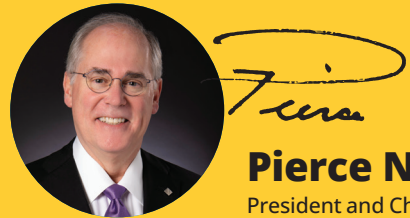


I'm excited and proud to welcome you to your first ONEOK Open Enrollment.

We're committed to providing you with comprehensive and competitive benefits that flex and adapt to your changing needs.

Whether at work or at home, our benefits are here to keep you and your loved ones safe and healthy year-round. Visit [LIFE.ONEOK.COM](https://life.oneok.com) to learn all about your ONEOK benefits, how to enroll and more. This is your time to choose the best benefits for the total well-being of you and your family.

I look forward to our great work together.



Pierce Norton
President and Chief Executive Officer



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

2025 OPEN ENROLLMENT

MARCH 31-APRIL 11

Compare plans, learn how to enroll and more

LIFE.ONEOK.COM



2025 OPEN ENROLLMENT
MARCH 31-APRIL 11

BENEFITS FOR YOUR TOTAL WELL-BEING



LIFE.ONEOK.COM



WHAT TO KNOW

ENROLL BY APRIL 11

Open Enrollment is your opportunity to make changes to your benefits outside of a qualifying life event. Any prior 2025 benefit elections made with EnLink will not carry over.

Some of our benefits are automatic, meaning you don't have to actively enroll in them to use them. Others require you to enroll to use them, including:

- Medical.¹
- Dental.
- Vision.
- Savings and spending accounts.
- Supplemental life insurance.
- Supplemental accidental death and dismemberment (AD&D) insurance.
- Spouse/domestic partner life insurance.
- Child life insurance.
- Pet insurance.

ONEOK benefits for legacy EnLink employees take effect May 1.

EnLink's health and welfare benefits will end on April 30. Even if you're waiving all coverage, you still need to complete the Workday enrollment process. **If you don't actively elect or opt out of coverage in the medical plan, you'll be automatically enrolled in the medical plan's PPO option, with coverage for you only. You won't be allowed to make any changes until the next Open Enrollment without a qualifying event.**

Visit [LIFE.ONEOK.COM](https://life.oneok.com) to see medical, dental, vision, life insurance and AD&D coverage details and rates.

IMPORTANT THINGS TO KNOW

Deductible and Out-of-Pocket Maximums

Medical deductible and out-of-pocket maximum accumulators will be transferred² to the ONEOK medical plans at UnitedHealthcare (UHC) from Collective Health.

Find an In-Network Provider

To find a listing of UHC providers, go to myuhc.com. ONEOK uses the Choice Plus Network.

Supplemental Life Insurance

You can take advantage of your newly eligible status and enroll yourself in up to \$500,000 of supplemental life insurance and your spouse/domestic partner in up to \$50,000 of supplemental life insurance without having to complete a health statement.

Questions?

View our FAQ. Or, contact HR Solutions at **855-ONEOKHR** (855-663-6547) or HRsolutions@oneok.com.



¹ If you don't actively elect or opt out of coverage in the medical plan, you'll be automatically enrolled in the medical plan's PPO option with coverage for you only.
² There will be no refunds of deductibles or out-of-pocket maximums in connection with the transfer.

COMPARE PLANS

MEDICAL

What you pay for in-network coverage.

	PPO Preferred Provider Organization	HDHP High Deductible Health Plan
Annual Deductible		
Per Person	\$500	N/A
You + Spouse/Domestic Partner or You + Child(ren)	\$1,000	N/A
You + Family	\$1,500	N/A
Single Coverage	N/A	\$1,700
Family Coverage	N/A	\$3,300
ONEOK Contribution to Health Savings Account (HSA)	N/A	\$500 single coverage \$1,000 family coverage
Member Coinsurance	20%	15%
Out-of-Pocket Maximum		
Per Person	\$2,750	N/A
You + Spouse/Domestic Partner or You + Child(ren)	\$5,500	N/A
You + Family	\$8,250	N/A
Single Coverage	N/A	\$4,000
Family Coverage	N/A	\$8,000

This document is not a plan, plan amendment, summary plan description (SPD) or contract to provide the benefits described. This document only summarizes provisions of the formal plan documents and does not attempt to cover all of the details contained in the plan documents. 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 describe 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, in its sole discretion, reserves the right to change the plans' provisions, in whole or in part, at any time for any reason.

Did you know?

If you're currently receiving medical treatment and your specialist is not in network, certain treatments may qualify for a Transition of Care (TOC) with UHC. Access the TOC form on life.oneok.com/important-documents for details. TOC requests must be submitted by May 31, 2025, to be considered.

Need help deciding?

Check your ONEOK inbox on March 31 for an email from PERKY, your benefit decision support tool. Get a personalized recommendation for health coverage, money savings and more!

PRESCRIPTION DRUGS

What you pay for in-network coverage.

	PPO	HDHP
Select Preventive Drugs	Plan pays 100%	Plan pays 100%
Tier 1 Drugs	The lesser of the cost of the drug or \$7.50	15% after deductible
Tier 2 Drugs	30% minimum; \$75 maximum	15% after deductible
Tier 3 Drugs	40% minimum; \$150 maximum	15% after deductible
Specialty Drugs	30% minimum; \$300 maximum	15% after deductible
Mail Order	3x retail for 90-day supply	3x retail for 90-day supply

	PPO	HDHP
Common Services		
CareATC Health Clinic	Plan pays 100%	\$50
Virtual Visit	\$5 copay	15% after deductible
Primary Care Office Visit	\$30 copay	15% after deductible
Specialist Office Visit	\$50 copay	15% after deductible
Urgent Care Visit	\$65 copay	15% after deductible
Emergency Room	\$300 copay, waived if admitted, deductible + 20% after deductible	15% after deductible
Inpatient Hospital	20% after deductible	15% after deductible

YOUR COST PER PAY PERIOD

Deductions taken from the first two pay periods per month.

	PPO	HDHP	DENTAL	VISION
You Only	\$52.50	\$32.00	\$7.00	\$6.25
You + Spouse/Domestic Partner	\$161.00	\$109.50	\$15.00	\$10.35
You + Child(ren)/Domestic Partner Child(ren)	\$134.00	\$92.50	\$13.50	\$10.54
You + Family	\$225.50	\$153.50	\$21.50	\$17.02

Learn more

Visit [LIFE.ONEOK.COM](https://life.oneok.com) for plan details, out-of-network coverage and plan documents. Or join an in-person or virtual Open Enrollment session with a benefits specialist to get your questions answered.

