There's plenty to look forward to with your 2025 benefits.

Visit **LIFE.ONEOK.COM** — your NEW ONEOK benefits website — to see what's new, compare plans and learn how to enroll. You and your family can use this website all year long to access benefits for a good life.

Make your choices in Workday by 11:59 p.m. CT November 8. If you have benefits questions or need help enrolling, contact HR Solutions at 855-ONEOKHR (855-663-6547) or HRSolutions@oneok.com.

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BENEFITS FOR A GOOD LIFE



2025 **OPEN ENROLLMENT OCTOBER 28-NOVEMBER 8**





FOR PART-TIME EMPLOYEES (Regularly scheduled 20-39 hours per week)

WHAT'S NEW

Life insurance changes:

- As a ONEOK employee, you now have the option to enroll in supplemental life insurance in increments of \$50,000. You can also enroll your spouse/domestic partner in increments of \$50,000 up to \$250,000.
- If you or your spouse/domestic partner previously waived coverage for supplemental life insurance, or are under the guarantee issue amount, you now have a one-time opportunity to enroll up to the guarantee issue amount without having to complete a health statement. The employee guarantee issue amount is 7x annual salary or \$500,000, whichever is less. For spouses/domestic partners, the guarantee issue amount is \$50,000.
- Life insurance rates are increasing. All employees are encouraged to review their benefit in Workday and make adjustments if desired.
- Supplemental accidental death and dismemberment (AD&D) insurance elections will not roll over. You must elect or waive AD&D coverage during Open Enrollment.

Health plan enhancements:

- Prescription drug coverage in the Preferred Provider Organization (PPO) plan is improving with maximum copays.
- Dental benefits in the Premier network now include free, in-network preventive and diagnostic care.
- Vision benefits are increasing to a \$150 in-network allowance for contact lenses.

 Visit LIFE.ONEOK.COM to see the new vision premiums.



Open Enrollment is your once-a-year chance to make changes to your benefits outside of a qualifying life event.

You must reelect 2025 amounts for any flexible spending or health savings accounts (FSA/HSA). Your current elections will not roll over.

COMPARE PLANS

MEDICAL

What you pay for n-network coverage.		РРО	HDHP	
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 HSA		N/A	\$500 single coverage \$1,000 family coverage prorated based upon date of hire	
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 is intended primarily to provide an overview of certain benefits in which you may enroll for 2025. In addition, the "What's New" section of this document is intended to satisfy the requirement to deliver a summary of material modifications (SMM) describing important changes to ONEOK's health and welfare benefit plans. The SMM modifies some information in the 2024 SPDs. Any additional changes to the plans after distribution of this document, will be communicated in another SMM or an updated SPD and posted on

LIFE.ONEOK.COM. 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.

Need help deciding?

Check your inbox for an email from PERKY, your decision support tool. Get a personalized recommendation for health coverage, money savings and retirement planning tips!

		РРО	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

PRESCRIPTION DRUGS

What you pay for			
in-network coverage.	РРО	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% \$25 minimum; \$75 maximum	15% after deductible	
Tier 3 Drugs	40% \$50 minimum; \$150 maximum	15% after deductible	
Specialty Drugs	30% \$100 minimum; \$300 maximum	15% after deductible	
Mail Order	3x retail for 90-day supply	3x retail for 90-day supply	

YOUR COST PER PAY PERIOD

Deductions taken from the first two pay periods per month.	РРО	HDHP		DENTAL
You Only	\$147.00	\$126.50		\$12.50
You + Spouse/Domestic Partner	\$386.50	\$335.00		\$27.00
You + Child(ren)/Domestic Partner Child(ren)	\$312.50	\$271.00		\$24.00
You + Family	\$541.00	\$469.00		\$38.50

Visit **LIFE.ONEOK.COM** from any device for full plan details, out-of-network coverage and more.

