The choice is yours.

Benefits Guide

BENEFITS FOR A HEALTHY LIFE

January 1, 2027 – December 31, 2027

CADENCE
PETROLEUM GROUP

WELCOME TO YOUR BENEFITS ENROLLMENT

We recognize how important benefits are to you. That's why we're committed to helping you and your family enjoy the best possible physical, financial, and emotional well-being. It's also why we provide you with a comprehensive, highly competitive benefits package, with the flexibility to make the choices that best meet your needs.

Use this guide to better understand your 2027 benefits options. Then, be sure to make your choices by the enrollment deadline to receive coverage for the coming year.

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Important reminders

- **Open Enrollment: Take action today! Enroll before the open enrollment deadline.** This is the only time of year you can add or change benefits, unless you experience a qualifying event. If you wish to participate in Flexible Spending Accounts in the coming year, you are required to re-enroll. Elections do not carry over year over year.
- **New employees: Enroll within 14 days from your date of hire.** If you don't enroll within this time period, you will not have benefits coverage, except for plans and programs that are fully paid for by Cadence, such as Basic Life and Accidental Death & Dismemberment.
- **If you have a QLE**, you have 30 days to change your elections. Be sure to notify Human Resources right away if you have a qualifying life event and need to make a change (add or drop) to your coverage election.
- **If your spouse has access to group medical coverage through an employer**, then your spouse is not eligible for Cadence's medical plans. Your spouse is eligible for other benefits regardless of access to other coverage.

Who is eligible?

Employees working 30+ hours per week.

- Legal Spouse
- Children by birth or adoption
  - Under the age of 26; they do not have to live with you or be enrolled in school. They can be married and/or living and working on their own
  - Over age 26 ONLY if they are incapacitated due to a disability and primary dependent on you for support

Who is Not Eligible?

Family members who are not eligible for coverage include:

- Parents, grandparents, and siblings
- Any individual who is covered as an employee of Cadence Petroleum Group
- Employees who work less than 30 hours per week, temporary or contract

Summary of Benefits and Coverage

The Health section of this guide provides an overview of your medical plan options. You can find detailed information about each plan, including a breakdown of costs, in each plan's Summary of Benefits and Coverage (SBC). The SBCs summarize important information about your health coverage options in a standard format to help you compare costs and features across plans. The SBCs are available on www.anthem.com.

WHAT'S NEW FOR 2027?

Cadence is pleased to offer a new heart health program for our members through Hello Heart! This will be offered to all eligible members and can be accessed through Anthem's Sydney app.

Hello Heart

What is Hello Heart?

The Hello Heart app helps you track your blood pressure and easily manage your heart health all in one place.

This benefit is offered to eligible members and includes a Hello Heart blood pressure monitor that pairs directly with your smartphone.

What's great about Hello Heart?

Along with blood pressure, you can also track cholesterol, weight, and activity to better understand how daily habits may affect your heart health. Plus, you can choose to share detailed, private reports with your doctor.

What do you get with Hello Heart?

- **A Hello Heart blood pressure monitor** that is FDA-cleared and easily connects to your phone.
- **An app to help you track** blood pressure, cholesterol, medication, and more.
- **Clear explanations** of what your numbers mean.
- **Personalized tips** that make it simple to maintain a healthy heart.
- **Progress reports** that are easy to review or share with your physician.
- **Assistance from our support team** via phone or email.

Coming soon January 1, 2027

We'll send you instructions on how to enroll and get your Hello Heart app and blood pressure monitor.

Hello Heart is not a substitute for a licensed medical professional. Talk to your doctor to make sure you are diagnosed and treated properly.

Need help? support@helloheart.com (800) 767-3471 Monday-Friday, 8am-8pm ET

ENROLL

After you've carefully considered your benefit options and anticipated needs, it's time to make your benefit selections. Follow the instructions to enroll yourself and any eligible dependents in health and insurance benefits for 2027.

How to Enroll

Enrollment through Prepare Benefits:

Online

- Scan the QR code below or click the link below to make online election.
- You will need the last four digits of your social security number and your company code – **cpgroup**
- Be sure to save a copy of your benefit confirmation statement after you submit your elections.
- Save your username and password for future use.

Speak with a Benefit Advisor

- Speak with a benefit advisor at 336-280-4066
- Hours of operation during open enrollment:
  - Monday – Friday: 9 am – 6 pm ET
  - Saturday: 10 am – 7 pm ET
- Hours of operation for new hires outside of open enrollment:
  - Monday – Friday: 9 am – 6 pm ET

https://cadence.benefitsinfo.com

Company Code: cpgroup

Changes During the Year

After your enrollment opportunity ends, you won't be able to change your benefits coverage during the year unless you experience a qualifying life event, such as marriage, divorce, birth, adoption, or a change in your or your spouse employment status that affects your benefits eligibility.

Effective Date of Coverage

For new employees, the effective date of coverage for most plans is on the 1st of the month following 30 days of employment.

For existing employees enrolling during Open Enrollment, the effective date of most plans is January 1, 2027.

Scan Me!

HEALTH

Quality health coverage is one of the most valuable benefits you enjoy as a Cadence employee. Our benefits program offers plans to help keep you and your family healthy and also provide important protection in the event of illness or injury.

Medical

For eligible employees, you have a choice of medical plans giving you the flexibility to choose what's best for your needs and the budget.

- **PPO $4,000**
- **PPO $1,750**
- **PPO $1,000**
- **HSA Plan**

Key features

All of Cadence's medical plans offer:

- Comprehensive, affordable coverage for a wide range of health care services.
- In-network preventive care, with services covered at 100%, including annual physicals, recommended immunizations, well-woman and well-child exams, flu shots, and routine cancer screenings.
- Prescription drug coverage included with each medical plan.
- Financial protection through annual out-of-pocket maximums that limit the amount you'll pay each year.
- Choice of coverage levels: Employee Only, Employee + Spouse, Employee + Child(ren), Family

Which plan is right for you?

Consider which plan features are most important to you. Do you want to:	PPO $4,000	PPO $1,750	PPO $1,000	HSA Plan
Pay the lowest premium cost, which may make it the least expensive option if you expect to have low health care usage?	X			X
Balance your out-of-pocket and paycheck costs with a moderate deductible and premium cost?		X		
Pay the highest premium cost in order to keep your out-of-pocket costs as low as possible when you need care?			X	

Medicare Part D Notice

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see the Legal Notices in this guide for more details.

Compare Medical Plans

The chart below provides a comparison of key coverage features and costs.

	PPO $4,000		PPO $1,750		PPO $1,000	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual Deductible						
Individual/ Family	$4,000/ $8,000	$8000/ $16,000	$1,750/ $3,000	$3,500/ $7,000	$1,000/ $2,000	$2,000/ $4,000
Out-of-Pocket Maximum**						
Individual/ Family	$7,150/ $14,300	$14,300/ $28,600	$3,750/ $7,500	$7,500/ $15,000	$2,000/ $4,000	$4,000/ $8,000
Medical Coverage						
Primary Care Provider office visits	$35 copay	50%*	$25 copay	30%*	$25 copay	30%*
Preventive care	Covered at 100%	50%*	Covered at 100%	30%*	Covered at 100%	30%*
Specialist visits	$70 copay	50%*	$50 copay	30%*	$50 copay	30%*
Outpatient surgery	20%*	50%*	20%*	30%*	0%*	30%*
Inpatient hospital (per stay)	20%*	50%*	20%*	30%*	0%*	30%*
Emergency room	$500 copay	$500 copay	$300 copay	$300 copay	$300 copay	$300 copay
Urgent Care	$75 copay	$75 copay	$50 copay	$50 copay	$50 copay	$50 copay
Retail Prescription Drugs* (30-day supply)**						
Generic	$15		$10		$15	
Brand formulary	$45		$45		$45	
Non-formulary	$85		$60		$85	
Specialty	25%; $50/Rx min up to $200/ Rx max		25%; $50/Rx min up to $200/Rx man		25%; $50/Rx min up to $200/Rx max	

*Coinsurance applies after the deductible is met.
** Your copays, coinsurance and deductible count toward your out-of-pocket amount.
*** Prescription drug copayments and coinsurance apply toward the out-of-pocket maximum.

Compare Medical Plans (continued)

	HSA Plan	
	In-network	Out-of-network
Annual Deductible		
Individual/ Family	$2,500/ $5,000	$5,000/ $10,000
Out-of-Pocket Maximum**		
Individual/ Family	$5,000/ $10,000	$10,000/ $20,000
Medical Coverage		
Primary Care Provider office visits	20%*	50%*
Preventive care	Covered at 100%	50%*
Specialist visits	20%*	50%*
Outpatient surgery	20%*	50%*
Inpatient hospital (per stay)	20%*	50%*
Emergency room	20%*	20%*
Urgent Care	20%*	50%*
Retail Prescription Drugs* (30-day supply)**		
Generic	20% after deductible	
Brand formulary		
Non-formulary		
Specialty		
Cadence Contribution to HSA	Individual: $25 per month up to $300 annually Family: $50 per month up to $600 annually	

*Coinsurance applies after the deductible is met.
** Your copays, coinsurance and deductible count toward your out-of-pocket amount.
*** Prescription drug copayments and coinsurance apply toward the out-of-pocket maximum.

Wellness Incentive

Cadence Petroleum Group cares about your health and well-being, and wants you to have your preventive exams, which are 100% covered through our medical plans, when seeing an in-network physician. Preventive care can detect medical conditions early and early detection may save your life.

To qualify for wellness rates* in 2026, you must have received your preventive exam between October 1, 2024 – September 30, 2025.

To qualify for wellness rates* in 2027, you must receive your preventive exam between October 1, 2025 – September 30, 2026.

The wellness incentive is $50 per month (up to $600 per year) which means medical wellness rates are $50 per month lower than non-wellness rates.

Newly Hired Employee (hired on or after 6/1/26)	No action needed. You will automatically qualify for the incentive for the plan year, and eligibility will reset on January 1st of each year. You must receive an annual physical by September 30th of the prior plan year to qualify.
Do my dependents have to receive the preventive care screening for me to qualify?	We recommend that your dependents enrolled in our medical plan have their preventive screenings which are covered at 100%. However, their participation is not required for you to qualify for the wellness incentive.
Do I have to send proof of my exam to Cadence?	No – BCBS will provide reporting to Cadence noting whether you received your preventive care exam or not.
What qualifies as a preventive care screening?	An annual physical exam with your primary care physician designated as “preventive care.
Will the preventive care exam cost me anything?	Preventive care is covered 100% by your BCBS medical plan. If the visit requires any diagnostic-related care, your provider may bill you for other services.

If you think you might be unable to meet the standard under this program, you might qualify for an opportunity to earn the same reward by different means. For questions, contact Pam Chambers at pchambers@cadencepetroleum.com to discuss an alternative that would work for you considering your health status.

Anthem

The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney℠ Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige **el idioma de la aplicación**. También puedes visitar **espanol.anthem.com**.

Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.

Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.

A closer look at the HSA Plan

The HSA Plan costs you less from your paycheck, so you keep more of your money. This rewards you for taking an active role as a health care consumer, as a result could save you on your health care costs.

HSA Plan advantages

1. Lower paycheck costs

Your per-paycheck costs are lower compared to Cadence's other health plans, giving you the opportunity to contribute the cost savings to a tax-free (federal taxes) Health Savings Account (HSA). You pay for all of your health care expenses until you meet your annual deductible, and then you pay a percentage of costs until you reach the annual out-of-pocket maximum.

2. Tax-advantaged savings account

To help you pay your deductible and other out-of-pocket costs, the HSA Plan lets you open a Health Savings Account (HSA) and make tax-free contributions directly from your paycheck. Cadence will contribute to your HSA.

All withdrawals from your HSA are tax-free if you use the money to pay for eligible health care expenses. In addition, all of the money in the account is yours and will never be forfeited.

It rolls over from year to year, and you can take it with you if you leave the Company or retire. After age 65, you can withdraw funds for any reason without a tax penalty — you pay ordinary income tax only if the withdrawal isn't for eligible health care expenses.

Note: You won't pay federal taxes on HSA contributions. However, you may pay state taxes depending on your residence. Consult your tax advisor to learn more.

3. Free in-network preventive care

As with all Cadence health plans, preventive care is fully covered under the HSA Plan — you pay nothing toward your deductible and no copays when you receive care from in-network providers. Preventive care includes annual physicals, well-child and well-woman exams, immunizations, flu shots, and cancer screenings.

Using the HSA Plan

1 **Free Preventive Care**	You pay nothing for in-network preventive care.
2 **Deductible**	You pay health care expenses up to the annual deductible amount. Use your HSA to plan ahead for these costs and save money by paying with tax-free dollars.
3 **Coinsurance**	After meeting the deductible, you and the plan each pay a percentage of costs in coinsurance.
4 **Out-of-pocket Maximum**	You're protected by an annual limit on costs. The plan pays 100% once you've paid this amount during the year.

Money-saving tip

If you enroll in the HSA Plan, put the money you save through lower paycheck deductions into your tax-free HSA so you'll have money available when you need to pay out-of-pocket health care costs.

4. Extensive provider network

The HSA Plan uses Anthem's large network of doctors and other health care providers.

Health Savings Account (HSA)

If you enroll in the HSA Plan, you may be eligible to open an HSA. An HSA is a tax-free savings account you can use to pay for eligible health expenses anytime, even in retirement.

How does an HSA work?

Build tax-free savings. You can make before-tax deductions from your paycheck into your HSA, allowing you to save money by using tax-free dollars to pay for eligible medical and Rx, dental, and vision expenses. The total amount that can be contributed to your HSA each year is limited by the IRS.

- Up to **$4,400*** for employee-only coverage.
- Up to $**8,750*** if you cover dependents.
- Add $1,000 to these limits if you're age 55 or older.
  ** These are 2027 limits.*

- **Receive Company contributions.** For 2027, Cadence may make the following contribution to your account:
  - **$25** per month up to **$300** annually for employee-only coverage.
  - **$50** per month up to **$600** annually if you cover dependents.

Important: During Open Enrollment, you may have to actively select an HSA contribution amount for 2027 in order to receive Cadence's HSA contribution outlined above. The maximum amount you may contribute for 2027, along with any Company contributions (if available), will be prorated based on your actual hire date.

- **Keep your money.** Unlike an FSA, the money in your HSA
  is always yours to keep and can be rolled over from year to year. You can take your unused balance with you when you retire or leave Cadence.
- **Use it like a bank account**. Pay for eligible expenses for yourself and your family by swiping your HSA debit card or reimburse yourself for payments you've made (up to the available account balance). Remember, you may only access money that is actually in your HSA when making a purchase or withdrawal. Be sure to keep receipts for your records.
- **Earn interest and invest for the future.** Once your interest-bearing HSA reaches a minimum balance, you can invest in a variety of no-load mutual funds similar to 401(k) investments. You can learn more at **wex.com** or call 866-451-3399**.**
- **Never pay taxes.** Contributions are made on a before-tax basis, and your withdrawals will never be subject to federal income taxes when used for eligible expenses. Any interest or earnings on your HSA balance build tax-free, too.*

** Money in an HSA grows tax-free and can be withdrawn tax-free if it is used to pay for qualified health care expenses (for a list of eligible expenses, see IRS Publication 502, available at www.irs.gov). If money is used for ineligible expenses, you will pay ordinary income tax on the amount withdrawn plus a 10%-20% penalty tax before age 65. After age 65, withdrawals for ineligible expenses are not penalized. Please review your state regulations as you may have to pay state taxes depending on your residency.*

HSA eligibility

In order to establish and contribute to an HSA, you:

- Must be enrolled in a high deductible health plan, like Cadence's HSA Plan.
- Cannot be covered by any other medical plan that is not a qualified high deductible plan. This includes a spouse's medical coverage unless it's an HSA-qualified plan.
- You (or your spouse) cannot be enrolled in a traditional health care FSA in 2027.
- Cannot be enrolled in Medicare, including Parts A or B, Medicaid, or TRICARE.
- Cannot be claimed as a dependent on another person's tax return.

Flexible Spending Accounts (FSAs)

Tax-advantaged FSAs are a great way to save money. The money you contribute to these accounts comes out of your paycheck without being taxed, and you withdraw it tax-free when you pay for eligible health care and dependent care expenses.

Cadence offers you the following FSAs:

Health Care FSA

Available for employees enrolled in a PPO plan, or not enrolled in HSA-qualified medical plan

- Pay for eligible health care expenses, including out-of-pocket expenses such as plan deductibles, copayments, and coinsurance, but not insurance premiums.
- Maximum contribution is $1,650 per year. Funds are deducted throughout the year, but all funds are available on January 1.

Dependent Care FSA

Available for ALL employees to participate

- Pay for eligible dependent care expenses, such as day care or adult dependent care, so you can work, look for work, or attend school full time.
- Maximum contribution is $7,500 per year ($3,750 if married and filing separate tax returns).

HSA vs. Health Care FSA: What's the difference?

	HSA	FSA
Available if you enroll in a …	**HSA**	**PPO**
Eligible for company contributions	Yes	No
Change contribution amount any time	Yes	No
Access your entire annual contribution amount from the beginning of the plan year	No	Yes
Access only funds that have been deposited	Yes	No
"Use-it-or-lose-it" at year-end	No	Yes*
Money is always yours to keep	Yes	No

** The carryover amount for 2027 is $680*

What's an eligible expense?

- **Health Care FSA** – Plan deductibles, copays, coinsurance, and other health care expenses. To learn more, see IRS Publication 502 at www.irs.gov.
- **Dependent Care FSA** – Child day care, babysitters, home care for dependent elders, and related expenses. To learn more, see IRS Publication 503 at www.irs.gov.

Plan carefully because unused funds will not rollover to the following plan year – Use it or lose it (IRS rule)!

Dental Plan

It's important to have regular dental exams and cleanings so problems are detected before they become painful – and expensive. Keeping your teeth and gums clean and healthy will help prevent most tooth decay and is an important part of maintaining your overall health. We offer two dental plan options through Delta Dental of North Carolina. You can select a dental provider by logging into www.deltadentalnc.com/findadentist or calling1-800-662-8856. You will be able to access your dental ID card on Dental Dental's mobile app.

Plan Provisions	Core Plan	Buy Up Plan
	In-Network / Out-of-Network	In-Network / Out-of-Network
Annual deductible (Individual / Family)	$25 / $75	$50 / $150
Calendar-Year Maximum	$1,000	$1,500
Diagnostic and Preventive Services (e.g., X-rays, cleanings, exams)	Covered at 100%, deductible waived	Covered at 100%, deductible waived
Basic and Restorative Services (e.g., fillings)	80%	80%
Major Services (e.g., dentures, crowns, bridges)	50%	50%
Orthodontia	Not covered	50%, $1,500 lifetime max (Adults and Children)
Endodontics	50%	80%
Periodontics	50%	80%
Oral Surgery	50%	80%

Delta Dental offers two networks for both the Core and Buy Up plans – the PPO network and the Premier network. Both networks offer significant discounts but the PPO network offers the deepest network discounts. Be sure to check if your dentist participates in one of these networks. You don't have to select a network, simply decide which plan is best for you and your family.

Get the most from your dental plan

- **Free semi-annual check-ups** – Use free preventive care to keep your mouth and gums healthy all year long.

Vision Plan

The vision plan provides coverage for routine eye exams and pays for all or a portion of the cost of glasses or contact lenses. You can choose any provider; however, you always save money if you see in-network providers. We offer two vision plans through Anthem. To find a Vision provider or determine what network works best for you and your family, visit www.anthem.com, the Sydney app or call 1-877-635-6403. If you enroll in vision under Anthem, you will receive a new ID card.

	Anthem Blue View Vision
Exam	$10 copay
Retinal Imaging	Up to $39
Frames	$150 allowance, 20% discount off remaining balance
Lenses • Single Vision Lenses • Bifocal Lenses • Trifocal Lenses • Lenticular	 $10 copay $10 copay $10 copay $10 copay
Contacts (Elective)	$150 allowance, 15% off any balance
Contacts (Fit & Follow Up Exams)	Up to $40 (standard fitting)
Retail Providers	LensCrafters, Pearle Vision, Target Optical, Glasses.com, ContactsDirect.com
Frequency • Exam • Lenses • Frames • Contact Lenses (elective)	Once every 12 months

The name of Anthem's vision network is Blue View Vision; note that the Blue Vision network utilizes EyeMed's network of providers.

Life Insurance and Disability

Your benefits include programs to help ensure financial security for you and your family. We also provide access to voluntary benefits designed to help you save money on valuable supplemental insurance coverage.

Life and AD&D Insurance

Cadence Petroleum Group provides basic life and AD&D insurance for employees and offers voluntary insurance options for employees and their dependents.

Basic Life and AD&D Insurance

Life insurance is an important part of your financial wellbeing, especially if others depend on you for support. Cadence provides basic life and accidental death and dismemberment insurance to all eligible associates at no cost equal to:

Employee Class	Benefit*
Hourly Employees:	One times Annual Salary; $100,000 Maximum
Salaried Employees:	Two times Annual Salary; $150,000 Maximum

**Age Reductions: Benefit reduces to 65% at age 65 and to 50% at age 70*

Coverage is automatic; you do not need to enroll.

Voluntary Life and AD&D Insurance for You

You may choose to purchase additional life coverage for yourself and your dependents at affordable group rates in increments of $10,000. Rates are based on age and the coverage level chosen.

Employee

- Purchase increments of $10,000, up to a $500,000 maximum
- Amounts over $200,000 require Evidence of Insurability

Voluntary Life and AD&D Insurance for Your Dependents

Spouse

- Increments of $10,000, up to a $250,000 maximum
- Amounts over $50,000 require Evidence of Insurability

Child(ren)

- Child more than 6 months old: $10,000
- If the child is 15 days old to 6 months old: $10,000
- Child limiting age: 26

Please see the Lincoln Financial Group benefit summary for additional class and reduction details.

Voluntary Disability Insurance

Disability insurance provides income replacement should you become disabled and unable to work due to a non-work-related illness or injury. Cadence provides eligible employees with the opportunity to purchase disability income benefits.

Coverage	Benefit
Short-Term Disability	• Covers 60% of your weekly pre-disability earnings, up to a $1,500 weekly maximum • Benefits begin on the 7th day of injury or illness and continue to the earlier of recovery or 13 weeks
Long-Term Disability	• Covers 60% of your base monthly pre-disability earnings, up to a $7,500 monthly maximum • Benefits begin after 90 days of disability or illness and continue to the earlier of recovery or social security normal retirement age.

Federal tax law requires Cadence to report the cost of company-paid life insurance in excess of $50,000 as imputed income. AD&D benefits are paid in addition to any life insurance if you die in an accident or become seriously injured or physically disabled.

You may have to complete an evidence of insurability (EOI) medical questionnaire to determine whether you or your spouse is insurable for supplemental life insurance amounts. If required, one will be provided to you.

Have you named a beneficiary?

Be sure you've selected a beneficiary for all your life and accident insurance policies. The beneficiary will receive a benefit paid per policy language if applicable in the event of the policyholder's death. It's important to designate a beneficiary and keep that information up-to-date. Visit https://cadence.benefitsinfo.com/ to add or change a beneficiary.

What is AD&D insurance?

Should you lose your life, sight, hearing, speech or use of your limb(s) in an accident, AD&D provides additional benefits to help keep your family financially secure. AD&D benefits are paid as a percentage of your coverage amount — from 50% to 100% — depending on the type of loss.

Voluntary Plans

As part of your Cadence benefits package, you have access to a variety of additional programs that can help save you money and provide important assistance with everyday needs.

Accident Insurance

You can't always avoid accidents — but you can help protect yourself from accident-related costs that can strain your budget. Accident insurance supplements your primary medical plan and disability programs by providing cash benefits in cases of accidental injuries. You can use this money to help pay for uncovered medical expenses, such as your deductible or coinsurance, or for ongoing living expenses, such as your mortgage or rent. Benefits are paid in addition to other coverages you may have up to the benefit amount elected. See your policy for a full list of covered benefits.

Critical Illness Insurance

This plan protects against the financial impact of certain covered illnesses such as a heart attack or cancer. You receive a direct lump-sum benefit to cover out-of-pocket expenses for your treatments that are not covered by your medical plan. You can also use the money to take care of your everyday living expenses, such as housekeeping services, special transportation services and day care. Additionally, the critical illness plan pays a $100 wellness benefit once per calendar year.

You select the benefit coverage amount you want based on your individual need and budget. You can choose from $10,000, $20,000 or $30,000 and you decide how to use the cash benefits.

Examples of covered illnesses:

- **Cancer****
- **Heart Attack**
- **Stroke**
- **Major Organ Failure**
- **Benign Brain Tumor**
- **Blindness**
- **Coma**
- **Permanent Paralysis**
- **Third Degree Burns over 30 square inches**
- **Occupational HIV**

*31 day waiting period for cancer

Note: Benefits reduce by 50% when the Insured turns 70.

Hospital Indemnity Insurance

A trip to the hospital can be stressful, and so can the bills. Even with a major medical plan, you may still be responsible for copays, deductibles, and other out-of-pocket costs. A hospital indemnity plan provides supplemental payments directly to you — unless assigned to someone else — that you can use to cover expenses that your medical plan doesn't cover for hospital stays.

Benefits are payable for:

- Hospital Admission: $2,000
- Hospital Stay: $150 per day
- Deductibles and copays
- Prescriptions
- Lost Income
- Travel
- Childcare

Whole Life Insurance

Whole Life insurance offers protection beyond an individual's working years, potentially for your lifetime. With a guaranteed death benefit that will never decrease, level premiums that will never increase, cash value accumulation, living benefits and other options, Whole Life goes beyond typical term life insurance. You can choose from $10,000 to $100,000 in $10,000 increments with guaranteed issue up to $100,000 of coverage – no health questions. Available to employees ages 18-70.

Policy Benefits:

- Guaranteed death benefit, generally free from federal income tax**
- Tax-deferred accumulation of cash values**
- Lump sum payment to your beneficiaries
- A level premium that is guaranteed to never increase and benefits that never decrease, as long as premiums are paid on time
- Guaranteed coverage for life - no cancellation, regardless of age or health*
- Coverage is yours - you can take it with you, wherever you go

Additional Plans:

- Includes an Accelerated Death Benefit Rider***, a "living benefit" that allows you to receive up to 50% of the face amount of your policy in the event you are diagnosed with a terminal illness with a life expectancy of 12 months or less.
- After you have been disabled for 6 months, all plan premiums will be waived for as long as you continue to be disabled.

*We will postpone the Effective Date of an Eligible Dependent, other than a newborn child's, coverage if, on that date, he or she is: 1) confined to a hospital or other health care facility; 2) home confined; or 3) unable to perform two or more activities of daily living. In that case, we will postpone the Effective Date of his or her coverage until the day after the date: (a) of his or her discharge from such facility; (b) his or her home confinement ends; or (c) he or she is no longer requires assistance with two or more activities of daily living. If a Dependent was covered under a prior plan at replacement, this language will not apply to the amount of coverage that was in force with the prior plan.

**These statements are not intended as tax advice.

***Face amount of policy will be reduced by the amount paid under the Accelerated Death Benefit Rider.

Other Valuable Benefits offered by Lincoln Financial

Will Preparation, Legal Documents & Beneficiary Support

LifeKeys® service from Lincoln Financial can assist you when unexpected challenges arise. You can access this service for online will preparation and assistance with legal documents. In addition, *LifeKeys®* is a resource that beneficiaries can access at the time of a loss, offering grief counseling, legal support and financial services support. To access this service, visit GuidanceResources.com, download the GuidanceNow mobile app or call 1-855-891-3684. First time users enter web ID: LifeKeys.

Worldwide Travel Assistance

When traveling for business or pleasure, in a foreign country or just 100 miles or more away from home, you and your family can count on getting help in the event of a medical emergency with Lincoln Financial's *TravelConnect®* service. Includes pre-trip assistance, medical assistance, emergency travel support, emergency pet return and/or boarding, identify theft assistance and more.

Available 24 hours a day, 365 days a year. Visit **MyOnCallPortal.com** and enter group ID **LFGTravel123** to get started or call **1-866-525-1955 from the US or Canada.**

Employee Assistance Plan (EAP)

The *EmployeeConnect*℠ Employee Assistance Plan (EAP) can assist you during challenging times when you need a little extra help. Whether the issues are big or small, the EAP support program is available to help you, and your family find a solution to restore peace of mind. All employees have free, confidential access to a program that offers support, guidance and resources.

- Child and senior care issues
- Relationships
- Workplace Conflicts
- Stress, anxiety and depression
- Life improvement and personal achievement
- Legal and financial consultation
- 100% CONFIDENTIAL

You and your household members have access to up to five sessions with a behavioral counselor. Access the EAP Program 24 hours a day, 7 days a week by calling **1-888-628-4824** or visiting **GuidanceReources.com (username: LFGSupport, password: LFGSupport1)**; you can also download the GuidanceNow mobile app.

Bi-Weekly Benefit Costs

Your payroll deductions for Medical, Dental, and Vision benefits are shown below:

MEDICAL - WELLNESS RATES				
	PPO $4,000	PPO $1,750	PPO $1,000	HSA
Employee Only	$41.26	$80.10	$139.12	$55.90
Employee + Spouse	$170.74	$361.00	$412.24	$262.37
Employee + Child(ren)	$123.19	$196.82	$269.23	$127.80
Family	$331.00	$477.36	$548.89	$353.57

MEDICAL – NON-WELLNESS RATES				
	PPO $4,000	PPO $1,750	PPO $1,000	HSA
Employee Only	$66.26	$105.10	$164.12	$80.90
Employee + Spouse	$195.74	$386.00	$437.24	$287.37
Employee + Child(ren)	$148.19	$221.82	$294.23	$152.80
Family	$356.00	$502.36	$573.89	$378.57

Dental – Delta Dental of NC	PPO Core Plan	Buy Up
Employee Only	$13.80	$17.06
Employee + Spouse	$29.26	$36.16
Employee + Child(ren)	$32.47	$42.62
Family	$50.63	$66.47

Vision - Anthem	Anthem
Employee Only	$3.45
Employee + Spouse	$6.81
Employee + Child(ren)	$6.04
Family	$9.40

Voluntary Benefit Costs

Voluntary Life – Employee & Spouse	
Age Band	**Monthly Rates per $1,000 of coverage**
Under age 25	$0.080
25-29	$0.080
30-34	$0.094
35-39	$0.107
40-44	$0.174
45-49	$0.267
50-54	$0.388
55-59	$0.655
60-64	$1.200
65-69	$1.953
70+	$3.209

Voluntary AD&D	Monthly Rates per $1,000 of coverage
EE	$0.025
SP	$0.025
Child	$0.025

Dependent Voluntary Life Insurance	Monthly Rates per $1,000 of coverage
Child(ren)	$0.16

	Accident (Semi-Monthly Rate)		Hospital Indemnity (Semi-Monthly Rate)
	Plan 1	Plan 2	
Employee Only	$8.30	$11.24	$20.86
Employee + Spouse	$13.41	$18.17	$47.24
Employee + Child(ren)	$17.05	$23.11	$26.38
Family	$24.35	$33.00	$57.28

	STD	LTD
Age Band	**Monthly Rates per $10 of weekly benefit**	**Monthly Rates per $100 of weekly benefit**
Under age 25	$0.525	$0.270
25-29	$0.525	$0.270
30-34	$0.535	$0.410
35-39	$0.535	$0.410
40-44	$0.546	$0.690
44-49	$0.650	$0.920
50-54	$0.808	$1.430
55-59	$0.997	$1.670
60-64	$1.049	$1.760
65+	$1.175	$1.760

Contacts

Please contact the appropriate provider listed below to learn more about a specific benefit plan.

Coverage	Carrier	Phone Number	Website
Medical	Anthem	833-632-0249	www.anthem.com
Dental	Delta Dental of NC	800-662-8856	www.deltadentalnc.com
Vision	Anthem	877-635-6403	www.anthem.com
Life and Disability	Lincoln Financial Group *(see below for Policy Number)*	800-423-2765	www.lincolnfinancial.com
Accident, Critical Illness, Hospital Indemnity, Whole Life Insurance	Atlantic American Employee Benefits *(see below for Policy Numbers)*	866-458-7502	www.Mycoverage.atlam.com
Health Savings Account (HSA)	WEX	866-451-3399	https://benefitslogin.wexhealth.com/
Flexible Spending Account (FSA)	WEX	866-451-3399	https://benefitslogin.wexhealth.com/
Employee Assistance Program	Lincoln Financial Group	888-628-4824	GuidanceResources.com username: LFGSupport password: LFGSupport1
Online Will Preparation	Lincoln Financial Group	855-891-3684	GuidanceResources.com group ID LFGTravel123
Worldwide Travel Assistance	Lincoln Financial Group	866-525-1955	MyOnCallPortal.com group ID LFGTravel123
Human Resources	HR Connect	980-850-9786	HR@cadencepetroleum.com

Policy Numbers
Dental: 11044
Life and Disability: registration #LF2052CAD (referenced in the employee portal; policy numbers will be released later)
Accident: W5188001
Critical Illness: W5188001
Hospital Indemnity: W5188001
Whole Life Insurance: W5188001

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

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

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

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

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

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

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	**CALIFORNIA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Websi http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**FLORIDA – Medicaid**

Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	**INDIANA – Medicaid**
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584
IOWA – Medicaid and CHIP (Hawki)	**KANSAS – Medicaid**
Medicaid Website: Iowa Medicaid | Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa | Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) | Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562	Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660
KENTUCKY – Medicaid	**LOUISIANA – Medicaid**
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms	Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE – Medicaid	**MASSACHUSETTS – Medicaid and CHIP**
Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711	Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com
MINNESOTA – Medicaid	**MISSOURI – Medicaid**

Website: https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005

MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	**NEW HAMPSHIRE – Medicaid**
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	**NEW YORK – Medicaid**
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	**NORTH DAKOTA – Medicaid**
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825; or 1-866-614-6005
OKLAHOMA – Medicaid and CHIP	**OREGON – Medicaid and CHIP**
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	**RHODE ISLAND – Medicaid and CHIP**
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	**SOUTH DAKOTA - Medicaid**
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542; Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT– Medicaid	**VIRGINIA – Medicaid and CHIP**
Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924 (regionally-restricted); or 1-855-242-8282
WASHINGTON – Medicaid	**WEST VIRGINIA – Medicaid and CHIP**
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	**WYOMING – Medicaid**
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

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

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

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

Important notice to employees from Cadence Petroleum Group about creditable prescription drug coverage and Medicare

The purpose of this notice is to advise you that the prescription drug coverage listed below under the Cadence Petroleum Group medical plan are expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2027. This is known as “creditable coverage.”

Why this is important. If you or your covered dependent(s) are enrolled in any prescription drug coverage during 2027 listed in this notice and are or become covered by Medicare, you may decide to enroll in a Medicare prescription drug plan later and not be subject to a late enrollment penalty – as long as you had creditable coverage within 63 days of your Medicare prescription drug plan enrollment. You should keep this notice with your important records.

If you or your family members aren’t currently covered by Medicare and won’t become covered by Medicare in the next 12 months, this notice doesn’t apply to you.

Please read the notice below carefully. It has information about prescription drug coverage with Cadence Petroleum Group and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

Notice of creditable coverage

You may have heard about Medicare’s prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by Cadence Petroleum Group’s prescription drug plans, you’ll be interested to know that the prescription drug coverage under the plans is, on average, at least as good as standard Medicare prescription drug coverage for 2027. This is called creditable coverage. Coverage under these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Cadence Petroleum Group plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Cadence Petroleum Group coverage, Medicare will be your only payer. You can re-enroll in the employer plan at annual enrollment or if you have a special enrollment or other qualifying event, or otherwise become newly eligible to enroll in the Cadence Petroleum Group plan mid-year, assuming you remain eligible.

You should know that if you waive or leave coverage with Cadence Petroleum Group and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if this Cadence Petroleum Group coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the Medicare & You handbook for the telephone number) or visit the program online at https://www.shiptacenter.org/.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:
Pamela Chambers
Cadence Petroleum Group

Notice of Special Enrollment Rights for Medical/Health plan coverage

As you know, if you have declined enrollment in Cadence Petroleum Group's health plans for you or your dependents (including your spouse) because of other health insurance coverage, you or your dependents may be able to enroll in some coverages under the plans without waiting for the next open enrollment period, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your eligible dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Cadence Petroleum Group will also allow a special enrollment opportunity if you or your eligible dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

For these enrollment opportunities, you will have 60 days – instead of 30 – from the date of the Medicaid/CHIP eligibility change to request enrollment in the Cadence Petroleum Group health plan. Note that this new 60-day extension doesn't apply to enrollment opportunities other than due to the Medicaid/CHIP eligibility change.

Note: If your dependent becomes eligible for a special enrollment right, you may add the dependent to your current coverage or change to another health plan.

Women's Health and Cancer Rights Act notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator at 800-632-0249.

Newborns' and Mothers' Health Protection Act notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, call your plan administrator at 800-632-0249.

Michelle's Law notice – Extended dependent medical coverage during student medical leaves

The Cadence Petroleum Group plans may extend medical coverage for dependent children if they lose eligibility for coverage because of a medically necessary leave of absence from a post-secondary educational institution (including a college or university). Coverage may continue for up to a year, unless the child's eligibility would end earlier for another reason.

Extended coverage is available if a child's leave of absence from school – or change in school enrollment status (for example, switching from full-time to part-time status) – starts while the child has a serious illness or injury, is medically necessary and otherwise causes eligibility for student coverage under the plan to end. Written certification from the child's physician stating that the child suffers from a serious illness or injury and the leave of absence is medically necessary may be required.

If the coverage provided by the plan is changed during this one-year period, the plan will provide the changed coverage for the remainder of the leave of absence.

If your child will lose eligibility for coverage because of a medically necessary leave of absence from school and you want his or her coverage to be extended, contact Cadence Human Resources as soon as the need for the leave is recognized to Cadence Petroleum Group. In addition, contact your child's health plan to see if any state laws requiring extended coverage may apply to his or her benefits.

HIPAA Privacy notice reminder

The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Cadence Petroleum Group (the "Plan") to periodically send a reminder to participants about the availability of the Plan's Privacy Notice and how to obtain that notice. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice contact Pamela Chambers at 336-964-8787. You may also view the Privacy Notice online at Cadence Human Resource.

You may also contact the Plan's Privacy Official at wdavis@cadencepetroleum.com or 336-629-2061 for more information on the Plan's privacy policies or your rights under HIPAA.

Wellness program notices

HIPAA Notice of Reasonable Alternative Standards (for Health-Contingent Wellness Programs)

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at 336-964-8787 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

Note: when outcome-based programs inform enrollees of their failure to meet the original standard, the notice must indicate the availability of a reasonable alternative to qualify for the reward (and, if applicable, the possibility of a waiver).

Protections from disclosure of medical information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and Cadence Petroleum Group may use aggregate information it collects to design a program based on identified health risks in the workplace, Lincoln Financial Group will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are health care providers in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact United States Department of Health and Human Service at 800-368-1019.

Summary of Material Modifications

This enrollment guide constitutes a Summary of Material Modifications (SMM) to the Cadence Petroleum Group summary plan description (SPD). It is meant to supplement and/or replace certain information in the SPD, so retain it for future reference along with your SPD. Please share these materials with your covered family members.

No Surprises Act notice

Your Rights and Protections Against Surprise Medical Bills

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments,

coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balanced billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductible that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.
- Generally, your health plan must:
  - Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
  - Cover emergency services by out-of-network providers.
  - Base what you owe the provider or facility (cost-sharing) on what it would pay an in network provider or facility and show that amount in your explanation of benefits.
  - Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed, contact U.S. Department of Health and Human Services. The federal phone number for information and complaints is: 1-800-985-3059. Visit No Surprises Act | CMS for more information about your rights under federal law.

This guide is intended to describe the eligibility requirements, enrollment procedures, plan highlights, and coverage effective dates for the benefits offered by Cadence Petroleum Group. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While the guide is a tool to answer many of your benefit questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern the plans' operation. The noted plan changes in this guide may serve as a Summary of Material Modifications (SMM) to the SPD. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will prevail.

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