



Lewis Energy Group®



BENEFITS GUIDE



2025-2026

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Lewis Energy Group is proud to support our Team Member's overall wellbeing with a variety of benefit options. This guide offers details on our 2025-2026 offerings for you and your family. Contact the Human Resources department with any questions.

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See page 40 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to Lewis Energy Group, LP. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.



**SCAN FOR
YOUR PLANS!**

Scan with your
smartphone to access
enrollment materials
online anytime.



WELCOME

Lewis Energy Group appreciates the hard work and dedication you bring to our team every day. To do our part, we are committed to keeping your benefits affordable and beneficial for you and your eligible family members.

Lewis Energy Group strives to provide benefits that:

- Meet your needs
- Are easy to understand and use
- Provide excellent value for affordable costs

To be your healthiest and help keep costs down, we ask that you take advantage of the provided wellness activities and preventive features.

This guide is designed to assist you and your family in making the best choices for your needs in 2025-2026. It contains explanations of each benefit, contact information for benefits vendors, and costs you can expect for each benefit. Please review this guide in its entirety and keep as a resource throughout the year.

Any questions?

We're here to help! Please contact Benefits Assistance Center at 833-455-7172. Available Monday – Friday, 7:00am to 6:00pm CST.

What's changing this year?

- **Team Member Medical Contributions:** For the upcoming September 1, 2025, plan year, there will be changes to the Team Member Medical Contributions and Wellness Requirements. New Team Members hired on or after September 1, 2025, will become eligible to participate in the company's wellness program upon completion of one full year of continuous service. Discounted medical premiums are only available for those Team Members who satisfy the wellness plan requirements.
- **Dental Premiums:** Small decrease to bi-weekly dental premiums.
- **HDHP Plan:** Both the individual and family deductible amounts, as well as the maximum out-of-pocket limits, will be increasing in the upcoming 2025-2026 plan year.
- **PPO Plans:** Both the individual and family deductible amounts, as well as the maximum out-of-pocket limits, will be increasing in the upcoming 2025-2026 plan year for both PPO plan offerings.
- **HSA Benefits:** Per the IRS, increasing the 2025 annual maximum contribution amounts to \$4,300 (Employee); \$8,550 (Family).
- **Healthcare FSA Benefits:** Per the IRS, increasing the plan year maximum contribution amount to \$3,300.

LINES OF COVERAGE	COVERAGE ENDS ON THE LAST DAY OF EMPLOYMENT	COVERAGE ENDS ON THE LAST DAY OF THE MONTH OF THE QUALIFYING EVENT
EMPLOYEE ASSISTANCE PROGRAM	X	
MEDICAL, DENTAL, VISION		X
FLEXIBLE SPENDING ACCOUNT (FSA)	X	
BASIC AND VOLUNTARY GROUP TERM LIFE		X
BASIC AND VOLUNTARY AD&D		X
SHORT TERM DISABILITY	X	
LONG TERM DISABILITY	X	
VOLUNTARY HOSPITAL INDEMNITY	X	
VOLUNTARY CRITICAL ILLNESS	X	
VOLUNTARY ACCIDENT COVERAGE	X	

Note: If your coverage terminates, you may be eligible to continue medical, dental, vision, and Flexible Spending Account coverage under COBRA provisions.

ELIGIBILITY AND ENROLLMENT

Lewis Energy Group's benefits are designed to support your unique needs.

Eligibility

If you are a full-time Team Member of Lewis Energy Group who is regularly scheduled to work at least 30 hours a week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Coverage Dates

Your elections are effective on the first of the month after your full-time date of hire. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

Active Team Members will automatically be enrolled in the Long Term Disability plan, paid by Lewis Energy Group, upon meeting the following eligibility requirements:

- Team Members earning \$100,000 or more are enrolled the first of the month after full-time date of hire.
- All other full-time Team Members are enrolled on the first of the month after one full year of continuous full-time service.

Dependents

Dependents eligible for coverage include:

- Your legal spouse (or common-law spouse where recognized).
- Children under the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility may be required upon enrollment.




Now's the Time to Enroll!


What Are Qualifying Life Events?



You can update your benefits when you start a new job or during Open Enrollment each year. In addition, changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 31 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.

- 
- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
 - A change in your legal marital status (marriage, divorce, or legal separation)
 - A change in a spouse's employment status (resulting in a loss or gain of coverage)



- 
- Entitlement to Medicare or Medicaid
 - Eligibility for coverage through the Marketplace ([Healthcare.gov](https://www.healthcare.gov))
 - Turning 26 and losing coverage through a parent's plan

- 
- 
- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
 - Death in the family (leading to change in dependents or loss of coverage)
 - Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Reach out to Lewis Energy Group's Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

READY FOR OPEN ENROLLMENT?

Lewis Energy Group covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, which reduces the amount you're required to pay taxes on. Team Member contributions vary depending on the level of coverage you select — typically, the more coverage you have, the more you'll pay up-front for it.

Open Enrollment Action Items



Update your personal information.

Confirm your mailing address and phone number are up to date.



Double-check covered medications.

A drug formulary is a list of medications, including generic and brand names, available to members under the prescription drug benefit. Your health plan may only pay for medications that are on this “preferred” list. This list is updated annually to steer you to the least costly medications that are sufficiently effective for treating your health condition. Because of this, certain prescription drugs may move from one tier to another or may be removed from the list of covered medications. You can look up medications on the formulary by going to www.BCBSTX.com.



Review available plans' deductibles.

Think you may have more medical needs than usual this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower bi-weekly premiums.



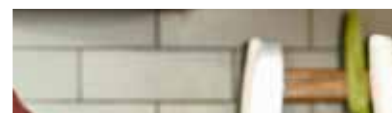
Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals. If you choose to enroll in the HDHP, Lewis Energy will contribute to your HSA on your behalf.



Check your networks.

Receiving care by in-network providers often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet. Visit www.BCBSTX.com to find a listing of in-network providers and pharmacies.



ONLINE ENROLLMENT INSTRUCTIONS

1 How to log in to the Team Member Portal:

- Visit www.LewisEnergy.com

Scroll to the bottom of the page and click on "Team Member Portal" to login. If setup for Single Sign On, select "Team Member Portal (Via SSO)."

- Enter your User ID and Password.

Note: To reset your password, click Forgot your password?

- Click Sign In.

2 Once in the Team Member Portal, under the Quick Links section, you will click on the appropriate login link to access your benefits in ADP.

3 From the menu bar in ADP:

Select Myself > Benefits > Enrollments > Enroll Now

4 To begin selecting benefits:

Start with the Medical plan. You must select a plan or waive coverage.

- Click "Select" to the right of the plan you want to enroll in.
- To waive, select "Waive This Benefit."

Premiums will update based on selected plans and dependents enrolled.

- Once selected, click "Continue to Preview." Review your selection and click "Save and Continue to Next Benefit."

To view Plan Details, click on the plan name linked in blue.

5 To add a dependent:

Select "Manage Dependents" within the "Who do you want to cover?" section and click (+) to include dependent.

As you click or unclick dependents, the cost changes based on coverage offering.

- Click on the icon for the dependent(s) that will be covered. It will determine the cost and the coverage level based on the dependents.

Dependent(s) already on file will be displayed.

6 Continue through the enrollment process

Click on "Continue to Preview" > "Save and Continue to Next Benefit."

For plans that require beneficiaries, you must assign beneficiaries and the percentage amount.

- All percentages for Primary beneficiaries must equal 100%.
- All percentages for Secondary beneficiaries must equal 100%.

7 Once you have completed all benefit selections and the last benefit selection has been made (All plans Must have a green checkmark or grey x next to them):

Click "Save and Continue to Summary" to review your benefits. You cannot submit your enrollment until a selection has been made to all plans. You must either select to enroll or select to waive.

8 The summary page will allow you to review your selected benefits.

Ensure your coverage and beneficiaries reflect correctly before submitting your enrollment.

- To edit a benefit selection, click on the pencil icon.

9 Once ready to submit, click on "Submit Enrollment."

You will receive a confirmation message once your benefits have been submitted.

After submitting your enrollment, your changes may require approval. If so, you cannot make changes to your selections. Once the approver accepts or rejects your selections, you can go in and make changes as needed until the window expires.

If you need assistance with your enrollment or have any questions about your benefit options, please contact the Benefits Assistance Center.

WELLNESS

Making healthier lifestyle choices saves you time and money in the long run. This is why we offer a wellness program to all eligible Team Members. This benefit is provided to you at no cost and is completely confidential.

In support of our employee group health plan, Lewis Energy Group has adopted a health strategy to provide our employees education, awareness, and tools for better health results. By implementing this program, we seek to improve the lives of employees by promoting physical activity, healthy eating, disease prevention, and other healthy habits.

It is our goal to improve the quality of life for our employees. Choosing to adopt a healthy lifestyle is a smart move. Not only will you enjoy a greater sense of wellness, you will increase energy, reduce stress, and find balance in your life.

Participants in the Lewis Energy Group medical plan have availability to in-network preventive care services covered by your BCBSTX plan at 100% — no cost to you! This includes an age-appropriate physical with associated lab work. The results of your age-appropriate physical are private between you and your doctor.



Wellness Discount/Incentive

Team Members will become eligible to participate in the company's wellness program upon completion of one full year of continuous service. Discounted medical premiums are only available for those Team Members who satisfy the wellness plan requirements.

As part of the Wellness Program, if you complete a physical exam, you will be eligible for discounted medical plan payroll deductions. A Health Check Verification Form completed by your physician must be submitted to Human Resources as proof to receive discounted payroll deductions. This is an open program available throughout the year. Discounted payroll deductions begin based on when your Health Check Verification Form is received. Refer to page 10 for the discounted payroll deductions that are effective until August 31, 2025.

Privacy Reminder: Lewis Energy Group does not have access to individual health information. The Lewis Energy Group statistics referenced in this communication are aggregate. Personal health information is always treated privately.

Eligibility

You will have an opportunity to participate two times a year. If the Health Check Verification Form is submitted:

- January 1 through July 31 – Discounted payroll deductions begin September 1
- August 1 through December 31 – Discounted payroll deductions begin February 1

MEDICAL BENEFITS

Medical benefits are provided through Blue Cross Blue Shield of Texas, utilizing the BlueChoice PPO network. Consider the physician networks, premiums, and out-of-pocket costs for each plan when making a selection. Keep in mind your choice is effective for the entire 2025-2026 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

How to Find a Provider

Visit bcbstx.com or call Customer Care at 800-521-2227 for a list of BCBSTX network providers.

Our Plans are Self-Funded

Our medical and pharmacy plans are self-funded. What does that mean? Rather than paying fixed premiums to an insurance carrier as with fully insured plans, Lewis Energy Group pays fixed administrative fees to use the carrier's network and pays members' claims from its general assets. This gives Lewis Energy Group more control over the plan we select for our others. Together, the Company and others share the cost of healthcare.

Go Online

Log in to Blue Access for MembersSM (BAM) at bcbstx.com, anytime, day or night. Click Doctors & Hospitals to compare costs and find providers in your network. By logging in to Blue Access for MembersSM (BAM), you can:

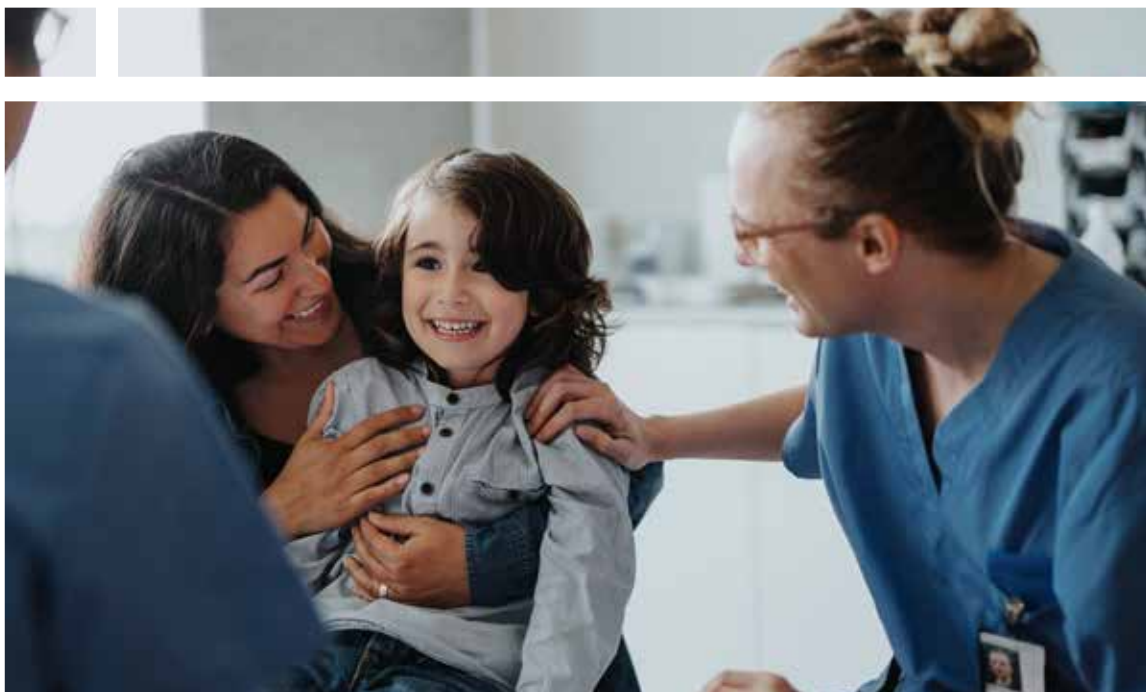
- Find an in-network primary care physician, specialist, or hospital.
- Filter search results by doctor, specialty, ZIP code, language, and gender — even get directions.
- Estimate the cost of hundreds of procedures, treatments, and tests and your out-of-pocket expenses.
- View patient feedback or add your review for a provider.
- Review providers' certifications and recognitions.

Get the App

Text BCBSTX to 33633 to download the mobile app. Go to the App Store or Google Play. Use the app to find all kinds of useful information to help you choose a provider and save money.

NOTE

To get the most value out of your medical plan, be sure to visit in-network providers whenever possible.



Medical Plan Summary

This chart summarizes the 2025-2026 medical coverage provided by BCBSTX and includes your bi-weekly contributions per plan and coverage level. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

		PPO 80/20		PPO 90/10		HDHP	
		GROUP #: 167332		GROUP #: 167332		GROUP #: 215334	
		WELLNESS	NON-WELLNESS	WELLNESS	NON-WELLNESS	WELLNESS	NON-WELLNESS
BI-WEEKLY CONTRIBUTIONS							
EMPLOYEE ONLY		\$59.44	\$92.46	\$76.39	\$109.42	\$29.65	\$62.67
EMPLOYEE + SPOUSE		\$167.81	\$250.00	\$272.77	\$349.82	\$115.51	\$192.12
EMPLOYEE + CHILD(REN)		\$124.64	\$209.84	\$212.67	\$289.72	\$88.80	\$159.24
EMPLOYEE + FAMILY		\$273.06	\$370.37	\$417.12	\$494.17	\$194.98	\$286.13
		IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE							
INDIVIDUAL		\$2,500	\$5,000	\$2,000	\$3,000	\$3,500	\$6,000
FAMILY		\$5,000	\$10,000	\$4,000	\$6,000	\$7,000	\$12,000
COINSURANCE (YOU PAY)		20%*	40%*	10%*	40%*	20%*	40%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)							
INDIVIDUAL		\$5,000	\$10,000	\$4,000	\$6,000	\$6,400	\$12,000
FAMILY		\$10,000	\$20,000	\$8,000	\$12,000	\$12,800	\$24,000
COPAYS/COINSURANCE							
PREVENTIVE CARE		No Charge	40%*	No Charge	40%*	No Charge	40%*
PRIMARY CARE		\$25 Copay	40%*	\$25 Copay	40%*	20%*	40%*
SPECIALIST SERVICES		\$50 Copay	40%*	\$40 Copay	40%*	20%*	40%*
VIRTUAL VISITS		\$25 Copay	40%*	\$25 Copay	40%*	\$48 Service Fee, then 20%*	40%*
DIAGNOSTIC CARE		Included in Copay	40%*	Included in Copay	40%*	20%*	40%*
MENTAL HEALTH - INPATIENT		20% Coinsurance	40%*	10% Coinsurance	40%*	20%*	40%*
MENTAL HEALTH - OUTPATIENT		\$25 copay	40%*	\$25 copay	40%*	20%*	40%*
URGENT CARE		\$50 Copay	40%*	\$50 Copay	40%*	20%*	40%*
EMERGENCY ROOM		\$300 Copay*	\$300 Copay*	\$300 Copay*	\$300 Copay*	\$200 Copay + 20%*	\$200 Copay + 20%*

*After deductible

The individual deductible amount must be met by each member enrolled under your medical coverage. If you have several covered dependents, all charges used to apply toward a “per individual” deductible amount will also be applied toward the “per family” deductible amount. When the family deductible amount is reached, no further individual deductibles will have to be met for the remainder of that plan year. No member may contribute more than the individual deductible amount to the “per family” deductible amount. The same applies for the out-of-pocket maximum.

HOW TO PICK A PLAN

What plan is right for you? Consider any medical needs you foresee for the upcoming plan year, your overall health, and any medications you currently take. Keep in mind that the provider network as well as the list of covered services is the same among all 3 medical plan options.

How does a PPO (Preferred Provider Organization) work?

- You'll pay more in premiums, but perhaps less at the time of service.
- You can choose from a network of providers who offer a fixed copay for services.
- If you or your dependent(s) expect to need more medical care this year or you have a chronic illness, the PPO may be the right choice for you to ensure your healthcare needs are covered.

How does a HDHP (High Deductible Health Plan) work?

- You'll pay less in premiums. (Think less money from your paycheck.)
- You'll pay for the full cost of non-preventive medical services until you reach your deductible.
- You can also use a Health Savings Account in conjunction, which provides a safety net for unexpected medical costs and tax advantages. Lewis Energy Group will also contribute to your account on your behalf.
- If you expect to mostly use preventive care (which is covered), this plan could be for you.



OUT-OF-POCKET COSTS

These are the types of payments you're responsible for:



Copay

The fixed amount you pay for healthcare services at the time you receive them.



Coinsurance

Your percentage of the cost of a covered service. If your office visit is \$100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be \$20.




Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.



Out-of-Pocket Maximum



The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

PREVENTIVE CARE

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance. Some common covered services include:

Wellness visits, physicals, and standard immunizations



Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes



Pediatric screenings for hearing, vision, obesity, and developmental disorders



Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women



Iron supplements (for infants at risk for anemia)

It's important to take advantage of these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What vaccines are covered 100% under preventive care?

Many vaccines are covered under preventive care when delivered by a doctor or provider in your plan's network. These include chickenpox, flu, shingles and tetanus. For a full list, visit www.healthcare.gov/preventive-care-adults/.

WHERE TO GO FOR CARE

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Or you're on vacation and are under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.



NURSE LINE

WHEN TO USE

You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

TYPES OF CARE*

Answers to questions regarding:

- Symptoms
- Self-care/home treatments
- Medications and side effects
- When to seek care

COSTS AND TIME CONSIDERATIONS**

- Usually available 24 hours a day, 7 days a week
- This service is free as part of your medical insurance



TELEMEDICINE (\$)

WHEN TO USE

You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

TYPES OF CARE*

- Cold & flu symptoms
- Bronchitis
- Urinary tract infection
- Sinus problems

COSTS AND TIME CONSIDERATIONS**

- Requires a copay on the PPO plans or a flat fee on the HDHP.
- Typically immediate access to care



PRIMARY CARE CENTER (\$)

WHEN TO USE

You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

TYPES OF CARE*

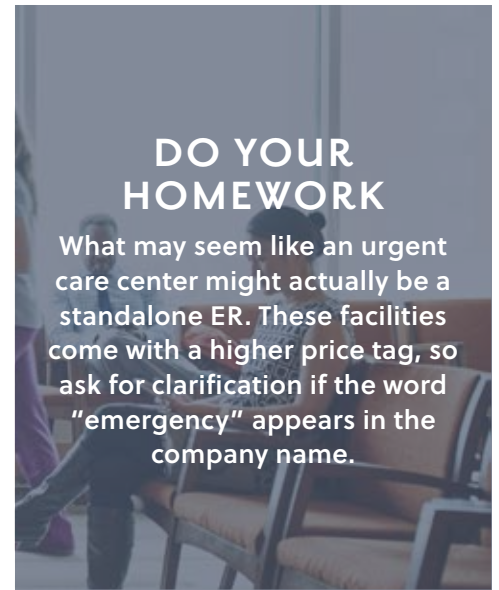
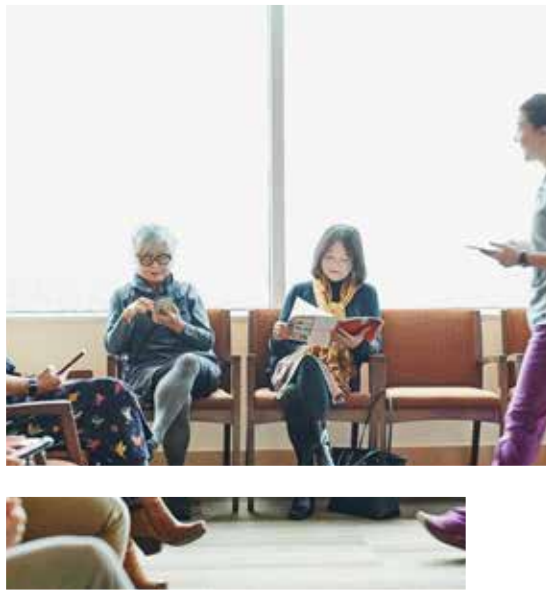
- Routine checkups
- Immunizations
- Preventive services
- Managing your general health

COSTS AND TIME CONSIDERATIONS**

- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Short wait time with scheduled appointment

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.



DO YOUR HOMEWORK

What may seem like an urgent care center might actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.



URGENT CARE CENTER (\$\$)

WHEN TO USE

You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

TYPES OF CARE*

- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns

COSTS AND TIME CONSIDERATIONS**

- Copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but urgency determines order seen and wait time



EMERGENCY ROOM (\$\$\$)

WHEN TO USE

You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

TYPES OF CARE*

- Heavy bleeding
- Chest pain
- Major burns
- Severe head injury

COSTS AND TIME CONSIDERATIONS**

- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.

**Costs and time information represent averages only and are not tied to a specific condition or treatment.

PHARMACY BENEFITS

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through BlueCross BlueShield of Texas (BCBSTX) and Prime Therapeutics. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at bcbstx.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	PPO 80/20 GROUP #: 167332	PPO 90/10 GROUP #: 167332	HDHP GROUP #: 215334
	IN-NETWORK	IN-NETWORK	IN-NETWORK
RETAIL RX (30-DAY SUPPLY)			
GENERIC	\$10	\$10	20%*
PREFERRED	\$30	\$30	20%*
NON-PREFERRED	\$60	\$60	20%*
SPECIALTY DRUGS	\$100	\$100	20%*
MAIL ORDER RX (90-DAY SUPPLY)			
GENERIC	\$25	\$25	20%*
PREFERRED	\$75	\$75	20%*
NON-PREFERRED	\$150	\$150	20%*

*After deductible

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But generic versions cost 80% to 85% less on average than the brand-name equivalent. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Home Delivery

If you are taking a covered maintenance (or long-term) medicine, consider using the home delivery pharmacy service, Express Scripts. To start using the home delivery pharmacy service, visit express-scripts.com/rx or call 833-715-0942.

NOTE

Apps and prescription discount programs such as GoodRx, Amazon Prime Rx Savings, Optum Perks, and Cost Plus Drug Company let you compare prices of prescription drugs and find possible discounts.



BCBSTX FREE GLUCOSE METER

Living with diabetes can be a challenge. But maintaining close-to-normal levels of blood sugar has been shown to reduce the risk of diabetes-related problems. That's why monitoring your blood sugar levels with a blood glucose meter is important for managing diabetes.

Choosing a Blood Glucose Meter

When choosing a meter, it often comes down to the features you're looking for. Here are a few things to consider when making your choice:

- How does the meter score for accuracy? Does it come with a control solution or test strip to check for accuracy?
- Does the meter fit in your backpack, supplies kit, or purse?
- How skillful are you at handling those test strips? You might want to try a meter that uses cartridges instead of individual strips.
- How much blood does the meter require? Less is better.
- Do you want to download results to a computer or email them to your doctor's office?
- Interested in alternative site testing? There are meters that can test samples from various places on the body.

Checking Your Blood Glucose

Regular blood glucose checks and consistent record keeping give you a good picture of where you are in your diabetes care.

Checks tell you how often your blood glucose levels are in your target range. Your target range is a personalized blood glucose range that you set with your doctor. Once you know how often and when to check, stick to the schedule and check at those times each day.

Keep a daily log recording your levels. Then take your log with you when you visit your doctor or other members of your diabetes care team. The information in your log will let them know how you are doing.



Glucose Meters Are Available to You

BCBSTX is offering you a choice of blood glucose meters at no additional charge. You can request the **COUNTOUR® NEXT ONE** or the **CONTOUR® NEXT EZ** Blood Glucose Monitoring System shipped directly to your home. To order your system, call 800-401-8440 and be sure to identify yourself as a BCBSTX member and provide ID code "BDC-BTX." You also have access to the **CONTOUR®NEXT** test strips as the preferred brand on your drug list.

Visit contournext.com for more detailed descriptions on these meters.

VIRTUAL MEDICINE

When you're under the weather, there's no place like home, and if you're busy with work and family, scheduling an in-person doctor's appointment can be a pain. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

Lewis Energy Group provides a virtual medicine benefit through MDLive for you and your dependents. MDLive offers on-demand access to board-certified doctors through online video, telephone, or secure email. General health issues can be addressed at home for a copay of \$25 per consultation for those employees enrolled in either PPO plan or \$48 subject to deductible and coinsurance for employees enrolled in the HDHP plan.

MDLive doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via telemedicine. For more information, visit www.MDLive.com/BCBSTX.

Talk Therapy

Speak with a licensed counselor, therapist, or psychiatrist for support with virtual visits, available by appointment. You can choose who you want to work with for issues such as anxiety, depression, trauma, and loss or relationship problems. The cost for a visit with a therapist or counselor is \$80. For a psychiatric visit, the initial cost is \$175 and follow ups are \$80.

MDLive doctors can treat many medical conditions, including:

- Cold & flu
- Allergies
- Bronchitis
- Bladder infection/urinary tract infection
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems

Access Virtual Visits

Visit www.MDLive.com/BCBSTX to request a virtual visit. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.



NOTE

A virtual visit directly with your primary care physician (vs. MDLive) might also be an option — and typically costs the same as an office visit.



BCBSTX WELLNESS RESOURCES

Online...on the phone...on the go. However you choose to fit good health into your daily life, you've got tools to help you. Follow these simple steps to sign up for Blue Access for MembersSM (BAMSM) — where you can access all the health and wellness programs included with your plan.

Take a step toward better health. Register at www.BCBSTX.com today!

1. Go to www.BCBSTX.com
2. Sign up for BAM
3. Click the My Health tab

Explore Your Wellness World

When you log into your portal, you will find a wide variety of health and wellness resources including:

- The Health Assessment (HA)
- Self-Management Program
- Health Trackers
- Trusted news and health education content

Behavioral Health Support

Your mental health is vital to your wellbeing. Your plan gives you access to treatment options to help with anxiety, depression, substance use and more. Click the Doctors & Hospitals tab in BAM to find a behavioral health provider.

Guidance for Your Growing Family

If you're ready to start a family or already expecting, check out apps from Ovia Health®. They include expert advice to support you through all the stages of planning for and having a baby.

Well onTarget Fitness Program

The Well onTarget Fitness program through BCBSTX is available exclusively to enrolled members and their covered dependents (age 16 and older). This program gives you unlimited access to a nationwide network of fitness locations. You are not limited to the gym you elect at enrollment and are free to utilize any participating gyms at your convenience. Program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.

BASE	CORE	POWER	ELITE	PRO	SIGNATURE	PREFERRED
\$19/mo	\$29/mo	\$39/mo	\$129/mo	\$159/mo	\$199/mo	\$239/mo
3,500+ Standard Gyms	8,500+ Standard Gyms	13,000+ Standard Gyms	Access to 1 Luxury Gym + All 13,000+ Standard (Luxury Gyms differ by tier, 180+ Available)			
\$19 enrollment fee						
Digital Content Only: Video and Live Stream (\$10/mo)						

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go options and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

Enroll in the Well onTarget Fitness Program by calling the toll-free number 888-762-BLUE (2583) or by logging into Blue Access for Members and clicking on "Fitness Program" in the Quick Links.

MENTAL HEALTH

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and a designated number of face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with Lewis Energy Group. You may access information, benefits, educational materials, and more by phone at 800-311-4327 or online at guidanceresources.com.

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plan covers behavioral and mental health services at an office visit copay on the PPO plans or 20% after deductible on the HDHP. Coverage includes virtual therapy from MD Live. Via video or telephone, you can receive confidential 1-on-1 counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. See plan documents for specifics on coverage for inpatient and outpatient services.

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

The Big Five of Emotional Wellness



PRACTICE MINDFULNESS.

Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.



STRENGTHEN SOCIAL CONNECTIONS.

Reach out to a friend or family member daily — even if it's just a call or text.



GET QUALITY SLEEP.

Keep a consistent sleep schedule and limit electronic use before bed.



IMPROVE YOUR OUTLOOK.

Treat people with kindness, including yourself.



DEAL WITH YOUR STRESS IN HEALTHY WAYS.

Think positively, exercise regularly, and set priorities.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.



988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.



Crisis Text Line

Text "HELLO" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.



War Vet Call Center

Veterans and their families call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.



NOTE

According to the Centers for Disease Control, 12.5% of adults regularly had feelings of worry, nervousness, or anxiety in 2023.



DENTAL BENEFITS

Like brushing and flossing, visiting your dentist is an essential part of your oral health. Lewis Energy Group offers affordable plan options from BlueCross BlueShield of Texas for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit BlueCross BlueShield of Texas at bcbstx.com.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

BLUECARE DENTAL PPO

BI-WEEKLY CONTRIBUTIONS		
	EMPLOYEE ONLY	\$15.87
	EMPLOYEE + 1	\$28.98
	EMPLOYEE + FAMILY	\$47.13
		IN-NETWORK
CALENDAR YEAR DEDUCTIBLE		
	INDIVIDUAL	\$50
	FAMILY	\$150
CALENDAR YEAR MAXIMUM		
	PER PERSON	\$2,500
COVERED SERVICES		
	PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100 %
	BASIC SERVICES Filings, Non-Surgical Extractions	80 %*
	MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	50 %*
	ORTHODONTICS Dependent Child(ren) Only up to age 19	50 %*
	ORTHODONTIC LIFETIME MAXIMUM	\$1,000

*After deductible

NOTE

In addition to keeping your teeth healthy, regular dental checkups can help dentists spot symptoms of other serious conditions such as osteoporosis, cancer, and diabetes.

VISION BENEFITS

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Avesis.

Vision Premiums

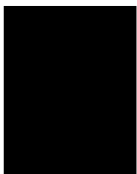
Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your bi-weekly premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by Avesis for 2025-2026. To find an in-network provider, visit www.avesis.com or call 800-828-9341.

VISION PLAN

BI-WEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY EMPLOYEE + 1 EMPLOYEE + FAMILY	\$2.97		
	\$4.87		
	\$6.57		
	IN-NETWORK	OUT-OF-NETWORK REIMBURSEMENT (QUALIFIED NON-NETWORK PROVIDER)	FREQUENCY
EXAMS			
COPAY	\$10	Up to \$35	Once every plan year
LENSES			
SINGLE VISION	\$0 (no copay)	Up to \$25	Once every plan year
BIFOCAL	\$0 (no copay)	Up to \$40	
TRIFOCAL	\$0 (no copay)	Up to \$50	
CONTACTS (IN LIEU OF LENSES AND FRAMES)			
ELECTIVE	\$130 allowance	Up to \$110	Once every plan year if you elect contacts instead of frames/lenses
MEDICALLY NECESSARY	Covered in Full	Up to \$250	
FRAMES			
ALLOWANCE	\$50 wholesale allowance (approx. retail \$100-\$150)	Up to \$45	Once every plan year
OTHER SERVICES			
LASIK	One lifetime allowance of \$150 plus provider discount of up to 25%		Once



HEALTH SAVINGS ACCOUNT

A Health Savings Account (HSA) is a personal healthcare bank account used to pay for qualified medical expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in the Lewis Energy Group HDHP to participate.

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

Proficient Benefit Solutions will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)
- You cannot have a balance in the Lewis Energy Group sponsored Flexible Spending Account as of the effective date of your HSA.

NOTE

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.



PRE-TAX PAYCHECK
CONTRIBUTIONS



EMPLOYER CONTRIBUTIONS
(PRE-TAX)

HSA



TAX-FREE
PAYMENTS
(FOR QUALIFIED
MEDICAL EXPENSES)



UNUSED FUNDS
ROLL OVER
ANNUALLY

You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in Lewis Energy Group's HSA, you must elect the HDHP with Lewis Energy Group. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. Proficient Benefit Solutions will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with Proficient Benefit Solutions. The money in your HSA (including interest and investment earnings) grows tax-free. When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.



*State income taxes are also waived on HSA contributions in almost all states.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2025-2026, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	\$4,300
FAMILY	\$8,550
CATCH-UP CONTRIBUTION (AGES 55+)	\$1,000

Lewis Energy Group provides an HSA employer contribution that will be deposited on a per-paycheck basis. Keep in mind that the amount Lewis Energy contributes to your account will apply towards the annual funding maximum.

EMPLOYER HSA CONTRIBUTION		
	PER PAYCHECK CONTRIBUTION	YEARLY CONTRIBUTION
EMPLOYEE ONLY	\$23.07	\$600
EMPLOYEE + SPOUSE	\$23.07	\$600
EMPLOYEE + CHILD(REN)	\$32.69	\$850
EMPLOYEE + FAMILY	\$32.69	\$850

HSA contributions over the IRS annual contribution limits (\$4,300 for individual coverage and \$8,550 for family coverage for 2025-2026) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The Lewis Energy Group HSA is established with Proficient Benefit Solutions. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit www.proficientbenefits.com.

FLEXIBLE SPENDING ACCOUNTS

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to \$3,300 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.



Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to \$5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- Expenses are reimbursable if the provider is not your dependent.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

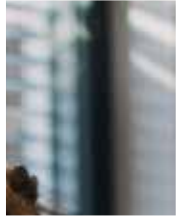
Submit a claim form along with the required documentation. If you have a question about a reimbursement, contact Proficient Benefit Solutions at 210-659-8100 or ask@proficientbenefits.com. If you need to submit a receipt, Proficient Benefit Solutions will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2025-2026 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must “use it or lose it” — any unused funds will be forfeited.
- Up to \$660 may be rolled over to the next plan year at the end of 2025-2026 for Healthcare FSAs. To be eligible for the rollover, you must be an active plan participant as of the last day of the plan year and you must re-enroll in the following plan year. Rollover dollars will only roll over one plan year.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.
- Those considered highly compensated employees (family gross earnings were \$155,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.



NOTE

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.



FSA VS HSA

FLEXIBLE SPENDING ACCOUNTS

Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.

You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.

FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.

You can contribute up to \$3,300 in 2025-2026 to an FSA. This amount may be increased annually.

Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.

Any unclaimed funds at the end of the year are forfeited. However, a Healthcare FSA may allow up to \$660 to roll over to the next year.

Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.

Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care).



OWNERSHIP



ELIGIBILITY & ENROLLMENT



TAXATION



CONTRIBUTIONS



PAYMENT



ROLLOVER



QUALIFIED EXPENSES



OTHER TYPES

HEALTH SAVINGS ACCOUNTS

You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.

You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.

HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.

Both you and your employer can contribute up to \$4,300 in 2025-2026 (up to \$8,550 for families). Ages 55+ can make an annual \$1,000 "catch-up" HSA contribution.

You will be provided a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.

HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.

Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.

N/A

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

SURVIVOR BENEFITS

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

Lewis Energy Group provides Team Members with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Prudential, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1x base annual salary, up to \$350,000. If you are a full-time Team Member, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Prudential insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.



Voluntary Life and AD&D Insurance

Eligible employees may purchase Voluntary Life and AD&D insurance in addition to what is provided by Lewis Energy Group. You may also purchase Life and AD&D insurance for your spouse and/or dependents if you purchase insurance for yourself. Life and AD&D may be elected separately and are not required to be the same benefit amount. No Evidence of Insurability is required for AD&D benefits. Premiums are paid through payroll deductions.

VOLUNTARY EMPLOYEE LIFE AND AD&D	
COVERAGE AMOUNT	Up to 5x your base annual salary in increments of \$10,000
WHO PAYS	Team Member
MAXIMUM BENEFIT	\$500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Over \$100,000 (does not apply to AD&D)
VOLUNTARY SPOUSE LIFE AND AD&D	
COVERAGE AMOUNT	Up to \$250,000 in increments of \$5,000
WHO PAYS	Team Member
MAXIMUM BENEFIT	\$250,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Over \$25,000 (does not apply to AD&D)
VOLUNTARY CHILD LIFE AND AD&D	
COVERAGE AMOUNT	Up to \$10,000 in increments of \$2,000
WHO PAYS	Team Member
MAXIMUM BENEFIT	\$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	N/A

Guarantee Issue and Evidence of Insurability (EOI)

The guarantee issue is the highest coverage amount you can select when you're initially eligible without having to provide proof of your good health. EOI is a health questionnaire process you will have to complete to prove your good health before Prudential will approve the coverage if:

- You elect more than the guarantee issue amount for yourself or your spouse when you're initially eligible as a new hire
- You decline coverage when you're initially eligible, and then want to elect it later
- You elect to increase your or your spouse's coverage by more than one increment at any time after your initial enrollment

Increases to Coverage at Annual Open Enrollment

- Voluntary Life: Current plan participants may increase their life insurance coverage for themselves or spouse by one increment, not to exceed the guarantee issue amount. You may also enroll or increase child voluntary life coverage, without medical underwriting or approval by Prudential.
- Voluntary AD&D: All eligible employees may enroll or increase coverage for themselves, spouses or children without medical underwriting or approval by Prudential, up to the maximum allowed amounts.

VOLUNTARY LIFE INSURANCE		
RATES/\$1,000 (MONTHLY)		
AGE (AS OF 9/1/2025)	EMPLOYEE	SPOUSE (BASED ON SPOUSE'S AGE)
Less than age 25	\$0.077	\$0.098
25-29	\$0.083	\$0.082
30-34	\$0.103	\$0.090
35-39	\$0.135	\$0.124
40-44	\$0.208	\$0.177
45-49	\$0.331	\$0.277
50-54	\$0.527	\$0.433
55-59	\$0.810	\$0.663
60-64	\$1.264	\$1.134
65-69*	\$2.194	\$1.938
70-74*	\$3.915	\$3.452
75+*	\$7.670	\$6.910

*Benefits subject to age reduction schedule

VOLUNTARY AD&D INSURANCE	
PREMIUM RATES – \$1,000 MONTHLY	
Employee, Spouse, and Child(ren)	\$0.090

VOLUNTARY CHILD LIFE INSURANCE	
PREMIUM RATES – \$1,000 MONTHLY	
Child Monthly Rate Regardless of Number of Children	\$0.339

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE COVERAGE WILL COST:

\$	÷ 1,000 =	\$	x Age Based Rate =	\$	x 12 =	\$	÷ 26 =	\$
Benefit Elected				Monthly Premium				Bi-Weekly Premium

INCOME PROTECTION

You and your loved ones depend on your regular income. That's why Lewis Energy Group offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Voluntary Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available for purchase on a voluntary basis. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	60% of weekly base salary, up to \$1,500
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	24 weeks or when LTD begins, whichever is sooner
PRE-EXISTING CONDITION LIMITATION	3-month look back; applies to claims within the first 12 months of coverage

VOLUNTARY STD	
AGE (AS OF SEPTEMBER 1, 2025)	
AGE RANGE	STD
Less than age 25	\$0.274
25-29	\$0.274
30-34	\$0.327
35-39	\$0.354
40-44	\$0.406
45-49	\$0.445
50-54	\$0.563
55-59	\$0.621
60-64	\$0.648
65-69	\$0.648

TO CALCULATE HOW MUCH YOUR STD COVERAGE WILL COST:

\$	÷ 52 =	\$	x 60%	\$	x Rate	\$	÷ \$10	\$	x 12 ÷ 26 =	\$
Annual Salary		Weekly Income		Weekly Benefit		Amount		Monthly Premium		Bi-Weekly Premium

Basic Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available at no cost, once eligibility requirements have been met. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

ELIGIBILITY	All Team Members earning \$100,000 or more annually are eligible the first of the month following date of hire. All other Team Members are eligible the first of the month following one year of employment.
MONTHLY MAXIMUM BENEFIT	\$12,000
ELIMINATION PERIOD	180 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.
PRE-EXISTING CONDITION LIMITATION	3-month look back; applies to claims within the first 12 months of coverage

SUPPLEMENTAL BENEFITS

Lewis Energy Group offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including readying for any unexpected expenses. Accident coverage through Aetna provides benefits for you and your covered family member for expenses related to an accidental injury that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.



ACCIDENT COVERAGE

SUMMARY OF BENEFITS*

FRACTURES	Up to \$16,500
DISLOCATIONS	Up to \$12,000
EMERGENCY CARE	\$200
URGENT CARE	\$200
PCP	\$200
MEDICAL IMAGING	\$200
X-RAY / LAB	\$75
HOSPITAL BENEFIT	\$1,500 + \$300/day
ICU BENEFIT	\$3,000 + \$600/day
EYE INJURY	\$400
BURNS (2ND AND 3RD DEGREE)	Up to \$27,000
CONCUSSION	Up to \$600
COMA	Up to \$20,000
RUPTURED DISC (WITH SURGERY)	\$1,000
LACERATION	Up to \$600
OPEN ABDOMINAL SURGERY	\$2,000
TENDON/LIGAMENT/ ROTATOR CUFF REPAIR (WITH SURGERY)	\$1,000
AMBULANCE	\$1,500 air \$300 ground
MEDICAL APPLIANCE	\$300
OUTPATIENT SURGERY	\$300

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

BI-WEEKLY CONTRIBUTIONS

EMPLOYEE ONLY	\$4.26
EMPLOYEE + SPOUSE	\$7.52
EMPLOYEE + CHILD(REN)	\$10.30
EMPLOYEE + FAMILY	\$13.28

Critical Illness Coverage

Critical Illness coverage through Aetna pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

Plan Highlights

- **Guaranteed Issue Coverage** (no medical questions)
 - Team Member: \$10,000, \$20,000, or \$30,000
 - Spouse: \$5,000, \$10,000, or \$15,000 (50% of employee amount)
 - Child(ren): \$5,000, \$10,000, or \$15,000 (50% of employee amount)
- **Pre-Existing Conditions:** This plan does NOT have a pre-existing condition exclusion; however, your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.
- **Wellness Benefit:** A \$50 wellness benefit is payable for each covered member for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test.

Covered Benefits

(Paid at 100% of your elected benefit amount unless otherwise noted):

- Heart Attack
- Stroke
- Invasive Cancer
- Benign Brain Tumor
- End stage Renal Failure
- Major Organ Failure
- Coma
- Complete Blindness
- Complete Hearing Loss
- Permanent Paralysis
- Third degree burns

25% benefits:

- Coronary Artery Bypass
- Carcinoma in Situ
- Lupus
- Multiple Sclerosis
- Meningitis
- Tuberculosis
- HIV
- Alzheimer's
- Parkinson's Disease

\$10,000 COVERAGE (BI-WEEKLY CONTRIBUTION)				
ATTAINED AGE	EE	EE+SP	EE+CH	FAM
<25	\$1.33	\$2.61	\$1.33	\$2.61
25-29	\$1.61	\$3.02	\$1.61	\$3.02
30-34	\$2.11	\$3.78	\$2.11	\$3.78
35-39	\$2.85	\$4.89	\$2.85	\$4.89
40-44	\$4.06	\$6.69	\$4.06	\$6.69
45-49	\$5.41	\$8.73	\$5.41	\$8.73
50-54	\$7.83	\$12.36	\$7.83	\$12.36
55-59	\$11.08	\$17.24	\$11.08	\$17.24
60-64	\$16.05	\$24.72	\$16.05	\$24.72
65-69	\$21.79	\$33.35	\$21.79	\$33.35
70+	\$30.09	\$45.80	\$30.09	\$45.80

\$20,000 COVERAGE				
ATTAINED AGE	EE	EE+SP	EE+CH	FAM
<25	\$2.17	\$4.13	\$2.17	\$4.13
25-29	\$2.71	\$4.93	\$2.71	\$4.93
30-34	\$3.69	\$6.40	\$3.69	\$6.40
35-39	\$5.16	\$8.60	\$5.16	\$8.60
40-44	\$7.54	\$12.18	\$7.54	\$12.18
45-49	\$10.24	\$16.22	\$10.24	\$16.22
50-54	\$15.02	\$23.42	\$15.02	\$23.42
55-59	\$21.45	\$33.09	\$21.45	\$33.09
60-64	\$31.33	\$47.93	\$31.33	\$47.93
65-69	\$42.72	\$65.03	\$42.72	\$65.03
70+	\$59.20	\$89.78	\$59.20	\$89.78

\$30,000 COVERAGE				
ATTAINED AGE	EE	EE+SP	EE+CH	FAM
<25	\$3.00	\$5.64	\$3.00	\$5.64
25-29	\$3.80	\$6.83	\$3.80	\$6.83
30-34	\$5.26	\$9.02	\$5.26	\$9.02
35-39	\$7.46	\$12.31	\$7.46	\$12.31
40-44	\$11.03	\$17.67	\$11.03	\$17.67
45-49	\$15.06	\$23.71	\$15.06	\$23.71
50-54	\$22.21	\$34.48	\$22.21	\$34.48
55-59	\$31.82	\$48.93	\$31.82	\$48.93
60-64	\$46.61	\$71.14	\$46.61	\$71.14
65-69	\$63.63	\$96.72	\$63.63	\$96.72
70+	\$88.30	\$133.76	\$88.30	\$133.76



Hospital Indemnity Coverage

Hospital Indemnity coverage through Aetna pays you cash benefits directly if you are admitted to the hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions)
- Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion. Benefits are payable for hospitalizations that occur on or after the effective date of your policy.

BENEFIT AMOUNT	
INITIAL CONFINEMENT BENEFIT	\$1,000
ICU CONFINEMENT	\$2,000
DAILY BENEFIT FOR HOSPITAL CARE	\$200
DAILY BENEFIT FOR ICU	\$400
NEWBORN ROUTINE CARE	\$100
SUBSTANCE ABUSE DAILY CARE	\$200

BI-WEEKLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$8.72
EMPLOYEE + SPOUSE	\$19.83
EMPLOYEE + CHILD(REN)	\$15.59
EMPLOYEE + FAMILY	\$25.60

ADDITIONAL BENEFITS

Lewis Energy Group wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Pet Protection

We know your pets are part of the family, and just like any other family member, our furry friends are bound to have some medical expenses from time to time. For the most part, these expenses come from standard checkups and immunizations, but the occasional unexpected illness or injury can rack up some significant bills when you least expect it. Pet insurance through PetAssure provides coverage for veterinary expenses related to accidents and illnesses, including X-rays, medications, vet visits, surgeries, and hospital stays. Policies are available for dogs, cats, birds, reptiles, and exotic pets. Optional wellness coverage is also available for dogs and cats, providing reimbursement for preventive care. To enroll or for additional information, please contact info@petbenefits.com or call 888-913-7387.

PET ASSURE

BI-WEEKLY CONTRIBUTIONS	
1 PET	\$5.42
UNLIMITED PETS	\$8.54

Identity Theft Protection

Identity theft protection is available on a voluntary basis. There is a new identity fraud victim every two seconds. Protect yourself with Allstate. Allstate monitors millions of transactions every second, alerting you to suspicious activity by text, phone, or email.

With Allstate Identity Protection, you'll be able to:

- Check your identity health score
- View and manage alerts in real time
- Monitor your TransUnion credit score and report for fraud
- Receive alerts for cash withdrawals, balance transfers and large purchases
- Get reimbursed in the event of fraud

This plan is available via payroll deduction and is yours to keep if you retire or leave Lewis Energy Group.

ID THEFT

BI-WEEKLY CONTRIBUTIONS	
EMPLOYEE ONLY	\$3.67
FAMILY	\$6.44



EMPLOYEE ASSISTANCE PROGRAM

Personal problems, planning for life events or simply managing daily life can affect your work, health and family. The Prudential Employee Assistance Program (EAP) through GuidanceResources is a company-sponsored service that is available to you and your dependents, at no cost, to provide confidential support, resources and information to get through life's challenges.

Confidential Counseling on Personal Issues

The EAP is a confidential assistance program to help address the personal issues you and your dependents are facing. This service, staffed by experienced clinicians, is available by phone 24 hours a day, seven days a week. A GuidanceConsultantSM is available to listen to your concerns and refer you to a local provider for in-person counseling or to resources in your community. Call any time with personal concerns, including:

- Depression
- Stress and anxiety
- Marital and family conflicts
- Alcohol and drug abuse
- Job pressures
- Grief and loss

Financial Information, Resources, and Tools

Financial issues can arise at any time, from dealing with debt to saving for college. Our financial professionals are here to discuss your concerns and provide you with the tools and information you need to address your finances, including:

- Saving for college
- Tax questions
- Getting out of debt
- Estate planning
- Retirement planning

Legal Information, Resources, and Consultation

When a legal issue arises, our attorneys are available to provide confidential support with practical, understandable information and assistance. If you require representation, you can also be referred to a qualified attorney in your area for a free 30-minute consultation with a 25% reduction in customary legal fees thereafter. Call any time with legal issues including:

- Divorce and family law
- Bankruptcy
- Debt obligations
- Criminal actions
- Landlord and tenant issues
- Civil lawsuits
- Real estate transactions
- Contracts

Emotional Support for Grief and Loss

- Unlimited, 24/7 toll-free phone access to masters-level clinicians for in-the-moment support
- Assessment and action planning to help you develop an individualized course of action
- Up to three face-to-face or telephonic counseling sessions with a local provider. Talk to us about:
 - Grief and Loss
 - Anxiety, stress, depression
 - Guidance on returning to work, and more

Online Will Preparation Services

EstateGuidance® can help you secure your future by overcoming the legal, financial and emotional barriers to estate planning. This online service allows you to create a legally binding Last Will and Testament, Living Will and Final Arrangements document online, without the hassle or expense of hiring a lawyer. EstateGuidance walks you through the documentation process and breaks down each step into easy-to-understand terms.

GLOSSARY

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$60, you may be billed by the provider for the remaining \$40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is \$1,000, your plan does not pay anything until you've paid \$1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.



Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA** – A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA** – A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in a HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network** – Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network** – Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs** – Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs** – Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs** – Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs** – Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.
- **Prior Authorization** – A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy** – The goal of a Step Therapy Program is to guide members to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.



Required Notices

Important Notice From Lewis Energy Group, LP About Your Prescription Drug Coverage and Medicare Under the BCBSTX Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Lewis Energy Group, LP and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Lewis Energy Group, LP has determined that the prescription drug coverage offered by the BCBSTX plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Lewis Energy Group, LP coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Lewis Energy Group, LP and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Lewis Energy Group, LP changes. You also may request a copy of this notice at any time.

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. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- » Visit www.medicare.gov
- » Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- » Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	September 1, 2025
Name of Entity/Sender:	Lewis Energy Group, LP
Contact—Position/Office:	Human Resources
Address:	10101 Reunion Pl., STE. 1000 San Antonio, TX 78216
Phone Number:	210-384-3200

Women's Health and Cancer Rights Act

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. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 210-384-3200.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 210-384-3200.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- » Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- » Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- » Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- » Failing to return from an FMLA leave of absence; and
- » Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 31 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

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 dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 210-384-3200.

IMPORTANT CONTACTS

Benefits Assistance Center
Monday – Friday, 7am – 6pm CST
833-455-7172
BAC.LewisEnergy@lockton.com

Medical

BCBSTX
800-521-2227
bcbstx.com
Policy #: 167332 (PPO)
215334 (HDHP)

Pharmacy

BCBSTX / Prime
800-521-2227
bcbstx.com
Policy #: 167332 (PPO)
215334 (HDHP)
RxBIN: 011552
RxPCN: BCTX

Virtual Visits

BCBSTX MDLIVE
800-680-8646
www.MDLive.com/BCBSTX

Dental

BCBSTX - BlueCare Dental
800-521-2227
bcbstx.com
Policy #: 323023

Vision

Avesis
800-828-9341
www.avesis.com
Policy #: 10775-1029

Health Savings Account

Proficient Benefit Solutions
210-659-8100
www.proficientbenefits.com

Flexible Spending Accounts

Proficient Benefit Solutions
210-659-8100
www.proficientbenefits.com

Life and AD&D

Prudential
800-524-0542
prudential.com
Policy #: 70775

Disability

Prudential
800-842-1718
prudential.com
Policy #: 70775

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)

Aetna
800-607-3366
www.aetna.com
Policy #: 801911

Pet Protection

Pet Benefit Solutions
888-913-7387
petbenefits.com
Group #: 4882

Identity Theft

Allstate
800-789-2720
MyAIP.com
Client ID #: 6259

Employee Assistance Program

Prudential
800-311-4327
guidanceresources.com
Policy #: GEN311





Lewis Energy Group®