

2024 Open Enrollment

December 4–15, 2023

For Legacy Magellan Part-Time Employees
(Regularly scheduled 20–39 hours per week)

Start Here
to Get
There

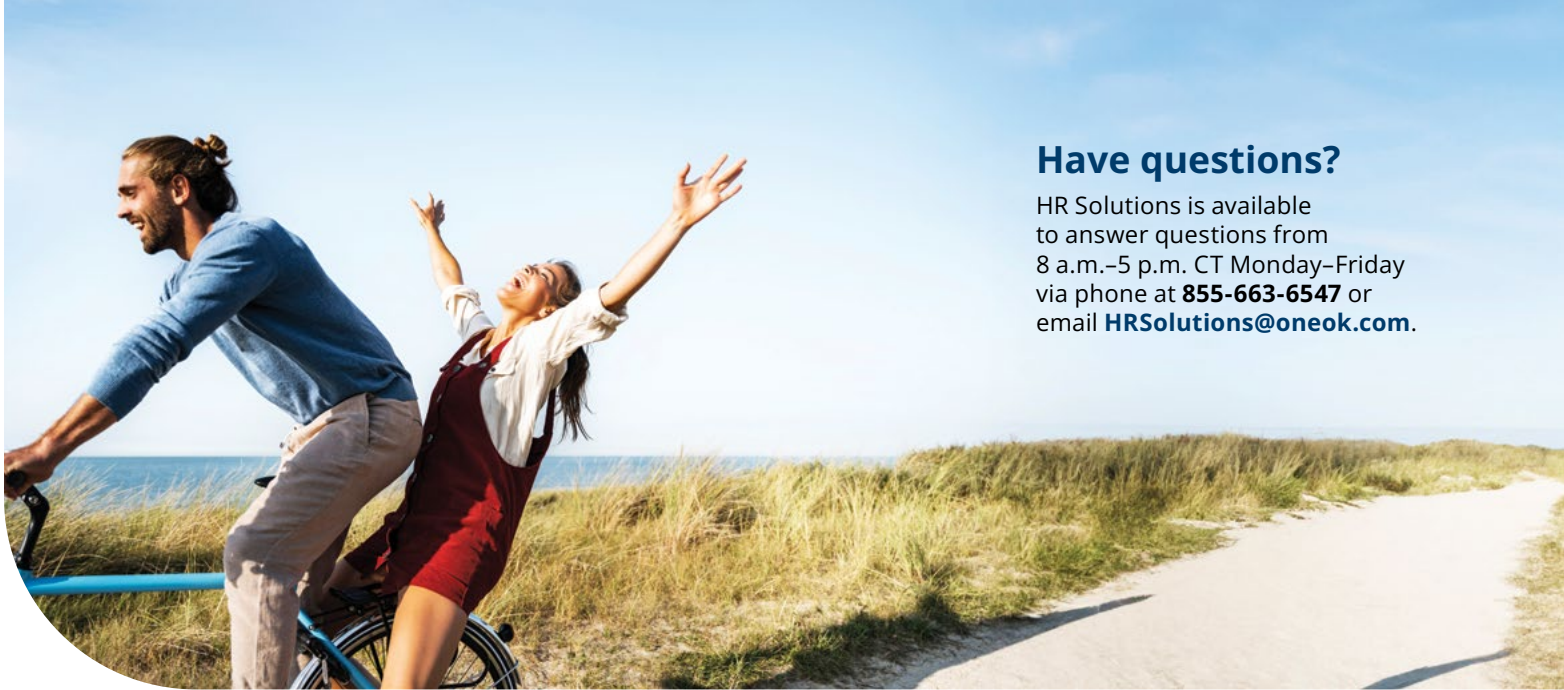


For Benefits Next Year, Start Here



- | | |
|---|---------------------------------------|
| 1 Eligibility | 18 Retirement |
| 2 How to Enroll | 19 Benefits Everywhere You Are |
| 3 Health Plans That Take You There | 29 Additional Family Resources |
| 9 Dental | 30 Other Benefits |
| 10 Vision | 31 Basics and Vocabulary |
| 11 Save Along The Way | 32 Important Information |
| 17 Life and AD&D | 35 Contacts |

This Open Enrollment guide is not a plan, plan amendment, summary plan description (SPD) or contract to provide the benefits described. This guide is intended primarily to be an overview of the benefits in which you may enroll for 2024. Any additional changes to the plans after distribution of this Open Enrollment guide will be communicated in another Summary of Material Modification (SMM) or an updated SPD and posted on ONEOK Online. Any benefits provided by any of the plans are governed by the formal written plan documents adopted by ONEOK. While every effort is taken to report your benefits accurately, discrepancies or errors are always possible. In the event of any conflict between this information and the written plan document, the written plan document will govern. This information does not constitute tax advice or an employment contract or guarantee to continue employment for any period of time. ONEOK reserves the right to change the plans' provisions, in whole or in part, at any time for any reason.



Have questions?

HR Solutions is available to answer questions from 8 a.m.–5 p.m. CT Monday–Friday via phone at **855-663-6547** or email HRsolutions@oneok.com.

Welcome to Your 2024 Benefits Open Enrollment!



Get helpful tips for your Open Enrollment.

Look for these guideposts on your journey!

I'm excited and proud to welcome you to the ONEOK team and family for your first Open Enrollment. It's an opportunity for you to review your ONEOK benefits and be intentional when choosing what plans make the most sense for you and your loved ones.

Whether you're on the job or off the job, we have a wealth of benefits — those you need to enroll in and those you automatically have access to — that help keep you healthy and safe year-round. Take a moment to review this guide and learn more.

As we look forward to our great work together in the year ahead — exercising the “Power of AND” while transforming our industry — know we're committed to providing comprehensive and competitive benefit options that flex and adapt to your and your family's changing needs.

Thank you for everything you do at ONEOK.



Pierce Norton
President and Chief
Executive Officer

Eligibility

It's time for you to make elections for you and your family!

For benefits or plans that provide family coverage, your eligible dependents include your spouse, domestic partner, child(ren) up to age 26, child(ren) covered by a Qualified Medical Child Support Order (QMSCO), legal ward up to age 19 (or 24, if a full-time student) and incapacitated persons.

Required Dependent Documentation

For initial enrollment of dependents, the below documentation will be required no later than April 1, 2024.

- **Marriage:** Marriage certificate.
- **Divorce, legal separation or annulment:** Divorce decree or decree stating the separation.
- **Loss of other coverage:** Letter from other coverage stating when you lost coverage within the last 30 days.
- **Birth or adoption of a child:** Birth certificate, Social Security card or adoption paperwork.
- **Domestic partnership (DP):** Declaration of DP, Affidavit of DP and two proofs of financial interdependency.

Please refer to **pages 33–34** for the definitions of dependents and necessary verification documents.



Important!

All dependent documentation will be required by April 1, 2024.



Need help deciding which health plan is best for you in 2024?

Available Now!

Connect with PERKY, your new benefits decision tool, for a customized step-by-step look at your health, wealth and voluntary benefit options.

Answer a few questions to get personalized guidance for your health, dental and vision benefits and paycheck-maximizing opportunities like Health Care Flexible Spending Account (HCFSAs) and Health Savings Account (HSA) contribution visualizations.

Look for an email from PERKY to get started.

How to Enroll Through Workday

This is your once-a-year opportunity to review your benefits and ensure they meet your and your family's needs.

Making changes (outside of Open Enrollment)

You can only make changes if you experience a qualifying life event (e.g., a life change like getting married or welcoming a child) by reporting the event and electing your benefits within **30 days** of the event. For birth, adoption or placement for adoption, you have **90 days** to report the event and elect your benefits. Submit a benefit change in Workday.



Download the Workday mobile app using the QR code (Organization ID: oneok).

OR, go to myworkday.com/oneok/login.html on your ONEOK device. If you're connected to the network, you'll be logged in automatically. Otherwise, enter your ONEOK network credentials using OKE##### as the username and your network password.

4 Click through each benefit to review whether any changes need to be made.

NOTE: If you want FSA or HSA funds in 2024, you must elect and enroll in that benefit for the coming year.

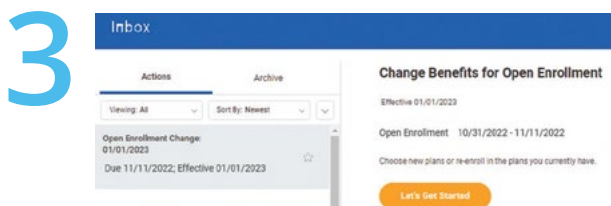
5   Click "Review and Sign" once you have made changes to your elections for 2024.



Open your Workday inbox starting on December 4.



Check the box "I Accept" if you are satisfied with your elections. Click "Submit." Print or save your confirmation statement for your records.



Click on the inbox item for Open Enrollment changes and select "Let's Get Started!"



Tip!

Have these items ready for a quicker, smoother enrollment to get you on your way:

- Dependent's date of birth.
- Dependent's Social Security number.
- Dependent's documentation, if available.
- Beneficiary addresses.



What happens if I don't make an election?

If you don't actively make an election, you'll be automatically enrolled in Preferred Provider Organization (PPO) Employee Only coverage and opted out of dental, vision and life insurance plans. You won't be allowed to make a change midyear unless you have a qualifying life event.

Health Plans That Take You There

Take a closer look at your medical plan options through UnitedHealthcare (UHC).

Choosing the right medical plan is important for you and your family. That’s why ONEOK offers you two options with the same covered services and network: **Preferred Provider Organization (PPO) Plan** or the **High Deductible Health Plan (HDHP)**.



When will I get my ID card?

ID cards will be mailed to the home address in Workday the last week in December. Electronic ID cards will be available on January 1, 2024. If you need to access services prior to receiving your ID card, you have two options: Download the Medefy app (see **page 19** for details) or download the UnitedHealthcare app.

Will my prescription drugs be covered?

ONEOK will honor existing prescriptions through March 31, 2024. If your current prescription is excluded on the ONEOK Health Plan, you'll receive communication from OptumRX in early 2024 with alternative drug options and further instructions.

What you pay

(Per Pay Period)

Deductions taken out of 24 pay periods.

	PPO	HDHP
	<ul style="list-style-type: none">• Per person deductible and out-of-pocket maximum.• Set copays for doctor office visits and prescriptions.• Free access to CareATC clinics.	<ul style="list-style-type: none">• Family deductible and out-of-pocket maximum.• No copays. Coverage subject to deductible and coinsurance.• Access to CareATC clinics for only \$50.
You Only	\$142.50	\$126.00
You+Spouse/Domestic Partner	\$353.00	\$316.00
You+Child(ren)/Domestic Partner Child(ren)	\$289.50	\$261.00
You+Family	\$526.00	\$443.00
Monthly Premiums	Higher	Lower
Deductibles and Out-of-Pocket Maximums	Lower	Higher

See **page 11** for HDHP eligibility requirements. Other restrictions and exceptions apply. Consult a tax, legal or financial advisor to discuss your personal circumstances.



Travel and lodging benefit

As a ONEOK Health Plan member, you have an allowance of \$2,000 per year for travel and lodging related to approved covered health services when you travel more than 100 miles from your home address, as reflected in our records. This is for incurred reasonable travel and lodging expenses only and is independent of any existing medical coverage available. You must pay for travel and lodging out of pocket and then submit receipts for reimbursement.

Coverage is for transportation by plane (economy ticket), train, bus, ferry, taxi, Uber/Lyft, fuel and tolls/parking. Lodging expenses are further limited to \$50 per night or \$100 per night when a travel companion is medically necessary. Meals, medical supplies, non-covered services, emergency room and urgent care visits are not eligible for reimbursement.

Reimbursement forms are available at myuhc.com > **Claims & Accounts** > **Submit a Claim** > **Travel and Lodging** or call the telephone number on your ID card.



Gap exception

When a network specialist isn't available within a 30-mile radius of your home ZIP code, you can see a non-network specialist (paid at the network level). UnitedHealthcare must approve any benefits payable under this exception before you receive care.



Out of area

If you live in an area with limited access to in-network medical or dental providers and have been classified as "out of area," you're eligible to enroll in the ONEOK Health Plan or the ONEOK Dental Plan and receive in-network benefits, regardless of the provider you choose.

However, if you choose an out-of-network provider who charges more than the reasonable and customary rate, as determined by UnitedHealthcare or Delta Dental, you may be responsible for the additional charges, plus your share of eligible expenses. Being classified as out of area for the ONEOK Health Plan doesn't automatically classify you as out of area for the ONEOK Dental Plan or vice versa.



Is my doctor in the UHC network?

To find a listing of network providers, go to myuhc.com. ONEOK utilizes the Choice Plus Network. Or download the Medefy app and message the name of your physician to a Care Guide who will check the network for you.

My specialist is not in network and I'm currently going through treatment. Will my claims be out of network?

Certain medical treatments may qualify for a Transition of Care (TOC) with UnitedHealthcare. Access the TOC form on **ONEOK Online** for additional details. Requests for TOC must be submitted by February 1, 2024, to be considered.

Your Health Coverage

For comparison purposes only
(Magellan PPO Plan not available)

	PPO		HDHP		Magellan PPO Plan
	In Network	Out of Network ²	In Network	Out of Network ²	In Network Only

Calendar Year Deductible

Per Person	\$500 ³	\$1,500 ³	N/A		\$500
You+Spouse/Domestic Partner or You+Child(ren)	\$1,000 ³	\$3,000 ³	N/A		\$1,000
You+Family	\$1,500 ³	\$4,500 ³	N/A		\$1,000
Single Coverage	N/A		\$1,600 ³	\$3,300 ³	N/A
Family Coverage	N/A		\$3,200 ^{3,5}	\$6,600 ^{3,5}	N/A

ONEOK Contribution to HSA

	N/A	\$500 Single Coverage \$1,000 Family Coverage		N/A
--	-----	--	--	-----

Member Coinsurance

	20%	40%	15%	40%	20%
--	-----	-----	-----	-----	-----

1 Does not apply to annual deductible or out-of-pocket maximum.
2 If provider is not contracted with UnitedHealthcare (UHC), the patient is responsible for the amounts in excess of eligible expenses, which will not apply to the annual deductible or out-of-pocket maximum.
3 Applies to out-of-pocket maximum.
4 100% coverage is based on age and health condition with respect to health care reform guidelines.

For comparison purposes only
(Magellan PPO Plan not available)

	PPO		HDHP		Magellan PPO Plan
	In Network	Out of Network ²	In Network	Out of Network ²	In Network Only

Out-of-Pocket Maximum

Per Person	\$2,750	\$6,000 ²	N/A		\$3,500
You+Spouse/Domestic Partner or You+Child(ren)	\$5,500	\$12,000 ²	N/A		\$7,000
You+Family	\$8,250	\$18,000 ²	N/A		\$7,000
Single Coverage	N/A		\$4,000	\$9,000 ²	N/A
Family Coverage	N/A		\$8,000 ⁶	\$18,000 ^{2,6}	N/A

Preventive Care (Nondiagnostic)

Immunizations/Well-Child Care, Routine Physical, Prostate Cancer Screening, Mammogram Screening, Colonoscopy/Cologuard, Annual Wellness Exams	Plan Pays 100% ^{1,4}	Not Covered	Plan Pays 100% ^{1,4}	Not Covered	Plan Pays 100% ^{1,4}
---	-------------------------------	-------------	-------------------------------	-------------	-------------------------------

⁵ The entire family deductible must be met before coinsurance will be applied, regardless of how many individuals are covered.

⁶ The entire family out-of-pocket maximum must be met before the out-of-pocket maximum has been satisfied, even if only one family member is using the plan, provided, however, that the out-of-pocket maximum for any individual shall not exceed the limit established by the IRS for the year under applicable health care reform guidelines.

Your Health Coverage

(Cont.)

For comparison purposes only
(Magellan PPO Plan not available)

	PPO		HDHP		Magellan PPO Plan
	In Network	Out of Network ³	In Network	Out of Network ³	In Network Only
Common Services					
CareATC Health Clinic	Plan Pays 100% ⁹	Not Covered	\$50 ⁶	Not Covered	N/A
Virtual Visit	\$5 Copay ^{6,9}	Not Covered	15% ^{2,6}	Not Covered	\$20
Primary Care Office Visit	\$30 Copay ^{6,8,9}	40% ^{2,6}	15% ^{2,6}	40% ^{2,6}	\$20
Specialist Office Visit	\$50 Copay ^{6,9}	40% ^{2,6}	15% ^{2,6}	40% ^{2,6}	\$40
Urgent Care Visit	\$65 Copay ^{6,9}	40% ^{2,6}	15% ^{2,6}	40% ^{2,6}	\$20
Diagnostic X-Ray/Lab	20% ^{2,6}	40% ^{2,6}	15% ^{2,6}	40% ^{2,6}	Deductible and Coinsurance
Emergency Room	\$300 Copay ⁹ , Waived if Admitted, Deductible + 20% ⁶		15% ^{2,6}		Deductible and Coinsurance
Inpatient Hospital	20% ^{2,4,5,6}	40% ^{2,4,5,6}	15% ^{2,4,5,6}	40% ^{2,4,5,6}	Deductible and Coinsurance
Bariatric Surgery	20% ^{2,6}	Not Covered	15% ^{2,6}	Not Covered	Deductible and Coinsurance
All Other Covered Services	20% ^{2,6}	40% ^{2,6}	15% ^{2,6}	40% ^{2,6}	Deductible and Coinsurance
Travel and Lodging Benefit Allowance	Reimbursement up to \$2,000 max ²		Reimbursement up to \$2,000 max ²		Not Covered

1 Does not apply to annual deductible or out-of-pocket maximum.

2 After annual deductible.

3 If provider is not contracted with UnitedHealthcare (UHC), the patient is responsible for the amounts in excess of eligible expenses, which will not apply to the annual deductible or out-of-pocket maximum.

4 Requires preauthorization — in network; provider responsibility; out-of-network: patient responsibility. \$300 reduction in benefits for failure to precertify.

5 Precertification required within 48 hours of admission.

6 Applies to out-of-pocket maximum.

7 100% coverage is based on age and health condition with respect to health care reform guidelines.

8 Family practitioner, general practitioner, internal medicine, pediatrician and mental health office visits.

9 Does not apply to annual deductible.

10 Requires the newborn be added to the health plan for coverage.

For comparison purposes only
(Magellan PPO Plan not available)

	PPO		HDHP		Magellan PPO Plan
	In Network	Out of Network ³	In Network	Out of Network ³	In Network Only
Maternity Services — You, Spouse/Domestic Partner					
Routine Preventive Prenatal Care	Plan Pays 100% ^{1,7}	Not Covered	Plan Pays 100% ^{1,7}	Not Covered	100%
Other Prenatal Care	20% ^{2,4,5,6}	40% ^{2,4,5,6}	15% ^{2,4,5,6}	40% ^{2,4,5,6}	Deductible and Coinsurance
Fertility	Benefits only available through Progyny		Benefits only available through Progyny		N/A
Delivery	20% ^{2,4,5,6,10}	40% ^{2,4,5,6,10}	15% ^{2,4,5,6,10}	40% ^{2,4,5,6,10}	Deductible and Coinsurance 30-day newborn coverage
Newborn Charges	No Automatic Coverage – Enrollment Required		No Automatic Coverage – Enrollment Required		Deductible and Coinsurance 30-day automatic enrollment

Maternity Services — Childbearing Dependent(s)

Routine Preventive Prenatal Care	Plan Pays 100% ^{1,7}	Not Covered	Plan Pays 100% ^{1,7}	Not Covered	100%
Other Prenatal Care	20% ^{2,4,5,6}	40% ^{2,4,5,6}	15% ^{2,4,5,6}	40% ^{2,4,5,6}	Deductible and Coinsurance
Delivery	20% ^{2,4,5,6}	40% ^{2,4,5,6}	15% ^{2,4,5,6}	40% ^{2,4,5,6}	Deductible and Coinsurance
Newborn Charges	Not Covered		Not Covered		Covered while mother in hospital

Prescription Drugs

Select Preventive Drugs	Plan Pays 100% ¹	Plan Pays 100% ¹	N/A
Tier 1 Drugs	The Lesser of the Cost of the Drug or \$7.50 ^{6,9}	15% ^{2,6}	\$15
Tier 2 Drugs	The Greater of 30% or \$25.00 ^{6,9}	15% ^{2,6}	\$40
Tier 3 Drugs	The Greater of 40% or \$50.00 ^{6,9}	15% ^{2,6}	\$65
Tier 4 Drugs	Specialty Typically Covered as a Tier 3 Drug	Specialty Typically Covered as a Tier 3 Drug	\$85
Mail Order	3x Retail for 90-day supply	3x Retail for 90-day supply	2x Retail for 90-day supply

Dental



Keeping a healthy smile is easy when you have a choice of two networks. Here's a high-level look at what you'll get through Delta Dental.



Cigna has paid \$1,500 toward my orthodontia, will Delta Dental pay another \$2,000?

Yes, as long as you're in active treatment with an active payment plan, Delta Dental will pay according to the ONEOK schedule of benefits.

What you pay

	Per Pay Period
You Only	\$12.00
You+Spouse/Domestic Partner	\$26.00
You+Child(ren)	\$23.50
Family	\$37.50

PPO

Choose a dentist in the PPO network for the greatest benefit.

Premier

Choose a dentist in the Premier network for network savings. Your out-of-pocket costs will be higher than with a PPO dentist.

Out of Network

Out-of-network dentists are reimbursed based on Delta Dental's maximum allowable fee schedule. Any difference between the dentist charges and the schedule may be billed to you.

Your dental coverage

	PPO	Premier	Out of Network
Deductible	\$50 per person or \$150 per family		
Preventive Care and Diagnostic Care (Exams, X-Rays, Cleanings — Deductible Waived for Preventive Care)	Paid at 100%	Paid at 90%	Paid at 90%
Basic Care (Fillings, Extractions, Root Canals)	Paid at 80%	Paid at 70%	Paid at 70%
Major Care (Crowns, Bridges, Dentures)	Paid at 50%	Paid at 40%	Paid at 40%
Annual Maximum Benefit	\$2,000 per person per calendar year. Oral evaluations and routine cleanings don't reduce the annual maximum benefit.		
Orthodontia (Adult and Children)	Paid at 50%	Paid at 40%	Paid at 40%
Orthodontia (Lifetime Maximum)	\$2,000 per person		
Occlusal Guard Coverage	Paid at 80%	Paid at 70%	Paid at 70%

Vision



Focus on your eye health with vision coverage from MetLife. Here's a look at what eye care gets you.

What you pay	Per Pay Period
You Only	\$6.25
You+Spouse/Domestic Partner	\$10.00
You+Child(ren)	\$10.19
Family	\$16.44

Your vision coverage	In Network	Out of Network
Vision Examination (One Exam per Participant per Calendar Year)	\$15 copay	Reimbursed up to \$45
Standard Corrective Lenses, Single, Lined Bifocal, Lined Trifocal, Lenticular (Once per Calendar Year)	Covered in full	Reimbursed \$30 to \$100
Frames (Once per Calendar Year)	100% up to \$150 , then 20% savings	Reimbursed up to \$70
Contact Lenses instead of Eyeglass Lenses (Once per Calendar Year)	Contact fitting and evaluation: \$60 copay Elective lenses: \$130 allowance	Reimbursed up to \$105

Save Along the Way



HSA Health Savings Account

Trim your tax bill with the HSA, a tax-advantaged account that helps you save on eligible health care expenses now or keep the money into retirement. The money is yours until you spend it — even deposits made by others, such as ONEOK or a family member. You keep it, even if you change health plans or jobs or retire.

How to qualify

- Be enrolled in ONEOK's High Deductible Health Plan (HDHP).
- Not be claimed as a dependent on someone else's tax return.
- Not have any other non-HDHP coverage (e.g., coverage through your spouse's employer).
- Not contribute to or receive reimbursement from a regular Health Care Flexible Spending Account (HCFSAs). Applies to spouses as well.
- Special rules apply if you or your dependent(s) are 65 and/or are eligible for Medicare, veteran's benefits or TRICARE. Talk to a tax, legal or financial advisor for your personal situation.
- HSA dollars cannot be used for domestic partner expenses unless they are your qualified tax dependent.

If you have funds remaining in your 2023 HCFSAs, you won't be able to contribute to the HSA or receive the 2024 ONEOK contribution until 2023 HCFSAs funds have been exhausted.

Qualified medical expenses

- Dental care, including extractions, crowns and braces.
- Vision care, including contact lenses, prescription sunglasses and LASIK surgery.
- Prescription medications.
- Certain over-the-counter drugs and medications.
- Chiropractic services.
- Acupuncture.

No use it or lose it!

Once your account reaches \$2,000, you may invest in mutual funds through Optum Bank. Savings grow tax-free.

What you pay

2024 HSA Maximums

Individual

\$4,150

Your Maximum Contribution
ONEOK Contribution

\$3,650
\$500

Family

\$8,300

Your Maximum Contribution
ONEOK Contribution

\$7,300
\$1,000

Catch-Up

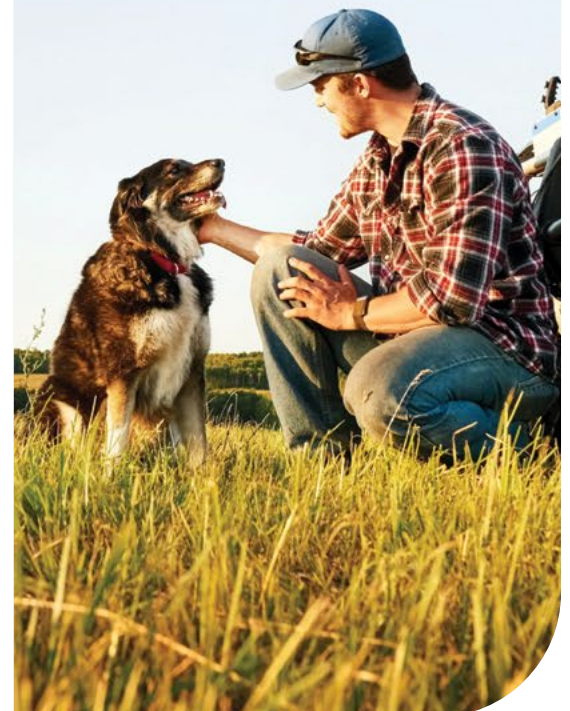
If you're age 55 as of December 31, 2024, you're eligible to participate in the catch-up contribution.

\$1,000

How it works

Elections are deducted pretax over 24 pay periods. Your contributions to the HSA aren't preloaded. Money will be added to your Optum bank account after each paycheck.

- You'll receive a health savings Mastercard in the mail. If you currently have a card, use it until it expires.
- Use your health savings Mastercard for qualified medical expenses.
- Any unused funds will carry over for future use.
- Change your contribution anytime throughout the year.





HCFSA

Health Care Flexible Spending Account

Get reimbursed for certain health, dental and vision expenses with your pretax dollars. The full amount of your election will be available to you on January 1, 2024.

Use your health care spending card at doctors' offices, pharmacies and stores that accept FSA cards for qualified medical expenses.

To use your HCFSA, the health care item or service must be eligible. IRS guidelines determine which expenses are eligible and qualify for reimbursement. Typically, an eligible expense must be a service or product that is purchased to help treat a medical condition or prevent a disease. Refer to IRS Publication 502 for guidance on eligible expenses.

Please note: If your spouse contributes to a Health Savings Account (HSA) with their employer, you're not eligible to participate in an HCFSA, per IRS rules.

LPFSA

Limited Purpose Flexible Spending Account

Allows you to set aside money, before taxes, for vision and dental expenses. The money is available to use starting on January 1, 2024.

If you or your spouse have an HSA, the IRS says you can have an FSA, but it can only be an LPFSA, limited to qualified vision and dental expenses until you reach the minimum HDHP deductible. Once the minimum HDHP deductible is met, the LPFSA can be used for medical, prescription and over-the-counter expenses.

Use your health care spending card at the office of your dentist, orthodontist, ophthalmologist and stores that accept FSA cards for qualified dental and vision care.

How they work

- Choose an amount to elect for 2024. Make your election in Workday during Open Enrollment.
- Elections will be deducted pretax over 24 pay periods.
- You'll receive a health care spending Mastercard in the mail with preloaded funds that are available January 1, 2024.
- Make a new election each year.

For HCFSA: Spend your funds by March 15, 2025. Any unused funds will be forfeited.

For LPFSA: Spend your funds by December 31, 2024. Any unused funds will be forfeited.

What you pay

2024 HCFSA and LPFSA Maximums

2024 HCFSA and LPFSA Maximums	
Your Minimum	\$120
Your Maximum	\$3,050



How is the FSA different at ONEOK?

Magellan's plan has what is known as the "carry over," which allows you to carry over up to \$610 from the previous year to the new year. The ONEOK plan has what is known as "grace period," which means that you have access to your full 2024 balance but only for the first 2 1/2 months of the next plan year.

What if I have remaining funds in my 2023 FSA?

Up to \$610 will be carried over to 2024. You should continue to submit claims or use your PayFlex card until you exhaust your balance. You have until March 31, 2025, to submit claims for charges incurred to December 31, 2024. Please note: If your spouse contributes to a HSA at their employer, you're not eligible to participate in an HCFSA, per IRS rules. Also, you shouldn't submit the same claim to both PayFlex and Optum.

DCFSA Dependent Care Flexible Spending Account

Use your pretax dollars to care for others, like paying for day care expenses for children ages 12 and under or for adults in your life who are unable to care for themselves. Care includes live-in care, babysitters or licensed day care centers.

What you pay

2024 DCFSA Maximums

Your Minimum	\$120
Your Maximum	\$5,000
Your Maximum If You're Filing Separate Tax Return From Those Who Also Contribute To DCFSA	\$2,500

How it works

- Choose an amount to elect for 2024. Make your election in Workday during Open Enrollment.
- Elections will be deducted pretax over 24 pay periods.
- Use a dependent care service.
- Pay expenses out of pocket and obtain a copy of the receipt for reimbursement.
- Complete the claim form or file an electronic claim at myuhc.com.
- UnitedHealthcare will mail you a check or deposit your reimbursement into your bank account up to the amount available in your account. DCFSA accounts are not prefunded.

Important dates

- Your HCFSA and DCFSA dollars may be used on expenses incurred between January 1, 2024, and March 15, 2025.
- Claims must be filed by March 31, 2025. Use it or lose it!
- LPFSA dollars may be used between January 1, 2024, and December 31, 2024. There is no grace period for this account.

Spending and savings accounts don't roll over

Your FSA elections from 2023 won't carry over. You must make new elections each year.



Compare Your Options

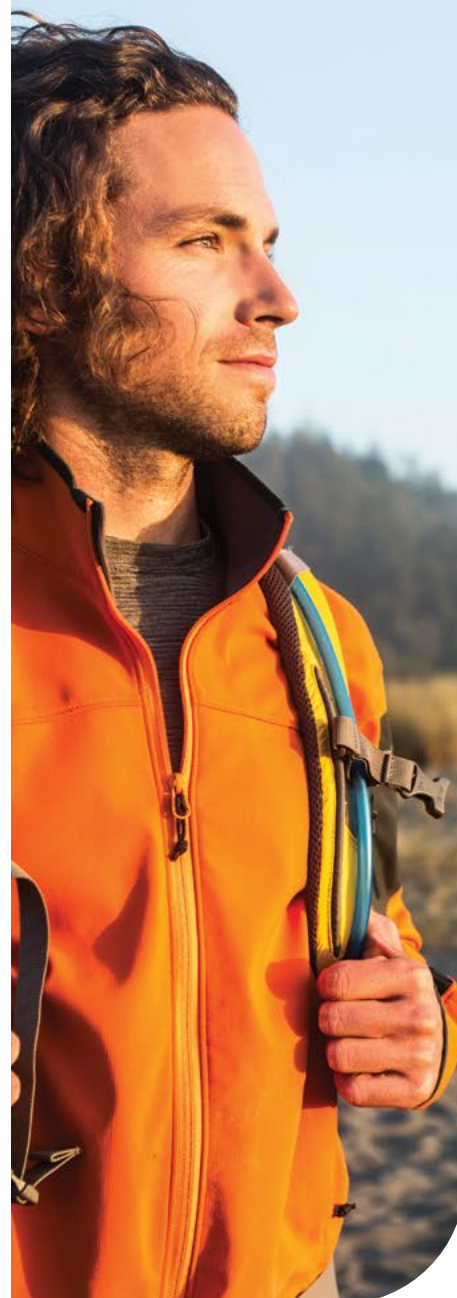
	Health Savings Account (HSA)	Limited Purpose FSA (LPFSA)
Use it to pay	Eligible health care expenses (medical, dental, vision)	Eligible dental and vision expenses only; medical eligible after HDHP deductible met
Medical plan it pairs with	HDHP	HDHP or PPO
Who contributes	You and ONEOK	You
When is account funded	After each paycheck	January 1
Account comes with debit card	Yes	Yes
2024 annual contribution	Single coverage max: \$4,150 Family coverage max: \$8,300 One-time contribution: ONEOK single \$500 ONEOK family \$1,000	\$3,050
Balance rollover	Yes	No
Use-it-or-lose-it account	No	Yes
Must reelect every Open Enrollment	Yes	Yes
Catch-up contributions allowed for age 59½ or older	Yes	No
Eligibility requirements	Must have elected HDHP	None
Tax treatment	Tax-free	Tax-free
Invest money in the account	Yes, once account reaches \$2,000	No
How to submit for reimbursement	Online claim form or use debit card	Online claim form or use debit card
Account portable after termination	Yes	Yes

See how you can save money on your health and dependent care expenses by setting aside a portion of your income before taxes are taken out.

Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)
Eligible health care expenses (medical, dental, vision)	Child care or adult day care expenses only
PPO	HDHP or PPO
You	You
January 1	After each paycheck
Yes	No
\$3,050	\$5,000
2 1/2 month grace period	2 1/2 month grace period
Yes	Yes
Yes	Yes
No	No
Cannot be enrolled in HDHP	None
Tax-free	Tax-free
No	No
Online claim form or use debit card	Online claim form
Yes	No

Flexible spending accounts don't roll over.

FSA elections must be made each year.



Life and AD&D

Protect your income and the ones you love. Life and Accidental Death & Dismemberment (AD&D) insurance are provided through Securian. Enrollment is automatic for ONEOK-provided coverage.

Important!

Take advantage of the guaranteed issue. If you waive coverage now and wish to enroll at a later date, the full amount will be subject to approval by Securian.

	Benefit Amount	Enrollment	Monthly Premium
Basic Life	\$50,000	You're automatically enrolled	Paid by ONEOK
Basic AD&D	\$50,000	You're automatically enrolled	Paid by ONEOK
Supplemental Life Insurance	\$50,000	Guaranteed issue for new hires up to \$50,000 ¹	Varies by age
Supplemental AD&D Single or Family Coverage	\$50,000	\$50,000	Varies by age
Spouse/Domestic Partner Life Insurance	\$25,000	Guaranteed issue for new hires up to \$25,000 ¹	Varies by age
Child Life Insurance	\$10,000 or \$25,000	Guaranteed issue	Varies by coverage

Reminder!

Assign beneficiaries. Confirm that every life insurance election has a beneficiary assigned to it. Don't forget to update your beneficiaries through the year if you have a major life change or qualifying life event (e.g., marriage, divorce).



I have more than \$500,000 currently. Do I have to go through underwriting again?

Yes, all amounts over the guaranteed issue amounts listed above require underwriting.

Can I keep my current coverage with New York Life?

You may convert up to \$10,000 of your current policy with New York Life.

¹ Any amounts applied for over the guaranteed issue amount require a completed statement of health and approval from Securian.

Retirement

Magellan Pension Plan

If you're a legacy Magellan employee who's eligible* for The Magellan Pension Plans or The Magellan Pension Plans for USW employees, you'll remain eligible to earn benefits as of January 1, 2024.

ONEOK realizes that retirement savings plans are important and valuable component of your retirement program, so key features like vesting, contributions and calculations within the programs will continue as of January 1, 2024.

When you're ready to receive your pension benefits, we recommend that you initiate a Certified Benefit Calculation to obtain Benefit Payment Option Election documents. Your request should be initiated approximately 90 days prior to your chosen benefit payment date. You may submit your request for this calculation either by calling the Milliman Benefits Service Center at **866-669-9877** or by logging on to millimanbenefits.com.

* Non-union employees hired on or after September 25, 2023, and USW Union employees hired on or after January 1, 2024, aren't eligible to participate or accrue benefits in these pension plans. New hires and employees who change from a USW position to a non-USW position or vice versa will be eligible for profit sharing contributions in the ONEOK, Inc. 401(k) Plan.



Employee Stock Purchase Plan (ESPP)

The ESPP allows you to acquire shares of ONEOK, Inc. common stock at a discounted price through payroll deductions.

It's a convenient way to:

- Increase your ownership of company stock on a regular basis.
- Purchase company stock at a 15% discount.
- Reinvest dividends to purchase additional shares.
- Help save for your retirement and other financial goals.

Enrollment Periods

If you're eligible, you may enroll or make changes to your elections in the ESPP two times per year — called offering periods. Enrollment for the offering periods takes place in December and June.

An offering period is a six-month period from January through June or July through December, during which your payroll contributions will accumulate for the purpose of purchasing company stock at the end of each period. Once you are enrolled, your election carries over to future offering periods unless you opt out of or select a different percentage.

How does the ESPP work?

During the ESPP enrollment period, you can elect to participate in the upcoming ESPP offering period by setting aside contributions through payroll deductions. You can contribute 1–10% of your base pay per pay period (up to \$25,000 per calendar year). Due to IRS regulations, some participants may be further limited. Enrollment should be completed through E-Trade December 18–31, 2023.

The percentage you elect will be withheld from each pay period on an after-tax basis. After the offering period closes, a stock purchase will be made. E-Trade will hold these shares in an individual account established for you.

Benefits Everywhere You Are

ONEOK supports you every step of the way.



Making Well-Being a Priority

Get support and resources for wherever you are in your physical, mental and financial journey.



Medefy benefit care guide

Health care guidance in less than 60 seconds using the Medefy Benefits app.

Navigate your health care benefits with concierge service to:

- Get connected with low-cost, high-quality health care.
- Find in-network providers near you.
- Ask questions about your health, dental and vision benefits and your medical bills.
- Find dentists, eye doctors and pharmacies near you.
- See your deductible and out-of-pocket amounts.
- Access digital insurance cards and much more.

Medefy is available at no cost to you, your spouse/domestic partner and children (ages 18 and up) if you're enrolled in the ONEOK Health, Dental or Vision Plan.



PERKY benefits-decision support

Get in the know about which benefits to elect with PERKY, a customized step-by-step tool that empowers you through decision support.

Answer just a few questions to access personalized guidance on your health, dental and vision benefits, money-saving, paycheck-maximizing opportunities and get HCFA and HSA contribution visualizations.

PERKY is available at no cost to you. You don't have to be enrolled in the ONEOK Health Plan to get access. Look for an email from PERKY to get started.



Lyra Employee Assistance Program (EAP)

Lyra is for everyone and provides:

- **Care for Every Need**
Lyra offers support for feeling overwhelmed, stuck, having relationship issues and other complex concerns — like stress, anxiety and depression.
- **High-Quality Providers and Personalized Care**
Your care is personalized to your needs and preferences. Our providers have been vetted for their expertise and effectiveness.
- **Meaningful Coverage for Your and Your Family**
There's no cost to you, your spouse/domestic partner and children ages 2–26, for up to six sessions per year with a Lyra therapist or coach.
- **Easy to Get Started**
Sign up online, receive personalized recommendations, book real-time appointments and find 24/7 support from our care team.

You don't have to be enrolled in the ONEOK Health Plan to access the six free visits. Your cost share applies starting with your seventh visit.

Work-Life services are available too:

Legal Services

Free consultation with an attorney and help with legal forms.

Work-Life Services

Support for challenging times.

Financial Services

Free consultation with a tax professional including support for filing taxes.

Identity Theft Services

Free 60-minute consultation with a fraud resolution specialist and ID emergency response kit.

Dependent Care Services

24/7 access to phone or online consultations and referrals for child, elder and pet care.



Get started with Lyra. It only takes five minutes.

1. Complete a quick clinical assessment.
2. Lyra will match you with recommended care providers.
3. Choose your own provider and schedule an appointment online or via email.



Livongo for diabetes and hypertension

Livongo for Diabetes combines the latest technology with coaching to better monitor and regulate your blood sugar levels.

Key Program Benefits

- Livongo meter with real-time tips and readings.
- Unlimited testing strips and lancets shipped at no cost.
- One-on-one coaching via phone, email, text or mobile app.
- Support network with notifications to alert loved ones.

Livongo for Diabetes is available at no cost to you, your spouse/domestic partner and children ages 13–26 if enrolled in the ONEOK Health Plan.



Livongo for Hypertension helps you better understand and manage your blood pressure.

Readings are compiled in a personalized blood pressure report you may discuss with a coach or share with a doctor.

Key Program Benefits

- One-on-one coaching via phone, email, text or mobile app.
- Livongo blood pressure cuff to track readings.
- Daily blood pressure reminders.
- Support network with readings to alert loved ones.

Livongo for Hypertension is available at no cost to you, your spouse/domestic partner and children ages 18–26 if enrolled in the ONEOK Health Plan.





Active Release Techniques (ART) for soft tissue management

Treat aches, pains and other discomforts without meds or surgery with ART, a hands-on patented technique that targets and breaks up scar tissue to correct muscle function and free nerve entrapments in muscles.

Services available in select locations:

- **Medford, Oklahoma:** 8 a.m. to noon Tuesdays.
- **ONEOK Plaza:** 8 a.m. to noon, 12:30 to 4:30 p.m. Tuesdays and Thursdays.
- **Mont Belvieu, Texas:** 10 a.m. to 2 p.m. Thursdays.

ART is available at no cost to you if you're enrolled in the ONEOK Health Plan. Email benefits@oneok.com for questions, availability and initial scheduling needs.

What may be treated:

- Foot, joint or back pain.
- Sprains and strains.
- Numbness or tingling.
- Carpal tunnel syndrome.
- Repetitive stress.
- Lock jaw or temporomandibular joint (TMJ) syndrome.
- Migraines.

Hinge Health for pain management

Conquer back and joint pain without drugs or surgery from the comfort of your own home with Hinge Health.

Recover from a past injury or reduce stiffness with a personal coach and physical therapist who helps you navigate exercise therapy with wearable sensors to improve strength and mobility.

Key Program Benefits

- App-guided, personalized exercise therapy to improve strength and mobility in short, 15-minute sessions.
- Wearable sensors to give live feedback in the Hinge Health app.
- Personal care team to provide virtual care, motivation and support.
- Interactive education on how to manage specific conditions and explore treatment options.

Hinge Health is available at no cost to you, your spouse/domestic partner and children ages 18–26 if enrolled in the ONEOK Health Plan.



Omada for weight management, diabetes and heart disease prevention

Omada is a digital lifestyle change program that provides the support and tools you need to live a happier, healthier life — one habit at a time. By combining real human support and the latest technology, Omada helps improve overall health.

Access this easy-to-follow, 52-week program to take control of your health and lose weight with:

- A professional health coach for support to help you manage food, activity, sleep and stress.
- A digital scale for precise measurements.
- Online community with your peers for ongoing motivation.
- Weekly interactive lessons to get you moving more and eating better.

Omada is available at no cost to you, your spouse/domestic partner and children ages 18–26 if enrolled in the ONEOK Health Plan.



Quit For Life for tobacco cessation

Manage cravings and kick the habit for good with Quit For Life, a customized quit plan with 24/7 personal support and strategic tools.

Key Program Benefits

- Coach support: Connect with a coach who will help create a personalized quit plan and guide you at every step.
- Access anytime, anywhere: Manage triggers with coach-led group sessions, trackers and text support all at your fingertips.
- Nicotine replacement therapy: Overcome cravings with gum or patches at no additional cost.*
- Long-term success: Overcome cravings for good with ongoing coach support beyond your quit.

Quit For Life is available at no cost to you, your spouse/domestic partner and children age 18 and older. You don't have to be enrolled in the ONEOK Health Plan to be eligible.

How it works

1. Join Quit For Life over the phone or online (code: ONEOK).
2. Talk or text with a Quit Coach to help create a plan tailored to your lifestyle.
3. Take advantage of complimentary quit aids such as nicotine patches or nicotine gum.*

* Benefits are subject to change. Call for information about the program and available aids.

Teladoc Medical Experts for second opinions

Have peace of mind from leading physicians with Teladoc Medical Experts, a service that provides you with a second opinion and guidance for all injuries and illnesses, big or small, chronic or acute.

When you might use this service

- Help your parent fully understand treatment options the doctor recommended.
- Have your spouse's/domestic partner's case and medical records reviewed by experts who specialize in their condition.
- Determine if there are other innovative, alternative diagnoses or options to consider.
- Have an objective doctor advocating for you and your family members in doctor-to-doctor conversations with the treating physician.

Teladoc is available at no cost to you if you're enrolled in the ONEOK Health Plan. Your spouse/domestic partner, children up to age 26 and parents/parents-in-law don't have to be enrolled in the ONEOK Health Plan to be eligible.

How it works

- Reach out to Teladoc to open a case and sign a release form.
- A Teladoc physician gathers your medical records and notes from the treating physician's office.
- Experts review the case and medical records. Get a full report of the information and recommendations from the expert. They discuss additional questions and options.

Bright Horizons for child and elder caregiving

Enhanced Family Support

- Waitlist preference at select Bright Horizons child care centers.
- Waived membership fee to Sittercity's premium database of sitters.
- Tutoring discounts with Sylvan Learning, Varsity Tutors and Revolution Prep.
- Enrichment programs through Brooklyn Robot Foundry, Code Ninjas and MarcoPolo — all with cost-saving discounts.
- More benefits, like pet care and housekeeping.

Elder Care

- Online assessment tool to identify the right care for your family.
- Get help understanding home care options.
- Find and evaluate care providers from detailed local profiles and reviews of senior care providers.
- Monitor the experience with provided tools after you've made your care decision.

Bright Horizons is available at no cost to you. You don't have to be enrolled in the ONEOK Health Plan to be eligible.

SmartPath for financial well-being

Take control of your finances and boost your financial confidence.

Learn steps toward financial progress through unlimited one-on-one coaching with SmartPath, a financial wellness benefit to help reduce your stress.

SmartPath is available at no cost to you and your family. You don't have to be enrolled in the ONEOK Health Plan to be eligible. You must use your **oke#####@oneok.com** email to access.

Key Program Benefits

- One-on-one coaching.
- Guides for key financial needs (e.g., home ownership, student loans, debt, retirement) with recommendations for existing company benefits to support your needs.
- More than 350 videos, blog posts and articles across an array of financial topics.
- Weekly webinars to keep you updated on the latest financial knowledge.



Growing Your Family

Access expert care and support no matter what stage of parenthood you're in.

Progyny fertility

No matter your path to parenthood, Progyny brings you a smarter approach with better care, more successful outcomes and more available options. Specialists work with the ONEOK Health Plan to create a custom treatment plan for you based on clinical criteria, not cost.

This means you don't run out of coverage mid-treatment. You also get personalized support with a dedicated patient care advocate and access to a premier network of U.S. fertility specialists.

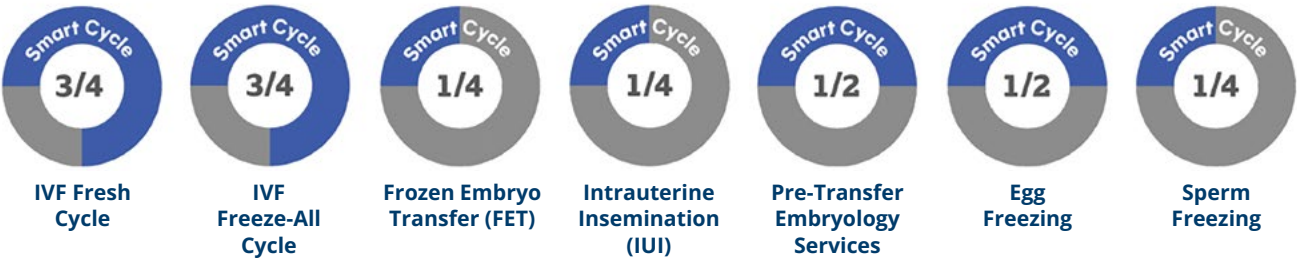
Key Program Benefits

- Comprehensive coverage: all individual services, tests and treatments are bundled into a Progyny Smart Cycle. This helps you never run out of coverage mid-treatment. If you have previously exhausted the infertility benefit and/or are currently seeking treatment, contact Progyny for information on this benefit.
- Personalized support: Receive unlimited clinical and emotional support from a dedicated patient care advocate. Counseling is available for those looking into surrogacy and tissue preservation.
- High-quality care: Access a premier network of fertility specialists across the U.S.

Progyny is available to you and your spouse/domestic partner if enrolled in the ONEOK Health Plan.



Common ways to use a Smart Cycle



Coverage is subject to deductible and coinsurance.

Ovia Health for fertility and parenting support

Ovia Health is a free, confidential fertility, pregnancy and parenting benefit. From preconception to parenthood, Ovia Health offers concierge services and health coaching spanning the full spectrum of family health. Virtual services and unlimited one-on-one coaching are offered 24/7, 365 days a year to bring you peace of mind.

Key Program Benefits

- Unlimited in-app messaging with a registered nurse health coach.
- Instant analysis and feedback on health data.
- Information about ONEOK's fertility, maternity and family benefits.
- Daily personalized articles and tips. Have experts by your side for family planning, pregnancy and parenting through Ovia Health.

Ovia Health is available at no cost to you, your spouse/domestic partner and children ages 18–26. You don't have to be enrolled in the ONEOK Health Plan to be eligible.



Get started

Use the QR codes below to download the app that's right for you. Indicate you have Ovia Health as a benefit and enter ONEOK as the employer for access.

Ovia

- Prenatal health.
- Postnatal health and recovery.
- Lactation.
- Birth control, plans and spacing.
- Managing menopause and symptoms.
- Mental well-being through menopause.



Support for reproductive health, fertility and menopause.

Ovia Pregnancy

- Infant sleep and parent fatigue.
- Working parents support:
 - Return-to-work programs.
 - Parent-work balance.
- Parenting alone.
- Co-parenting.
- LGBTQ+ support.
- Child care decision support.



Support for your healthiest, happiest pregnancy.

Ovia Parenting

- One-on-one virtual health services.
- Unlimited support via app-based messaging.
- Developmental milestones and growth tracking.
- Fostering healthy eating habits.
- Potty services and accident log.
- Specialists available for lactation, sleep, mental health and more.



Support for family and working parents.



Caring for You and Your Loved Ones

Get support with quick, convenient care and help for your pets, too, with our available resources.



CareATC clinics for health and wellness care

Get treatment fast at the CareATC health and wellness clinics. From annual physicals to an unexpected illness, your wellness clinic is available at little to no cost to you.

Experience less wait time and more face time with your provider. No copay on the PPO Plan. A \$50 fee applies for diagnostic visits on the HDHP. Quick and easy appointments are available via the CareATC app, online or by phone.

What may be treated:

- Adult immunizations.
- Annual wellness exams.
- Asthma.
- COVID-19 symptoms.
- Cold and flu.
- Diabetes.
- Fever/infections.
- High blood pressure.
- High cholesterol.
- Lab work/tests.
- Minor injuries.
- Personal health assessment.
- Sick visits.
- Skin irritations.
- Sprains/strains.
- Tobacco cessation.



CareATC is available to you, your spouse/domestic partner and children if enrolled in the ONEOK Health Plan.

Locations include:

Oklahoma

- ONEOK Plaza.
- 15th Street, Tulsa, OK (X-Rays).
- Broken Arrow, OK.
- First Place Tower, Tulsa, OK.
- Jackson Center, Tulsa, OK.
- Muskogee, OK.
- Oklahoma City, OK.
- Owasso, OK.
- Sand Springs, OK.

Montana

- Sidney, MT.

North Dakota

- Watford City, ND.

Texas

- Odessa, TX.
- Houston, TX.
- Spring, TX.

And more!

For a complete listing, visit careatc.com/clinic-locations.

PetPartners pet insurance

Get help with vet bills by enrolling in PetPartners, a pet insurance provider, for unexpected injuries and illnesses, surgery, toxin ingestion, digestive issues, cancer, annual teeth cleaning and more. Pet insurance reimburses you for the cost of accidents and illnesses throughout your pet's life.

Just visit and pay your vet (or any licensed vet or clinic), and then submit a claim to get reimbursed for eligible expenses. Preexisting condition exclusion applies.

You'll have access to two plan options to enroll in: **with wellness* benefit option** and **without wellness benefit option**.



Per paycheck rates for coverage

Age (in years)	0–19 (lbs.)		20–50 (lbs.)		51–90 (lbs.)		90+ (lbs.)	
	Without Wellness	With Wellness	Without Wellness	With Wellness	Without Wellness	With Wellness	Without Wellness	With Wellness
Dogs								
8 weeks–3	\$14.10	\$23.60	\$17.18	\$26.67	\$19.11	\$28.61	\$20.96	\$30.45
4–6	\$18.80	\$28.30	\$23.39	\$32.88	\$26.27	\$35.76	\$29.02	\$38.51
7–9	\$31.04	\$40.53	\$39.53	\$49.03	\$44.87	\$54.36	\$49.97	\$59.46
10+	\$55.86	\$65.36	\$72.30	\$81.79	\$82.62	\$92.11	\$92.49	\$101.98
Cats								
	Without Wellness				With Wellness			
8 weeks–3	\$12.34				\$19.72			
4–6	\$13.87				\$21.25			
7–9	\$19.15				\$26.53			
10+	\$40.87				\$48.25			

* Wellness option includes checkups and vaccinations.

Additional Family Resources



Maternity, Paternity and Adoption Leave

You may use this benefit for baby bonding when there is a birth or legal adoption of a child(ren).

- Leave must be taken consecutively.
- Leave must start by the end of the third month following the birth or adoption.
- The birth or adoption must take place after your start date.

You're eligible for up to six weeks at 100% pay with this benefit.



Adoption/ Surrogacy Assistance

You may be reimbursed up to \$5,000 combined per adoption or surrogacy for reasonable and necessary expenses.



Family Care Resources

Child and adult care resources, including a child care referral service, are available through Lyra, Bright Horizons and Ovia Health.

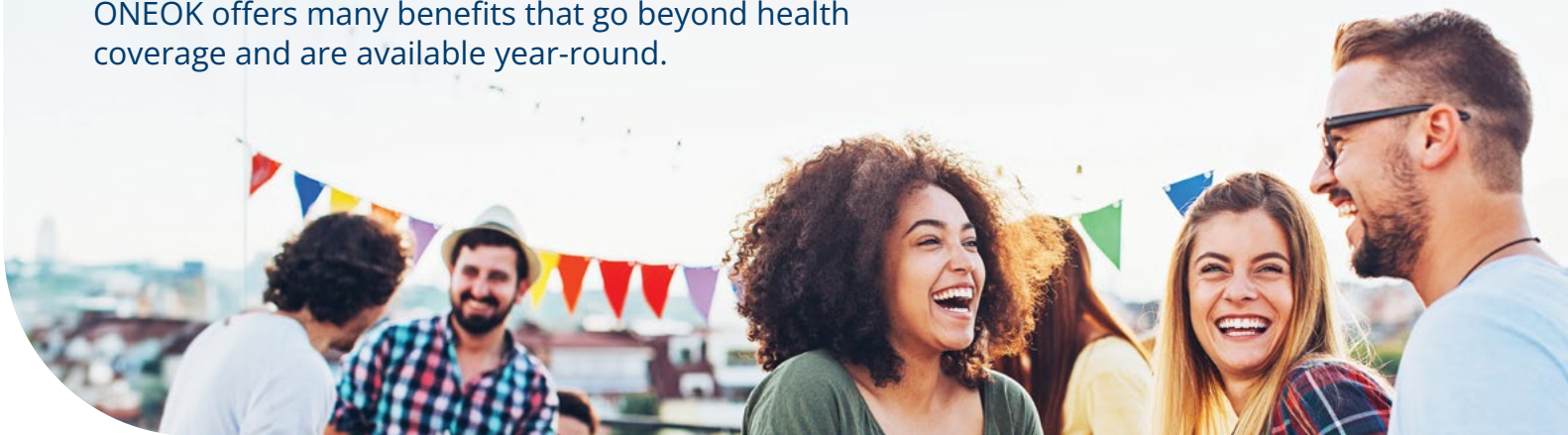
Important!

- Newborn children aren't added to the ONEOK Health Plan automatically, even if both parents are enrolled. You must complete a benefit change in Workday within 90 days of the birth if you want coverage for your newborn.
- Do not wait for state-issued documents, such as the birth certificate, to submit your benefit change in Workday.



Other Benefits

ONEOK offers many benefits that go beyond health coverage and are available year-round.



ONE Trust Fund

ONE Trust Fund offers financial assistance and donated vacation hours to employees and their immediate families who have been impacted by a natural disaster, medical emergencies or other hardships. You may support the fund by donating vacation time (**Workday > Absence > Request Absence > Donate Time Off**) or financial contributions voluntarily to help fellow coworkers in times of personal crisis.



Matching Grants

ONEOK invests in the communities where you work and live and support your efforts to give back through volunteerism and various matching grants.



Employee Discounts

Corporate discount opportunities may be offered for cars, technology, entertainment, hotels, mortgages and exclusive offers and deals through YouDecide. Go to **youdecide.com**, **code:** ONE394.



Education Assistance

With approval, ONEOK may reimburse you for tuition and books up to \$2,625 a year.



Short-Term Incentive

You receive direct financial interest in ONEOK's performance and profitability and may be rewarded financially for your performance through an individual target, a corporate multiplier and an individual multiplier.

Basics and Vocabulary



Balance Billing: When a provider bills you for the difference between the provider's charge and the amount the plan will pay. For example, if the provider's charge is \$100 and the amount the plan will pay is \$70, the provider may bill you the remaining \$30. An in-network provider may not balance bill you for covered services.

Coinsurance: The percentage of a covered service, shared by you and the plan, usually calculated as a percentage. For example, the PPO plan pays 80%, you pay 20% of the allowed amount for the service.

Copay: The fixed amount you pay each time you see a network provider, usually paid at time of service.

Deductible: The amount of health costs you are responsible for each year before the plan starts sharing costs. Not all covered services are subject to the deductible (e.g., preventive care).

Emergency Room (ER): A place where you receive emergency care for severe conditions or injuries. The services may be provided in a hospital's emergency room or in a stand alone emergency room or center.

In-Network Provider: A health care provider (e.g., hospital or doctor) who agrees to rules and fee schedules in order to be part of the network and agrees not to balance bill patients for amounts beyond the agreed-upon fee. You save money by using in-network providers.

Out-of-Network Provider: A health care provider (e.g., hospital or doctor) who is not contracted with your health plan and is not prohibited from balance billing. You'll generally pay more to see a nonparticipating provider.

Out-of-Pocket Maximum: The total amount of health costs you are responsible for before your plan pays 100% of covered health costs for the rest of the year. This limit helps protect you from unexpected catastrophic expenses.

Preventive Care Benefits: Nondiagnostic routine health care (e.g., including immunizations, screenings and checkups) to prevent disease. Preventive care is covered at 100% at in-network providers.

Urgent Care Center: A place where you get urgent care for minor conditions that need attention right away but are not emergency medical conditions.

Important Information

What you need to know about nonqualified dependents.

Difference between qualified and nonqualified dependents

“Nonqualified” is the term ONEOK uses to indicate that an individual does not meet the requirements of a tax-favored dependent under ONEOK’s employee benefit plans. The determination of whether a domestic partner or the domestic partner’s child is qualified or nonqualified depends on a number of factors, including the level of financial support you provide, whether they live with you, their legal citizenship and their gross income (nonhealth benefits only).

After-tax deductions for nonqualified dependents

IRS Section 125 allows you to elect to make payroll deductions on a pretax basis to purchase coverage for qualified dependents. All other payroll deductions used to purchase coverage must be made on an after-tax basis. If you’re covering a nonqualified individual, you’ll see two deductions on their payslips: one deduction for you and your qualified dependents made on a pretax basis and one deduction for nonqualified dependents made on an after-tax basis.

Imputed income

If you’re covering nonqualified dependents, you’ll also see an amount for imputed income added to your earnings. Federal tax law only allows ONEOK to provide benefit coverage on a tax-free basis to certain individuals, including you, your spouse/domestic partner, your children and certain other “qualifying” dependents.

ONEOK-provided coverage for any other individuals will result in imputed income to you. Thus, the value of any coverage that ONEOK pays for your nonqualified dependent(s) must be reported as taxable income to you and also will be subject to payroll and income tax withholding. This “imputed income” is reflected under Hours and Earnings on your payslip.

Coverage for nonqualified dependents

Because you’re required to purchase nonqualified dependent coverage with after-tax dollars and are taxed on imputed income for the value of any coverage paid by ONEOK, the actual benefits the nonqualified dependent receives under the plan (e.g., the value of medical services provided by doctors and hospitals) are not taxed. However, FSA and HSA funds may not be used to reimburse health care expenses for nonqualified dependents.

More information is available at [ONEOK.com](https://www.oneok.com) > [Careers](#) > [Plan Documents](#).



Changing Your Elections

Once you’ve made your initial benefit elections, you may not make any changes until Open Enrollment unless you experience a qualifying life event. Examples are listed below. Please refer to the plan document for a complete listing.

To make changes, you must submit a family status change in Workday. The change must be consistent with the life event (e.g., birth of a child is consistent with adding a newborn to the plan).

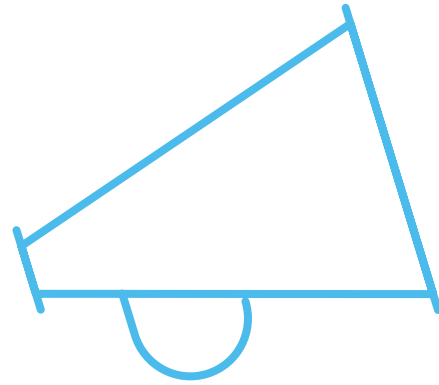
You have 30 days from the event date to make changes if your qualifying life event is:

- Marriage, divorce, legal separation, annulment declaration or termination of domestic partnership.
- Loss or gain of other coverage for yourself or a dependent.
- Significant change in health care coverage provided through your spouse’s/domestic partner’s employment.
- Death of a dependent.

You have 90 days to make changes if your qualifying event is:

- Birth or adoption of a child.

Important Information



Dependent Definitions and Coverage Requirements

Review the following enrollment eligibility requirements for the ONEOK plans.

Spouse/Domestic Partner or Dependent Family Member	Document Requirement for Verification
Spouse: A person who is recognized as your legal spouse for purposes of federal income tax laws. Neither of you is married to anyone else under either statutory or common law.	State-issued marriage certificate. For common law marriages: Affidavit of Common Law Marriage (or Certificate of Informal Marriage).
Domestic Partner: A person who you have a committed relationship with but who is not considered your legal spouse for purposes of federal income tax laws. Neither of you is married to or legally separated from anyone else under either statutory or common law.	Jointly signed Declaration for Domestic Partnership (must be submitted with initial enrollment) and Affidavit of Dependent Status for Domestic Partnership (must be submitted with initial enrollment) and two items showing proof of financial interdependence. ³
Natural Child(ren): Until they reach 26. ²	State-issued birth certificate (or foreign equivalent) listing employee as mother or father. ³
Stepchild(ren): Your spouse's/domestic partner's child(ren) until they reach age 26 ² or earlier if your marriage or domestic partnership with their natural parent ends other than due to the death of one of you.	State-issued birth certificate (or foreign equivalent) listing employee's spouse/domestic partner as mother or father and state-issued marriage certificate proving employee and spouse are married and recorded in legal records or domestic partnership registration or Declaration for Domestic Partnership, as applicable, documenting the relationship. ¹
Adopted Child(ren): Child(ren) you (or your spouse/domestic partner) have adopted or who have been placed for adoption with you until the child(ren) turns age 26. You or your spouse/domestic partner must be one of the adopting parents; the child(ren) must have been placed in your (or your spouse's/domestic partner's) custody; and the adoption proceeding must have assigned the responsibility for benefits coverage to you (or your spouse/domestic partner). ²	Adoption or placement for adoption documents and court-granted custody documents, as applicable; state-issued birth certificate (or foreign equivalent) or similar information obtained in connection with adoption proceeding. ¹
Foster Child(ren): Child(ren) who is placed with you by an authorized placement agency or by judgment, decree or other order of any court of competent jurisdiction until the child(ren) turns age 26. ²	Foster placement judgment, decree or order.

¹ If the eligible dependent's name is different than the name on the state-issued (or foreign equivalent) birth certificate, a state-issued marriage certificate or Social Security card may be required.

² Coverage ends at 11:59 p.m. the day before the child's 26th birthday.

Spouse/Domestic Partner or Dependent Family Member	Document Requirement for Verification
<p>Child Covered by a Qualified Medical Child Support Order (QMCSO): Child(ren) on whose behalf a QMCSO has been entered or issued, indicating that coverage must be provided by you until the child(ren) covered by the QMCSO no longer is covered or turns 26 years of age,² whichever occurs first in time.</p>	QMCSO.
<p>Other Eligible Dependent: A person who is not your child (or the child of your spouse/domestic partner) but who you are related to; who you have been appointed legal guardian for and is your dependent for federal income tax purposes; and is (i) under age 19, or (ii) under age 24 and a full-time student.</p>	<p>State-issued birth certificate (or foreign equivalent) and court legal guardianship documents (if applicable) and copy of the first page of your federal tax return filed within the last tax year (income amounts blacked out) and proof of full-time education student, if applicable.¹ If a new legal guardian is appointed in the current calendar year, no tax return is required.</p>
<p>Incapacitated Person: Continued coverage is provided for your child(ren) or other eligible dependent(s), who is physically or mentally incapable of self-support while remaining incapacitated, as long as you remain an eligible employee and so long as (A) the child meets one of the following:</p> <p>(i) The child or other eligible dependent was enrolled in the ONEOK Health Plan prior to their turning 26 years of age (for natural, adopted and stepchildren), or attaining age 24 (for other eligible dependents), as the case may be, and remained covered through such age; or (ii) effective June 1, 2020, for any employee who becomes a newly eligible employee following such date, such child was covered by a group health plan of a prior employer of the eligible employee; and (B) the child or other eligible dependent satisfies the criteria for eligibility under one of the categories described above but for their age. Incapacitated children must be tax-eligible dependents in order to be eligible for the ONEOK Health Plan.</p>	<p>To continue coverage for a child under this provision, proof of disability or incapacity (obtained at your own expense) must be received by HR Solutions within 31 days after coverage would otherwise terminate. The Health Plan requires annual re-certification of the child's physical or mental condition.</p>

³ Proof of financial interdependence includes: joint ownership of an automobile or home; a joint checking, bank or investment account; a joint credit account, mortgage or a lease for a residence identifying both partners as tenants; a will and/or life insurance policies signed and completed to the effect that one domestic partner is the primary beneficiary of the other; a beneficiary designation form for a retirement plan signed and completed to the effect that one domestic partner is the primary beneficiary of the other. Registration of domestic partners if the domestic partners reside in a state that provides for registration. Official recognition of civil union for persons who reside in a state that recognizes civil unions. If HR Solutions does not receive a properly completed affidavit in a timely manner, the plan administrator will assume that neither of your domestic partner nor your domestic partner's child(ren) qualify as your tax dependent(s) and will impute income to you for the value of coverage provided to your domestic partner and your domestic partner's child(ren).



Contacts	Benefit
 ONEOK	The ONE to Call for All Your Human Resources Questions
 Bright Horizons.	Child Care and Elder Care Support
 CareATC	Health and Wellness Clinic
 DELTA DENTAL	Dental
 E*TRADE from Morgan Stanley	Employee Stock Purchase Plan
 Fidelity	401(k) and Retirement
 Hinge Health	Pain Management
 Livongo	Diabetes and Hypertension Management Program
Lyra	Employee Assistance Program
 medefy	Benefits Care Guide
 MetLife	Vision
 omada	Weight Management, Diabetes and Heart Disease Prevention
 OPTUMBank	Health Savings Account
 oviahealth	Fertility Program
 petpartners	Pet Insurance
 progyny Smarter Fertility Benefits	Fertility Program
Quit For Life®	Tobacco Cessation Program
 securian FINANCIAL	Life and AD&D
 SmartPath	Financial Wellness Benefit
 TELADOC Medical Experts	Expert Medical Opinion
 United Healthcare	Medical

For more comprehensive information regarding your benefits plans, refer to the summary

Phone Number	Website/Email/App
855-ONEOKHR (855-663-6547) 918-588-7222 (Tulsa)	oneok.com HRSolutions@oneok.com
N/A	clients.brighthorizons.com
800-993-8244 (National shared sites) 918-948-6360 (Tulsa shared sites) 918-863-2992 (Tulsa on-site)	careatc.com/cliniclocations careatc.com/patientportal/ CareATC app
800-522-0188	deltadentalok.org
800-387-2331	etrade.com
877-986-6365	401k.com
855-902-2777	hingehealth.com/oneok
800-945-4355	ready.livongo.com/oneok/register welcome.livongo.com/oneok membersupport@livongo.com

This benefit will be available January 1, 2024.

N/A	Medefy Benefits app
855-MET-EYE1 (855-638-3931)	metlife.com
N/A	omadahealth.com/oneok
866-234-8913	optumbank.com
N/A	Ovia Fertility App Ovia Pregnancy App Ovia Parenting App

This benefit will be available January 1, 2024.

844-930-3390	member.progyny.com/s/login/
866-QUIT-4-LIFE (866-784-8454)	quitnow.net
877-282-1752	lifebenefits.com
N/A	onsmartpath.com/oneok
855-380-7828	teladoc.com/medical-experts help@teladoc.com
800-232-8943	myuhc.com



P.O. Box 871
Tulsa, Oklahoma 74102-0871

PRSRT STD
U.S. Postage
PAID
Tulsa, OK
Permit No. 147

Coming Soon!



Your 2024 Open Enrollment is
December 4–15, 2023!