2025 Benefits Guide

As a regular, full-time employee you are eligible to participate in the company's competitive benefit programs. The information included in this guide summarizes the benefits available but is not a contract. Full details about your benefits are provided in the legal plan documents, summary plan description (SPD), and program guidelines that govern these benefit programs. If there are differences between this summary and the plan documents, the plan documents will prevail. You may obtain copies of your plan documents from White Energy.

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2025 Employee Benefits Overview

At White Energy, we understand that your life extends beyond the workplace. That is why we offer a variety of benefit plans to help you and your family. We provide health and financial security options so you can focus on being the best at what you do and enjoy your life.

We encourage you to read through this guide, share it with your family members, and ask us any questions that you have so that you are educated and empowered to choose the benefits that are best for you. Make sure to complete your Online Enrollment through Paycor before the deadline to ensure you have coverage!

Annual Open Enrollment: Don’t miss your chance to make changes to your benefits for the upcoming plan year. This is your opportunity to add or drop dependents and benefits. Once Open Enrollment ends, you will not have another opportunity to make changes until next year, unless you experience a qualifying life event.

New Hire Open Enrollment: This is your chance to elect benefits and enroll yourself and your eligible dependents. If you take no action now, you will have no benefits and you will not have another chance to elect them until next year’s open enrollment - unless you experience a qualifying life event.

How to Enroll: Employees can enroll in benefits by logging into Paycor at https://secure.paycor.com/Accounts/Authentication/Signin. If you have questions or concerns about how to enroll or about the specific benefits offered, please speak with Human Resources.

Health Reform

Health Reform or Patient Protection and Affordable Care Act (PPACA): Since the health reform law passed, we have been working to ensure our benefit plans are in compliance with the law as White Energy continues to offer health insurance to eligible employees and their family members.

Employer Mandate: Effective January 1, 2015, White Energy is required to offer all employees averaging 30 hours or more per week coverage that meet the PPACA requirements of qualifying and affordable coverage. This new requirement will not have any impact on our plans as they already meet the PPACA requirements. Since White Energy provides you with qualifying and affordable coverage as defined by the PPACA, you and your dependents will not qualify for subsidies through the public exchange.

Contact Information

White Energy Benefits Contact

Human Resources
HR@white-energy.com

Endeavor Risk Advisors – Benefits Broker
972-559-0461, clientservice@endeavorrisk.com

Please follow the highlighted guide below to help assist you with the enrollment process. The majority of your benefit elections will be done through Paycor.

Enroll thru Paycor			
Medical	Dental	Vision	Basic Life/AD&D
Disability	Voluntary Life	FSA	HSA
Accident & Critical Illness			

Important Numbers	
Carrier	**Contact Information**
Paycor - Payroll Database	**https://secure.paycor.com/Accounts/Authentication/Signin**
BCBS of Kansas City – Medical	**(816) 395-3558 or www.mybluekc.com**
BCBS Pre-Certification – Medical	**(816) 395-3989 or (800) 892-6116 or www.mybluekc.com**
VSP – Vision (Guardian)	**(877) 814-8970 or www.vsp.com**
Dental (Guardian)	**(800) 541-7846 or www.guardianlife.com**
Basic Life/AD&D – (Guardian)	**(800) 525-4542 or www.guardianlife.com**
Disability Insurance – (Guardian)	**STD (800) 268-2525 LTD (800) 538-4583**
Voluntary Life – (Guardian)	**(800) 525-4542 or www.guardianlife.com**
Accident/Critical Illness – (Guardian)	**(800) 627-4500 or www.guardianlife.com**
FSA – (Discovery Benefits)	**(866) 451-3399 or www.discoverybenefits.com**
***HSA – (UMB Bank)**	**(866) 520-4472 or www.mybluekc.com**
****401(k) Retirement Plan – (Vanguard #264552)**	**(866) 695-7526 or https://my.vanguardplan.com**

**HSA – website where you can obtain balance summaries. Employees who elect the HSA plan will be auto-enrolled into an account with UMB.*
***401(k) – website where you register, make changes to your deferral percentages and to waive your election.*

Eligibility, Enrollment, & Changes

Employee Eligibility:

All full-time employees who work at least 30 hours per week are eligible for benefits on the first of the month following date of hire. You must complete your enrollment within 30 days of eligibility. Otherwise, you will not be able to enroll or change your enrollment elections until the next open enrollment unless you experience a Qualifying Life Event such as marriage, divorce, birth of a child.

Your Eligible Dependents:

- Your legally married spouse who resides in the United States.
- Children under the age of 26 (including: natural born, adopted or placed with you for adoption, stepchildren, and children who meet the requirements of the Coverage Pursuant to a Qualified Medical Child Support Order)
- Dependents are covered until the end of the calendar year when they turn 26, regardless of marital or student status for the BCBS medical plan. For the Guardian plans it is the end of the month they turn 26.
- An adult child must be considered a tax dependent for his or her medical expenses to qualify for reimbursement from a parent's Health Savings Account (HSA).
- Your unmarried children of any age who are mentally or physically handicapped and unable to support themselves due to handicap, mental illness, or mental disorder.

Benefit election changes during the year may be made for the following reasons:

- Changes in the Employee's legal marital status such as marriage, divorce, separation, or the death of a spouse.
- A change in the number of dependents such as birth, death, or adoption.
- Changes in employment status of the employee or of the employee's spouse or dependents. This includes the beginning or ending of employment, new or different work hours, change from full-time to part-time status or vice versa, the beginning or end of an unpaid leave of absence.
- A dependent becomes eligible or ceases to be eligible for coverage due to age.
- Employee, spouse or dependent becoming, or ceasing to be, eligible for Medicare or Medicaid.
- A judgment, decree, or order that results from a divorce or legal separation.
- An election change must be made within 30 days of the qualifying event (or within 60 days for certain special enrollment events).

Pretax Elections:

Medical, Dental, and Vision employee premiums will be deducted on a pre-tax basis through payroll deductions. Life, Disability, and Accident and Critical Illness employee premiums will be deducted on a post-tax basis through payroll deduction. Due to IRS rules, contributions cannot be revoked or changed during the plan year, unless you experience a qualifying "Status Change" as described above.

How My Medical Plan Works

Preferred Provider Organization (PPO) Plan: The White Energy Health Plans use a PPO network which is all about choice. You get to choose which providers to visit each time you need care and you can help control your own medical costs by choosing providers from within the PPO network. When you go out-of-network, you can visit any doctor or hospital you want, but you pay a greater portion of the cost.

In-Network Benefits:

- When you visit a provider that is within the PPO network, you will maximize the benefits of your medical plan. You do not have to select a Primary Care Physician, nor do you need a referral to see a specialist. Simply visit any doctor you choose within the PPO network for whatever care you need.
- Even within the PPO network, you are responsible for the annual deductible before your plan begins paying coinsurance for most benefits. After your deductible is met, you are only responsible for your portion up to your annual out-of-pocket maximum.

Out-of-Network Benefits:

- Your plan allows you to visit any provider you want, even if they are not within the PPO network. However, you will pay more for the services of any provider who is out-of-network and you will have to satisfy your out-of-network deductible before the plan's coinsurance kicks in.
- When you visit an out-of-network provider, the plan bases its payments on what it considers the reasonable and customary rate (R&C) for each service provided. If the charge incurred is more than the R&C limit set forth by the plan, you are responsible for paying the full difference between the charge and what the plan pays.
- When you receive out-of-network care, you are responsible for filing claim forms for reimbursement. As with in-network providers, you will still need to contact BCBS of KS to pre-certify hospital stays and certain outpatient procedures.

Pre-Certification Process: Please contact the number on the back of your ID card or visit http://www.mybluekc.com to obtain a current list of services that must be Prior Authorized. To contact the Blue KC Prior Authorization Department, call 816-395-3989 or 800-892-6116. Incomplete prior authorization requests and forms may result in a denial. All member information is strictly confidential. Call the Customer Service number listed on the member ID card to verify member eligibility and benefits.

Terms to Know

- **In-Network:** The doctors and hospitals that participate in the plan by accepting negotiated discounts to their fees.
- **Co-Pay:** A flat dollar amount that you are required to pay at the time of service for Medical or Rx Drugs. Not all Health Plans use copays.
- **Deductible:** Your initial portion of Healthcare costs that you will pay before your plan begins cost-sharing.
- **Coinsurance:** The percentage of the cost the plan will pay after you meet your deductible.
- **Out-of-Pocket Maximum:** The maximum amount that you could be responsible for paying in any plan year, including your deductible, copays, and coinsurance, before the health plan covers 100% of remaining eligible expenses.
- **Reasonable & Customary (R&C):** The most a plan will consider eligible for a covered expense. R&C charges are based on the range of fees charged by providers with comparable training for the same or similar services in your area. When you receive care in-network, R&C allowance limitations do not apply.

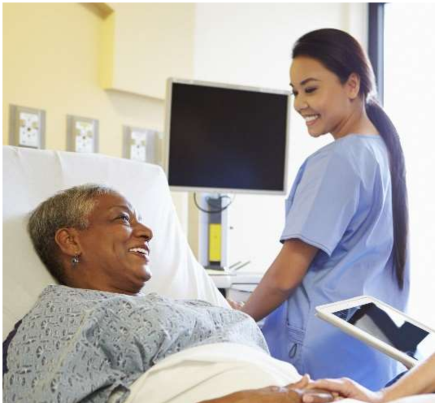
Medical Plan Summaries

White Energy offers the below Medical Insurance coverages through Blue Cross Blue Shield of Kansas City. Below you will find the summary of the Base Plan as well as the Blue Saver HSA Plan. A full list of covered preventive services can be located at: https://www.healthcare.gov/what-are-my-preventive-care-benefits/. To view a listing of providers, status of a claim, deductible and coinsurance balance, drug dictionary, generic drug availability, drug interactions, and much more, go to www.mybluekc.com. First-time users will need to register to gain access.

Medical Plan Options	Traditional PPO Plan		High-Deductible HSA Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible (Embedded) Individual Family	$1,500 $3,000	$1,500 $3,000	$3,300 $6,600	$3,300 $6,600
Coinsurance[1]	70%	50%	100%	80%
Out-of-Pocket Max[2] Individual Family	$4,500 $9,000	$9,000 $18,000	$3,300 $6,600	$6,600 $13,200
Preventive Care	No Charge	50% After Deductible	No Charge	80% After Deductible
General Office Visit	$35 Copay	50% After Deductible	100% After Deductible	80% After Deductible
Emergency Room [3]	$100 Copay then Deductible + Coinsurance		100% After Deductible	
Retail Pharmacy Generics Preferred Brand Non Preferred Brand	$10 $30 $50	50% After Copay 50% After Copay 50% After Copay	100% After Deductible 100% After Deductible 100% After Deductible	80% After Copay 80% After Copay 80% After Copay

1. *The percentage of the cost the plan will pay after you meet your deductible.*
2. *Deductible included in the Out-of-Pocket maximum.*
3. *Emergency Room copay waived if admitted.*

Bi-Weekly Employee Rates	Traditional PPO Plan	High-Deductible HSA Plan
Employee	$83.19	$33.32
Employee + Spouse	$171.62	$78.00
Employee + Child(ren)	$155.45	$75.11
Family	$244.35	$149.74



Dental Plan Summary

White Energy offers you Dental Insurance coverage that is administered through Guardian. With the Dental plan, you are free to choose any dentist. However, if you receive services from a dentist that does not contract with Guardian, in addition to the coinsurance and applicable deductible, you may be responsible for the difference between the dentist's billed charge and the "allowed" amount through Guardian. Prior to receiving services, we encourage you to contact your dentist directly or go to www.guardian.com to learn if your dentist is contracted with Guardian.

Please have your provider call Guardian at 800-541-7846 to properly submit your dental claims.

Dental Plan	
Deductible Individual Family	$50 $150
Annual Benefit Maximum	$1,500
Orthodontia Lifetime Maximum	$1,500
Annual Maximum Roll-Over Allowed	Up to $350 per year
Preventive Services	100%
Minor Restorative Services	80%
Major Restorative Services	50%
Orthodontia Services (Children Only)	50%

Bi-Weekly Employee Rates	
Employee	$2.42
Employee + Spouse	$5.17
Employee + Child(ren)	$7.32
Family	$10.08

Vision Plan Summary

White Energy offers you the option to buy affordable vision insurance through Guardian using the VSP network. Although you have the option to use any eye doctor when you elect vision coverage through VSP, using in-network providers will be most cost effective. Plan highlights are listed below. Please refer to the plan documents for a full list of covered benefits and their costs.

Eye Exam	In-Network	Out-of-Network
Copayment	$10 Co-pay	Up to $39 Reimbursed
Frequency	Once per 12 Months	Once per 12 Months
Prescription Glasses	**In-Network**	**Out-of-Network**
Frames	$130 Allowance	Up to $46 Reimbursed
Lenses	Single Vision, Lined Bifocal or Trifocal & Lenticular Lenses $25 Co-pay	Single Vision up to $23 Lined Bifocal up to $37 Lined Trifocal up to $49 Lenticular up to $64
Contacts (instead of glasses)	$130 allowance for contacts, 100% covered if Medically Necessary	Up to $100 for elective | $210 if Medically Necessary

Bi-Weekly Employee Rates	
Employee	$2.28
Employee + Spouse	$4.57
Employee + Child(ren)	$5.10
Family	$7.97

The information described above is only intended to be a summary of your benefits. It does not describe or include all benefit provisions, limitations, exclusions, or qualifications for coverage. Please review your Summary Plan Description for a complete explanation of your benefits. If the benefits above conflict in any way with the Summary Plan Description, the Summary Plan Description will prevail.

Understanding FSAs & HSAs

White Energy offers you the option to pay for your out of pocket medical, vision, and dental expenses using pre-tax dollars. If you choose to participate in the **Flexible Spending Account or Health Savings Account**, your elections will be automatically deducted from your paycheck and placed into your elected tax-advantaged account. Below is an example of how FSAs & HSAs differ and how both accounts can help offset your out-of-pocket expenses. ***Important Note: Employees cannot participate in the Healthcare Flexible Spending Account if they are already participating in the Health Savings Account.***

Flexible Spending Accounts: If you enroll in the Base Plan, you are eligible to utilize a Flexible Spending Account (FSA). White Energy offers you two different FSA options: a Medical Reimbursement Account and a Dependent Care Reimbursement Account. By using these accounts, you can save money and bring home more of your income by paying for medical care and dependent care expenses using PRE-TAX dollars from your payroll.

Health Savings Account: The company will make an employer contribution to your Health Savings Account if you are enrolled in the High Deductible Medical Plan. The total annual contribution for those enrolled with Employee Only coverage will be $400, and those enrolled with Employee + Dependent (Spouse, Child, Family) will receive $750. The company contribution will be funded to your Health Savings Account in equal installments quarterly throughout the year.

	Flexible Spending Account	Health Savings Account
Eligibility requirements	Eligible only if waiving medical coverage or enrolled in the PPO.	Must be enrolled in a High Deductible Health Plan (HDHP).
Contribution limit	FSA contribution limit is capped at $2,850.	2025 contributions capped at $4,300 for individuals or $8,550 for families. Individuals age 55 or older may make an additional $1,000 annual contribution to their HSA.
Placeholder	Contribution amounts can be adjusted only at open enrollment or with a change in employment or family status.	Contribution amounts can be changed at any point during the year.
Changing contribution amount	FSAs are a “use it or lose it” benefit but allow employees to rollover up to $570 into the first quarter of the following year. If the funds are unused, the remaining balance will be forfeited.	Unused balances roll over into the next year.
Annual Company Match	No employer contribution available.	Employees without dependents on the health plan will receive $400, while all employees with dependents (employee plus spouse, employee plus children, or family) will receive $750. Contributions will be funded in four equal installments at the beginning of each quarter.
Effect on taxes	Contributions are pretax and distributions are untaxed.	Contributions are tax-deductible, but can also be taken out of your pay pretax. Growth and distributions are tax-free.

What are medical expenses? When you divert income to an FSA or HSA, you must use that money ONLY on eligible medical expenses. If the IRS discovers that you have used these funds on anything else, you will face tax penalties. Some of the eligible expenses you may use your FSA and HSA funds on include: Medical, Dental, and Vision office visits, copays, deductibles, and prescriptions.

See the table to the right for an illustration of how contributing money to an HSA or FSA can save you money on taxes, resulting in more take-home pay. This is an illustration only and your personal outcome will depend on your contributions, income, and tax levels.

For a complete list of eligible medical expenses see IRS publication 502: http://www.irs.gov/publications/p502/
For a complete list of eligible dependent care expenses see IRS publication 503: http://www.irs.gov/publications/p503/

Pre-tax Savings Example	Without HSA/FSA	Using HSA/FSA
Gross Monthly Salary	$3,500	$3,500
Pre-Tax Monthly Contributions		
Medical Premiums	($100)	($100)
Contribution to FSA or HSA	$0	($80)
Contributions to Dependent Care FSA	$0	($400)
Resulting Taxable Income	**$3,400**	**$2,920**
Taxes at 25% rate	($850)	($730)
Post Tax Expenses		
Medical/Dental/Vision	($80)	$0 (pulled from Account as needed)
Dependent Care	($400)	$0 (pulled from Account as needed)
Resulting in Monthly Take-Home Pay	**$2,070**	**$2,190**
Annual Take-Home Salary	**$24,840**	**$26,280**

FSA & HSA Frequently Asked Questions

Flexible Spending Accounts Frequently Asked Questions

- **Why should you participate?** By electing this benefit, you agree to have your salary reduced by the agreed upon amount. Therefore, you are not responsible for federal income tax withholding or FICA on the amount of the reduction, thereby saving you 7.65% on FICA, plus whatever income tax you would be obligated to pay on this amount. Another advantage of using an FSA is that the entire amount you elect to contribute for the plan-year is available for you to use at the start of the year even though you have not actually contributed it yet.
- **When do I make my election?** Elections can be made during open enrollment or when you elect benefits as a new hire" would be better. This usually occurs once per year prior to the start of the new plan year. The start of the plan year is January 1st.
- **Can I change my election mid-year?** Medical reimbursement accounts can be changed with a qualifying event (i.e. marriage, divorce, death or a spouse or child, birth or adoption of a child, termination of employment of your spouse, or a change in work schedule). You may change your reimbursement election if you were enrolled in the plan prior to the qualifying event and you wish to change your election. Changes must be made within 31 days of the event. Dependent care reimbursement accounts can be changed with a qualifying event (i.e. birth or death of a child, adoption of a child, dependent is no longer eligible for daycare, change in employment status thus changing the need for daycare, changing daycare providers, or a cost increase or decrease in daycare).
- **What happens if my reimbursement request exceeds the balance in my account?** Your medical reimbursement account claims will be paid in full, up to the annual amount you have elected to have withheld for that plan year.
- **What happens to the money in my account if I should terminate employment?** You would be entitled to reimbursement for expenses which were incurred within the same plan year and before your termination date. Your plan allows you to submit claims up to 180 days after termination in the plan.
- **What happens to any money left over at the close of the plan year?** FSA funds in the amount of up to $660 left at the close of the plan year on February 28th will be transferred over to the following plan year. Any money in excess of $600 left over in your account at the close of the plan year is forfeited.
- **When can I incur claims?** Your plan year allows you to incur claims from January 1st through December 31st.
- **What is the filing deadline for claims submission?** The filing deadline varies depending on your plan. You have 60 days to submit claims at the end of the plan year. The last day to submit claims is March 31st.
- **What are the annual contribution limits?** Medical FSA is capped up to $3,300 per year. Dependent Care FSA: Up to $5,000 if single or married & filing taxes jointly or $2,500 if married & filing taxes separately.

Health Savings Account Frequently Asked Questions

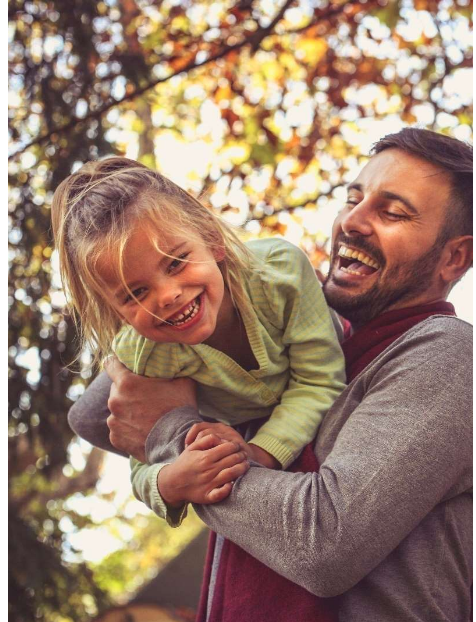
- **How do I manage my HSA?** A Health Savings Account is similar to a normal checking or savings account and it is owned by you--not by your employer. You contribute to the account via pre-tax payroll deductions and the money in your account is there for you to use on eligible medical, dental, and vision expenses when you need it. You will pay for your expenses using a debit card linked to the account or you may reimburse yourself if you paid for eligible expenses with non-HSA funds.
- **What expenses are eligible for reimbursement from my HSA?** HSA dollars may be used for qualified medical expenses incurred by the account holder and his or her spouse and dependents. Qualified medical expenses are expenses for medical care and are outlined within IRS Section 213(d). In summary, the IRS Section 213(d) states that "the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness." For a complete list of eligible expenses, refer to IRS publication 502 which can be found at: www.irs.gov/publications/p502/
- **In addition to qualified medical expenses, which insurance premiums may be reimbursed from an HSA account?** COBRA premiums, health insurance premiums while receiving unemployment benefits, qualified long-term care premiums, and any health insurance premiums paid by individual age 65 and over other than for a Medicare supplemental policy.
- **What expenses are NOT eligible for reimbursement from my HSA?** Premiums for Medicare supplemental policies, expenses covered by another insurance plan or expenses incurred prior to the date the HSA was established.
- **Can I use my HSA dollars for non-eligible expenses?** Money withdrawn from an HSA account to reimburse non-eligible medical expense is taxable income to the account holder and is subject to a 20% tax penalty unless you are over age 65, disabled, or upon death of the account holder.
- **What happens when my HSA funds run out?** You may be financially responsible for any eligible medical expenses that fall within the coverage gap.
- **When can I start using my HSA dollars?** You can use your HSA dollars immediately following your HSA account activation and once contributions have been made. You can only use HSA dollars that have been put into the account, however, you can save your receipts and get reimbursed later in the year for medical expenses you incur earlier in the year.
- **When and how often can I contribute to my HSA?** You can contribute to your HSA account through payroll deductions or as often as you'd like provided you do not exceed the annual contribution limits of $4,300 for individual coverage or $8,550 for family coverage. Individuals 55 or older may contribute an additional $1,000 per year.

Basic & AD&D Plan Summaries

Life insurance can help provide for your loved ones if something were to happen to you. All eligible employees will be enrolled in the White Energy **Company-Paid Basic Life & AD&D Insurance** coverage through Guardian.

This coverage is provided by White Energy at no cost to you. It is important to update your beneficiaries periodically. If you do not update your beneficiaries, it will make it harder for the right person to receive your benefit, if ever needed. Below is an overview of your Basic Life & AD&D benefits.

Company-Paid Basic Life/AD&D Plan	
Basic Life Amount	Employees will receive one times annual base salary, up to $200,000.
AD&D Benefit Amount	Matches the basic life benefit amount.



Please review the full summary plan documents for a list of your exclusions and limitations. *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

Voluntary Life & AD&D Plan Summaries

White Energy wants you to be covered and your family to be protected, which is why we are offering all full-time eligible employees the opportunity to enroll in **Employee Paid Voluntary Life and Accidental Death & Dismemberment Insurance** coverage through Guardian. Your designated beneficiary will receive a benefit to help ease their financial burden if you die. Accidental Death and Dismemberment (AD&D) provides an additional benefit if you die or become dismembered due to a specifically covered accident. Below is an overview of your Voluntary Life/AD&D Plan.

If you are requesting over the Guarantee issued amount, you will be required to complete an Evidence of Insurability form. If you are required to complete EOI, your enrollment will be suspended until your EOI is approved by Guardian.

Employee Paid Voluntary Term Life/AD&D	
Benefit Amount	**Employee:** In increments of $10,000, not to exceed $500,000 **Spouse:** Up to 100% of employee amount in increments of $5,000, not to exceed $200,000 **Child(ren):** 5 Options, not to exceed $10,000 up to the age of 26
Guarantee Issue (No Medical Questions)	**Employee:** $150,000- (New Hires Only) **Spouse:** $30,000- (New Hires Only) **Child(ren):** $10,000- (New Hires Only)
Reduction Schedule	**Age 65**: 35% / **Age 70**: additional 15%
AD&D Benefit Amount	Matches the Voluntary Life benefit amount

Please review the full summary plan documents for a list of your exclusions and limitations. *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

Disability Plan Summaries

White Energy offers eligible employees **Company-Paid Short-Term & Long Disability Insurance** coverages through Guardian. Disability Insurance can pay you a percentage of your gross monthly earnings (up to the maximum allowed by your plan) if you are unable to work for a few weeks, months or years due to an illness or injury (Short-Term Disability includes Maternity). These benefits can help you cover your expenses and protect your finances at a time when you're not getting a paycheck and have extra medical bills.

Important Note: If you become disabled due to sickness or injury while insured by this plan, you must give notice of claim as soon as possible after the date of your injury or the start of your sickness.

Company-Paid Short-Term Disability Plan	
Benefit Levels	60% of weekly earnings to a maximum of $1,000 a week
Elimination Period	Sickness: 15 Days- (Waiting Period) / Injury: 1 Day- (Waiting Period)
Benefit Duration	13 weeks (Max allowed)
Cost	This benefit is 100% paid for by the company!

Company-Paid Long-Term Disability Plan	
Benefit Levels	60% of monthly earnings to a maximum of $7,500 a month
Elimination Period	90 Days- (Waiting Period)
Benefit Duration	Up to Social Security Normal Retirement Age
Pre-Existing Condition Limitations	The pre-existing condition exclusion applies if the insured received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 12 months just prior to his or her effective date of coverage; and the disability begins in the first 12 months after his or her effective date of coverage.
Cost	This benefit is 100% paid for by the company!

Please review the full summary plan documents for a list of your exclusions and limitations. *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

Accident & Critical Illness Plan Summaries

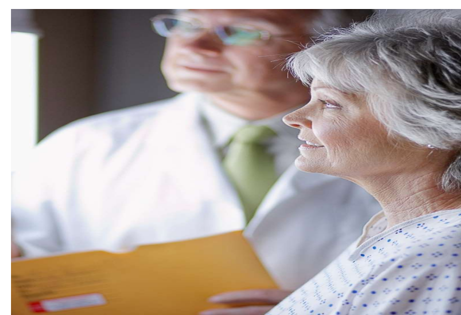
White Energy offers eligible employees **Employee-Paid Accident & Critical Illness Insurance** coverages through Guardian. Accident Insurance can pay a set benefit amount based on the type of injury you have and the type of treatment you need. It covers accidents that occur off the job. And it includes a range of incidents, from common injuries to more serious events. It can help you with out-of-pocket costs that your medical plan doesn't cover, like co-pays and deductibles.

Critical Illness Insurance pays money directly to you when you're diagnosed with certain serious illnesses. If you're diagnosed with an illness that is covered by this insurance, you'll receive a benefit payment in one lump sum. You can use the money however you want. The money can help you pay out-of-pocket medical expenses, like co-pays and deductibles.

Employee Paid Accident Coverage	
Benefit Levels	Pays out a flat dollar amount for a number of accidents. Refer to the highlight sheet for a full schedule of benefits.
Wellness Screening Benefit	Plan pays a $50 benefit for your annual wellness visit!
Cost	Employees pay 100% of the cost. Refer to the Paycor benefits enrollment for rates.

Bi-Weekly Employee Rates	
Employee	4.92
Employee + Spouse	8.25
Employee + Child(ren)	9.00
Family	12.34

Employee Paid Critical Illness Coverage	
Benefit Levels	Pays out a flat dollar amount for various covered conditions depending on the level elected.
Wellness Screening Benefit	Plan pays a $50 benefit for your annual wellness visit!
Cost	Employees pay 100% of the cost. Refer to the Paycor benefits enrollment for rates.



Please review the full summary plan documents for a list of your exclusions and limitations. *This plan highlight is a summary provided to help you understand your insurance coverage. Details may differ from state to state. Please refer to your certificate booklet for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern.*

401(k) Retirement Plan Summary

About the Plan:

- It is a safe harbor plan.
- Company match after 90 days of service for eligible employees.
- Pretax deferrals from 1% to 75% of Compensation, subject to IRS plan limits (below).
- All new hire employees will be auto enrolled in 401k at 5% contribution on the first of the next month after 90 days.

For 2025, annual salary deferral contributions limits are based on the age of the employee:

- Under Age 50—$24,000
- Over Age 50—$31,500 (includes catch-up contributions)
- Contribution limits are based on 2025 and are subject to change each year.

Company Match:

- Match is 100% of deferrals up to the first 3% of Plan Compensation plus 50% of the amount you contribute between 3% and 5% of Plan Compensation.
- The first 3% of employee deferral is matched $1 for $1.
- The next 2% of employee deferral is matched by the company at $.50 per $1.

Online Access:

- The website provides instant access to your retirement account and the ability to make changes and perform transactions. You will also find tools and calculators to help with your investment planning decisions so you can make the most of your plan benefit.

These tools include:

- Research Plan Investments
- Transfer Balances
- Change your contribution amounts
- Elect Save Smart and automatic Account Rebalancing
- Get prospectuses

Phone (1-866-794-2145):

The Voice Response System connects you to your plan account over the phone. Call 1-866-794-2145 to get account information and perform many of the transactions available on the website. You can also speak to a Customer Service Representative Monday - Friday, 8:30am - 9pm ET.

Quarterly Account Statement:

Stay informed about your progress. Your statement has details about your account, investment performance, and account activity for the period. Available on your plan website.

If you were provided with access information at your enrollment meeting, you can enroll Online now:

- Visit https://my.vanguardplan.com
- Enter the plan number 264552.

Contact Information:

- Website https://my.vanguardplan.com
- Plan number 264552
- Customer Service # 1-866-794-2145

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