

ONEOK, INC.

**Summary of Chemical Dependency Treatment Program
(Component Benefit of the ONEOK, Inc. Welfare Benefits Wraparound
Plan)**

Adopted effective January 1, 2024

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SECTION I: INTRODUCTION

This Summary of Chemical Dependency Treatment Program (CDTP) is a Supplement to the ONEOK, Inc. Welfare Benefits Wraparound Plan Document and Summary Plan Description (SPD). You will find information about the Chemical Dependency Treatment Program in this Summary, including eligibility, plan benefits, and funding of plan benefits.

The CDTP provides financial assistance and referral to Approved Treatment Providers for Eligible Employees who elect to receive chemical dependency treatment. The CDTP is an “employee welfare benefit plan” within the meaning of Section 3(1) of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”) and shall be maintained for the exclusive benefit of eligible Employees.

The CDTP is intended to be administered as a plan providing separate limited scope benefits for purposes of requirements governing portability, additional market reforms, and other similar requirements under the Health Insurance Portability and Accountability Act (HIPAA) and other federal laws and regulations that are applicable to group health plans.

SECTION 2: ELIGIBILITY

Eligible Employees, as defined in the plan, may enroll and participate in the CDTP only upon approval of HR Solutions that such employee is in good standing with the Company. The terms of the Program as in effect at the time such employee was approved to participate in the CDTP shall apply for the duration of such employee's approved treatment, including aftercare and any follow-up testing period.

The Company has sole authority as Plan Sponsor to determine the classes of Eligible Employees who may participate in the CDTP, and the Plan Administrator has sole discretionary authority to determine whether an individual falls within one of the eligible classes and otherwise satisfies the eligibility criteria to participate in the CDTP.

Family members of the Eligible Employee, regardless of whether any such family member may qualify as a legal dependent of the Eligible Employee, are not eligible for coverage or any benefits under the CDTP.

Termination of Eligibility

An Eligible Employee's rights under the CDTP generally will cease immediately upon termination of his or her employment with the Company (or reduction in hours that causes the employee to no longer be employed Full-time by the Company). If an employee participating in the CDTP experiences a termination of employment or reduction in hours that causes him or her to no longer be employed Full-time, such employee must elect continuation coverage under COBRA in order to remain eligible to receive a benefit under the CDTP (see *Continuation Coverage Rights* in the ONEOK, Inc. Welfare Benefits Wraparound Plan Document and Summary Plan Description).

SECTION 3: PLAN BENEFITS

Forms of Benefits

The CDTP is intended to assist Eligible Employees who are diagnosed as chemically dependent and who are seeking treatment for such condition.

The CDTP provides Treatment Referrals and Financial Assistance benefits to Eligible Employees who comply with the CDTP's Participation Requirements.

Treatment Referrals

The CDTP Provides Treatment Referrals to confidential, professional chemical dependency treatment at approved facilities for Eligible Employees who are diagnosed as having a chemical dependency problem.

Employees can participate in the CDTP in one of two ways:

Voluntary – Employees can contact the claims administrator for the EAP (New Directions Behavioral Health, L.L.C. at **866-819-0019**) if they suspect that a chemical dependency problem has developed. If it is determined by a qualified assessment professional that a treatment program may be beneficial to the Employee, the Employee should contact the Drug Program Administrator at 855-ONEOKHR (855-663-6547) or 918-588-7222 in Tulsa for information and assistance with obtaining benefits under the CDTP.

Management Referral – A supervisor may request that an Employee contact the claims administrator for the EAP (New Directions Behavioral Health, L.L.C. at **866-819-0019**) as a possible solution to job performance problems or as a response to an Employee's admission of alcohol misuse or controlled substance abuse. After the referral, if it is determined by a qualified assessment professional that a treatment program is recommended, the Employee can enter treatment at an Approved Treatment Provider. Employees can enter either inpatient or outpatient treatment, based on the recommendations of the assessment. The Employee should contact the Drug Program Administrator at 855-ONEOKHR (855-663-6547) or 918-588-7222 in Tulsa for information and assistance with obtaining benefits under the CDTP.

Financial Assistance

Financial assistance will be provided up to a maximum of \$3,000 per admission for inpatient or outpatient alcohol and/or drug abuse treatment and aftercare provided at an Approved Treatment Provider. Employees enrolled in the ONEOK, Inc. Health Plan High Deductible Health Plan (HDHP) option or covered by any other HDHP plan (such as a spouse's employer's plan) are not eligible for reimbursement until they have satisfied their applicable (individual or family) annual deductible. Claims reimbursed through CDTP are not eligible for reimbursement through the employee's Flexible Spending Account or Health Savings Account.

Financial assistance shall be provided once per each treatment admission, aftercare and follow-up testing period, which lasts a minimum of 24 months.

Financial assistance may be provided to Eligible Employees through direct payment to the approved treatment facility or reimbursement to the Employee with substantiating documentation and proof of admission to an approved treatment facility.

Participation Requirements

As a condition of participating in the CDTP, Employees must first sign a CDTP enrollment form agreeing to the provisions of the CDTP, including a release to authorize reports to be provided to the Drug Program Administrator. Reports provided will include: (1) the individual's initial assessment verifying need for treatment; (2) a summary of the treatment plan recommended; (3) ongoing progress reports verifying participation and compliance with treatment plan goals and requirements; (4) a discharge report showing recommendations for return to work and aftercare; and (5) progress reports verifying compliance with aftercare requirements established.

When an Employee is asked to take a test under Company policy and/or Department of Transportation requirements, the Employee is not eligible to use the CDTP to avoid testing and/or the results of testing. However, if such Employee does not test positive, the Employee can request assistance under the CDTP.

Aftercare

After return to duty, Employees who participate/participated in the CDTP are required as a condition of continued employment to successfully complete all treatment requirements, including a 12 months aftercare program as recommended by the treatment provider and/or substance abuse professional. Participating employees must consent to compliance monitoring during the treatment and aftercare period, and must submit to follow-up drug and alcohol testing for up to 24 months after completing the initial inpatient or outpatient treatment program. During the aftercare period, the Drug Program Administrator may request updates from the treatment provider, a substance abuse professional, or aftercare counselor to verify compliance and participation in such aftercare.

Use of Other Benefits

Employees enrolled in the Health Plan or other group health plan coverage may utilize available chemical dependency treatment benefits (if any) as an alternative or in addition to the CDTP for payment for applicable treatment costs. Treatment claims paid by another benefit program are not eligible for payment under the CDTP.

Obtaining Assistance

The HR Solutions department can be contacted directly by the Employee or a family member or through the Employee's supervisor to obtain assistance and treatment for the Employee under the CDTP.

Time Away From Work

When the treatment will require the Employee's absence from the job, regular payroll policies will be followed as with any other illness. The Employee will be allowed to utilize any available paid time off and/or approved Family and Medical Leave according to Company policy.

Return to Duty

Employees participating in the CDTP will be allowed to return to safety-sensitive duties only upon satisfactory evaluation and successful completion of the recommended inpatient or outpatient treatment plan as determined by the treatment provider and/or substance abuse professional. Furthermore, Employees who perform safety-sensitive functions will be required to undergo a return to duty test with a result indicating an alcohol concentration of less than 0.02 and/or undergo a return to duty controlled substance test with a verified negative test result. This testing will be required before returning to safety-sensitive work.

Before any Employee returns to work after inpatient treatment, a return to duty medical certification will be required to verify that the employee can safely perform the functions of their job.

Upon successful completion of inpatient or outpatient treatment, the Employee will participate in a back-to-work conference with the supervisor and the Drug Program Administrator, or designated Human Resources representative, to review return to duty requirements.

Confidentiality

Except as provided below, the CDTP is confidential in nature. Information concerning an Employee's involvement in the CDTP will not become a part of the Employee's personnel file. Access to the CDTP file pertaining to assistance provided, is limited to CDTP staff or the Employee who has been counseled or assisted.

Such information will only be released (a) with a signed consent of the counseled party, (b) when required by state or federal law, (c) in a situation where there is concern for the physical safety of the Employee or a third party, or (d) to the extent consistent with state and federal privacy laws and the CDTP's written privacy policies and procedures (see *HIPAA Notice of Privacy Practices* in the ONEOK, Inc. Welfare Benefits Wraparound Plan Document and Summary Plan Description).

Continued Employment

Completion of all recommendations by the treatment provider, aftercare counselor, and/or substance abuse professional, as well as continued satisfactory job performance and adherence to the Drug-Free Workplace Policy and the ONEOK Anti-Drug and Alcohol Misuse Prevention Plan, are requirements to maintain employment with the Company.

Participation in the CDTP does not constitute a guarantee or assurance on the part of the Company that the Employee will retain his/her job.

SECTION 4: BENEFIT CLAIMS AND APPEALS

The CDTP may require written documents be completed, signed and furnished to the Plan Administrator, to confirm a request for benefit. If a claim for benefits is denied, in whole or in part, the Plan Administrator shall send the claimant a notice of denial, which shall include:

1. The specific reason(s) that the claim was denied;
2. A reference to the specific CDTP provision(s) on which the denial was based;
3. A description of any additional material or information necessary to perfect the claim, and an explanation of why this material or information is necessary;
4. A description of the CDTP's appeal procedures and the time limits that apply to such procedures, including a statement of the right to bring a civil action under ERISA § 502(a) if the claim is denied on appeal;
5. Any materials required under 29 C.F.R. § 2560.503-1(g)(1)(v) (relating to claims that are denied on the basis of an internal guideline, medical necessity limitation, or experimental treatment limitation); and
6. In the case of an urgent care claim, a description of the expedited appeal procedures for such claims.

A claimant whose claim has been denied, or his/her authorized representative, may request a review of the denial, but such a request must be in writing and must be submitted to the Plan Administrator within 180 days after the claimant's receipt of the notice of denial. If the claimant fails to appeal a denied claim in writing within the prescribed period of time, the claimant will have failed to exhaust the administrative review process and the denial will be deemed final, binding and conclusive.

A review of the claim and its denial shall be under procedures established by the Plan Administrator or its authorized designee, which shall include, but not be limited to, a claimant or his/her authorized representative being permitted to review pertinent documents and submit issues and comments in writing to the Plan Administrator in connection with the appeal. In deciding the appeal:

1. No deference will be given to the decision denying the initial claim;
2. The appeal will be decided by an individual who did not decide the initial claim, and who is not a subordinate of anyone that decided the initial claim;
3. If the appeal is based in whole or in part on a medical judgment, the individual deciding the appeal shall consult with a health care professional who has appropriate training and experience in the relevant field. The health care professional must not be an individual who participated in the denial of the initial claim and must not be the subordinate of any such individual; and
4. If the Plan Administrator obtained advice from any medical or vocational experts in conjunction with the initial claim, then such experts must be identified to the claimant. This identification must occur even if the Plan Administrator did not rely on the advice obtained.

The review of a claim which has been denied, and decision thereon, shall be made by the Plan Administrator within 30 days of the receipt of the request for review, unless the Plan Administrator determines that special circumstances require additional time, in which case a decision shall be rendered not later than 45 days after receipt of the initial request for review. The decisions on the review shall be furnished to the claimant or his/her authorized representative in writing and shall include the following:

1. The specific reasons for the decision, written in a manner calculated to be understood by the claimant;
2. Specific references to the pertinent CDTP provisions on which the decision is based;
3. A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
4. A description of any voluntary appeal procedures offered by the CDTP and the claimant's right to obtain the information about such procedures;
5. A statement of the claimant's right to bring an action under § 502(a) of ERISA;
6. Any materials required under 29 C.F.R. § 2560.503-1(j)(5)(i) or (ii) (relating to claims that are denied on the basis of an internal guideline, medical necessity limitation, or experimental treatment limitation); and
7. If applicable, a statement about mediation and any available consumer assistance resource programs.

Any action under § 502(a) of ERISA must be filed within one year after an adverse determination on appeal.

SECTION 5: FUNDING OF PLAN BENEFITS

CDTP Benefits Paid by Company

The Company will advance and pay from its general assets the cost of chemical dependency treatment of eligible Employees up to a maximum of \$3,000 per treatment admission, aftercare and follow-up testing period, which typically last for 24 months.

Excess Expense of Treatment

Any expense of treatment in excess of \$3,000, or for more than one treatment prior to completion of the original aftercare and follow-up testing period, shall be funded and paid solely by the Employee. Employees enrolled in the ONEOK, Inc. Health Plan, or who have other health plan coverage, may utilize available chemical dependency treatment benefits under such plans (if any) in an addition to, or as an alternative, for treatment expenses. Any treatment expenses paid by the ONEOK, Inc. Health plan or another benefit program will not be considered eligible for payment under the CDTP.

Employee Pays for Other Professional Care

If an Employee is referred to a provider of professional services and care who is not approved by HR Solutions, and the Employee elects to utilize such provider's services, then such expense shall be the responsibility of the Employee and shall not be considered eligible for payment under the CDTP.

Eligibility Does Not Otherwise Affect Employment Relationships

Eligibility for benefits in this CDTP by an Employee shall in no way affect any of the Company's rights to assign such Employee to a different job or position; to change the Employee's title, authority, duties, or rate of compensation; or to terminate the Employee's employment.