongly encourage you to take advantage of this valuable benefit. If you want to get started before you receive a letter from PrudentRx, you can call them at **(800) 578-4403** to sign up for the program.



Dental Plan

Dental coverage is important to your overall health and wellness. Genesis offers you a dental plan through Blue Cross and Blue Shield of Texas that covers four main types of expenses:

- **Diagnostic and preventive services** like routine exams and cleanings, fluoride treatments, sealants and X-rays
- **Minor restorative services** such as simple fillings and extractions, root canals, oral surgery and gum disease treatment
- **Major restorative services** such as crowns, dentures and (New for 2025) implants
- **Orthodontia**

The BCBSTX dental plan uses a preferred provide network. When you use a contracted, in-network BCBSTX dental provider, you will not be balanced billed.

Find an in-network provider, using the DentaBlue search tool on www.bcbstx.com or call **(800) 521-2227**, weekdays between 8:00 a.m. and 6:00 p.m. central.

You will receive a separate BCBSTX ID card for dental coverage. You can continue to use your current ID for the 2025 plan year; you will not receive a new ID card unless you change tier levels.

Vision Plan

The 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.

Dental Plan Coverage Overview

Monthly Premiums	
Employee Only	\$13.00 / month
Employee + Spouse	\$28.00 / month
Employee + Child(ren)	\$34.00 / month
Employee + Family	\$50.00 / month

Benefit	Coverage*
Plan Calendar Year Maximum <i>(excludes orthodontics)</i>	\$2,000
Calendar Year Deductible <i>(per individual; up to 2 persons per family)</i>	\$50
Diagnostic & Preventive Services <i>(deductible does not apply)</i>	Plan pays 100%
Minor Restorative Services	You pay 20% after deductible
Major Restorative Services	You pay 30% after deductible
Orthodontia <i>(dependent children to age 19)</i>	Plan pays 100%
Orthodontia Lifetime Maximum	\$2,500

* Up to Reasonable and Customary rates. You are responsible for paying the difference between the Allowable Amount and what the provider charges.

Vision Plan Coverage Overview

Monthly Premiums		
Employee Only	\$9.44 / month	
Employee + Spouse	\$13.50 / month	
Employee + Child(ren)	\$15.68 / month	
Employee + Family	\$25.07 / month	

Benefit	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	Up to \$50
• Bifocal	\$20 copay	Up to \$75
• Trifocal	\$20 copay	Up to \$100
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. **The account is administered by Inspira Financial (formerly known as PayFlex).**

Plan Features	Health Care FSA
Minimum Contribution	\$100
Maximum Contribution	\$3,300
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 Choice Saver HSA medical plan option 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 12/31/2025 or date of termination, whichever is earlier• File for reimbursement by 3/31/2026• Any unclaimed funds will be forfeited after 3/31/2026

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. The account is administered by Inspira Financial (formerly known as 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	Covered Eligible Expenses you incur to pay for the care of a qualified dependent: <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 12/31/2025 or date of termination, whichever is earlier• File for reimbursement by 3/31/2026• Any unclaimed funds will be forfeited after 3/31/2026

Limited Purpose Flexible Spending Account

If you enroll in the Choice Saver medical 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 \$3,300.

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 Choice Saver HSA, 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 Choice Saver HSA health plan option.

The Company will make a contribution to your HSA for the 2025 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 Energy 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.

Coverage Tier	Annual Maximum	Genesis Energy's Contribution	Your Annual Maximum Contribution	Additional Catch-up Contribution (age 55 or older)
Employee Only	\$4,300	\$500	\$3,800	+\$1,000
All Other Coverage Tiers	\$8,550	\$1,000	\$7,550	+\$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 2025.
- **Will not** be covered under any other non-high deductible health 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 Energy 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 Energy 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 Life and Disability coverages are provided by Prudential.

Company Paid Basic Life ¹	Company Paid Basic Life - Drivers Only ¹	Company Paid Basic AD&D ¹	Company Paid Basic AD&D - Drivers Only ¹
3x base pay up to \$900,000	\$200,000	equal to Basic Life	equal to Basic Life

Optional Coverages	Max Limit	Guaranteed Issue	Available Increments	Evidence of Insurability (EOI)
Optional Life ¹	\$1,000,000	Lessor of 3x base pay or \$300,000	1x – 5x base pay	EOI required ⁴
Optional Life for Drivers Only ¹	\$500,000	\$300,000	\$50,000	EOI required ⁵
Spouse Life ²	\$500,000	\$30,000	\$10,000	EOI required ⁶
Short-Term Disability - MARINE Only	\$1,500/week max	All coverage guaranteed	N/A	EOI required ⁷
Optional AD&D ¹ (Employee Only or Family Coverage tiers available)	15x base pay or \$750,000	All coverage guaranteed	\$15,000	No EOI required
Child Life ³	\$25,000	All coverage guaranteed	\$5,000	No EOI required

Rates will be displayed during enrollment

- Age reductions apply to Basic Life/AD&D, Optional Life/AD&D and Spouse Life; reductions are based on the employee's age (including spouse life).
- For spouse life coverage, the rate is based on the employee's age and if spouse coverage is greater than \$50,000, 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 during Open Enrollment by one increment without EOI if it doesn't exceed \$300k.
- EOI is required if increasing coverage from waived to any increment. If currently enrolled, can increase coverage during Open Enrollment by one \$50k increment without EOI if requested coverage doesn't exceed \$300k.
- EOI is required for coverage in excess of \$30k or any increase in coverage outside the initial enrollment.
- EOI is required if adding coverage outside initial enrollment period.

Short-Term Disability

Short-term disability provides pay replacement if you become disabled due to a non-occupational illness or injury. It will pay a percentage of your base pay for up to 25 weeks. For full-time employees, excluding Mariners, this benefit is provided at no cost to you by Genesis Energy. The benefit amount is based on your length service with Genesis Energy.

Full-time Mariner employees are also eligible to participate, but the benefit is voluntary and must be purchased at your cost. The STD benefit will pay 60% of your weekly earnings, excluding overtime, up to \$1,500 per week. Please refer to the plan summaries for more information about each plan at [genesisenergy.com/human-resources](https://www.genesisenergy.com/human-resources).

Long-Term Disability

If you are a full-time employee, Genesis Energy pays for you to have basic 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 job-based minimum and maximum LTD amounts or call Prudential at **(800) 842-1718**. Mariners are eligible for LTD even if they choose not to enroll in STD.

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

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 [genesisenergy.com/human-resources](https://www.genesisenergy.com/human-resources), 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 Plan

The Genesis Energy Profit Sharing and Retirement Savings plan can help you actively save for your retirement.

Plan Highlights

Key features of the plan are:

- Dollar-for-dollar match for the first 6% of your per-pay period contributions (subject to annual IRS limits)
- Immediate vesting of company matching contributions
- Allows Roth contributions of 1% to 75% of your eligible earnings
- Allows additional “catch-up” contributions for employees age 50 and older (subject to annual IRS limits)
- Rollovers accepted from any qualified plan and certain IRAs
- A diverse variety of investment options from which to choose for investing in your account
- Loans available from your plan account, subject to plan rules
- An additional profit sharing company contribution on eligible earnings is funded on an annual basis and is made on a discretionary basis year-to-year

Eligible employees can begin saving for retirement immediately upon hire. Participation is voluntary and you can enroll at any time. Your deductions will begin as soon as administratively possible after you enroll.

How to Enroll

You will receive an enrollment packet in the mail 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) 835-5097** to speak with a customer service representative.

Auto-Enrollment

The plan has an auto-enrollment feature for newly hired employees. All newly hired employees who do not make an election through NetBenefits® will be automatically enrolled in the 401(k) after 90 days of employment at 3% of your per-pay period compensation. If you do not wish to participate, you must make a 0% election through NetBenefits®. Auto-enrollment does not apply to rehires—if you wish to participate in the 401(k), you must make an election through NetBenefits.

Keeping Track of Your Account Online

You can keep track of your investments or print your own statement at any time by logging into your account.

After the end of each quarter, you can access your online account statement showing the activity for the previous quarter including contributions, investment earnings and transactions. Alternatively, you may elect to receive quarterly paper statements in the mail.

Investments

After you elect how much to contribute to the plan, you also must decide how you wish to invest both your contributions and matching contributions. The savings plan offers two main investment areas:

Core Investments:

A range of investment funds selected to meet the varying investment needs of savings plan participants, including target retirement date funds called JP Morgan SmartRetirement® Class R6. The performance and suitability of this group of funds is evaluated periodically by the savings plan’s fiduciary, and it may change the core investment options offered from time to time.

BrokerageLink:

This option offers access to thousands of investments, including mutual funds, individual securities and other investments. This service is only appropriate for you if you are a sophisticated and active investor who is willing to diligently monitor and manage your investments. The savings plan’s fiduciary does not monitor the performance of these investments.

Naming a Beneficiary

It is very important to name a beneficiary (or beneficiaries) to receive any Savings Plan benefits that may be payable from your account upon your death. You can name your beneficiary online through NetBenefits®. If you are married, you must have notarized, written spousal consent to name someone other than your spouse as your primary beneficiary.

For more information about the Genesis Energy Profit Sharing and Retirement Savings plan, please see the Summary Plan Description located on the HR website at genesisenergy.com/human-resources.



LegalShield

Genesis offers a voluntary employee-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 [genesisenergy.com/human-resources](https://www.genesisenergy.com/human-resources).

IN A WORLD OF ONLINE EVERYTHING,

EMPLOYEES NEED COMPREHENSIVE PROTECTION.



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No one can prevent all identity theft or cybercrime. † NortonLifeLock does not monitor all transactions at all businesses.

References and Resources

Benefit	Who to Contact	Phone Number	Website/Email
Medical Group No: HDHP 245204 / PPO 086304	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) 835-5097	www.401k.com
Dental Group No: 327262	Blue Cross and Blue Shield of Texas	(800) 521-2227	www.bcbstx.com
Vision Group No: 30043154	Vision Service Plan (VSP)	(800) 877-7195	www.vsp.com
Flexible Spending Accounts Group No: 116234	Inspira Financial	(800) 284-4885	www.inspirafinancial.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
Profit Sharing and Retirement Savings Plan	Fidelity	(800) 835-5097	www.401k.com
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
Employee Assistance Program	SupportLinc	(888) 881-LINC (5462)	www.supportlinc.com New Account code: genesis
General Benefits Information	BenefitsConnections Team	(877) 241-9624	genesisenergy.com/human-resources 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 genesisenergy.com/human-resources 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

