GUIDE TO YOUR 2020 BENEFITS

Learn about the latest ONEOK benefit programs today!

Email Benefits@oneok.com to receive general benefit email updates on your personal or spouse/domestic partner’s email address.

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LEGAL NOTICE

This New Hire 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 2020. Any additional changes to the plans after distribution will be communicated in another 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 2020 plan document, the written 2020 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.
Welcome to ONEOK

We understand that benefits make up a significant portion of your total compensation package. In this guide you will find information regarding:

**Your Money**

- ONEOK offers a 401(k) Plan with immediate vesting and automatic enrollment of 6% along with 6% company match.
- Employee Stock Purchase Plan (ESPP) is another savings tool that offers company stock at a 15% discount.
- Employees may enroll in additional life insurance at a competitive rate and no health questions asked up to $500,000 within your first 30 days of enrollment.
- Health care flexible spending accounts and dependent care flexible spending accounts offer employees added tools to help save on taxes for medical, dental and vision expenses and child care on a pretax basis.
- Health savings accounts come with the High Deductible Health Plan (HDHP) and are another avenue to save on taxes for eligible health-related expenses.

**Your Career**

- Business resource groups are voluntary groups driven by employees to support diversity and inclusion in the workplace.
- Organizational Development offers professional training and support to guide you through your career path.

**Your Health**

- ONEOK offers a comprehensive medical, dental and vision package. Not sure whether the Preferred Provider Organization (PPO) plan or High Deductible Health Plan (HDHP) is right for you? Contact your Health Pro at Alight before you enroll to receive a personalized plan comparison.
- Advance Medical, ONEOK’s expert medical opinion service, gives you access to the world’s leading experts in their medical field for employees on the health plan and qualifying family members.
- Live Smart, ONEOK’s total health and wellness program, provides employees with opportunities and education that promote well-being.

**Your Perks**

- ONEOK’s Maternity, Paternity and Adoption Leave Policy gives parents time off to bond with their newly added dependents.
- Adoption assistance is available for employees up to $10,000 per adoption.
ONE ASSIST integrates HR Solutions support:

- Access HR forms, policies and plan documents.
- Request HR assistance with pay slip review, short-term disability or retirement reports, or schedule a consultation for any HR need.
- Live chat is available 8 a.m. to 5 p.m. Monday through Friday, except holidays.

Have an HR question?

ONE ASSIST provides a single location for employee assistance and self-service. Help is only a click away for Information Technology (IT), Human Resources (HR) and other service requests.

- 24/7 access.
- Ability to search for the right resource in one location.
- A single platform for all requests for better tracking.
- Mobile-friendly capabilities.

Visit https://oneassist.oneok.com for more information.
Preventive Care Benefits: Nondiagnostic routine health care including immunizations, screenings and checkups to prevent disease. Preventive care is covered at 100% at in-network providers.

Copay: A fixed dollar amount you pay for a covered health care service, usually paid at time of service.

Deductible: The amount you pay each year before your plan begins paying benefits. Not all covered services are subject to the deductible, e.g. preventive care.

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.

Out-of-Pocket Maximum: The maximum dollar amount you pay during a calendar year for your share of the costs of covered services. After you meet this limit, the plan pays 100% of covered services. This limit helps protect you from unexpected catastrophic expenses.

In-Network Provider: A health care provider (such as a 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. Employees save money by using in-network providers.

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

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.

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

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.

AD&D: Accidental Death & Dismemberment
FSA: Flexible Spending Account
HDHP: High Deductible Health Plan
HSA: Health Savings Account
PPO: Preferred Provider Organization Plan
Electing Your Benefits

Follow these steps to enroll in your benefits using ERP.

1. Attend an orientation. Contact HR Solutions for orientation date and time.
2. Log in to ERP on ONEOK Online under the Shortcuts tab. Click on the navigation icon.
3. Select ONEOK Employee Self-Service > Personal Actions.
4. Select Benefits > Start.
5. Email dependent verification documents to HRSolutions@oneok.com. See pages 38-39 for a list of acceptable verification documents.
6. Review your benefit confirmation statement and payslip. Contact HR Solutions with any concerns.

Coverage for new hires

A newly eligible employee (i.e., a new hire or someone who transitions to an eligible employment status) must complete one month of continuous full-time employment (a “Waiting Period”) to be eligible for participation in the ONEOK plans. Coverage will be effective the first day following the completion of the Waiting Period. (Example: an individual who begins work as a full-time employee of the company on February 15, 2020, must complete service through March 14, 2020, for coverage to be effective March 15, 2020.)

If you fail to complete the enrollment process during your new hire waiting period you will automatically be enrolled in the PPO Plan with Employee Only coverage. You will not be allowed to make changes to this enrollment until the next annual open enrollment, or sooner if you have a qualifying life event. Refer to the ONEOK, Inc. Health Plan and Summary Plan Description found on ONEOK Online > Employee Resources > Human Resources > Benefits for more details.
Benefits Coverage Eligibility

See pages 38–39 for a list of eligible dependents and required documentation.

Changing Your Elections

Once you have made your initial benefit elections, you may not make any changes until Open Enrollment unless you experience a qualifying life event. Examples of qualifying events are listed below. Please refer to the plan document for a complete listing. To make changes, you must submit a completed Family Status Change Form to HR Solutions. 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 event is:

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

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

- Birth or adoption of a child.

Documentation

In addition to a completed Family Status Change Form, you will need the following documentation for qualifying events. See pages 38–39 for a more detailed list.

- Marriage: Marriage certificate and proof of joint ownership.
- 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, adoption paperwork.

SPECIAL NOTE ABOUT NEWBORN CHILDREN

Newborn children are not automatically added to the ONEOK Health Plan, even if both parents are enrolled. You must complete a Family Status Change Form if you want coverage for your newborn.

HR SOLUTIONS

HRSolutions@oneok.com
855-ONEOKHR
(855-663-6547)
Benefits Coverage Eligibility

Important information regarding coverage for domestic partners

What is a domestic partner?
A person with whom you have a committed relationship 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.

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 the employee provides, whether they live with the employee, their legal citizenship and their gross income (nonhealth benefits only).

After-tax deductions for nonqualified dependents
IRS Section 125 allows employees 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. Employees covering a nonqualified individual will see two deductions on their payslips: one deduction for the employee and qualified dependents made on a pretax basis and one deduction for nonqualified dependents made on an after-tax basis.

Imputed income
Employees covering nonqualified dependents will also see an amount for imputed income added to their earnings. Federal tax law only allows an employer to provide benefit coverage on a tax-free basis to certain individuals, including employees, their spouses, their children and certain other “qualifying” dependents. Employer-provided coverage for any other individuals will result in imputed income to the employee. 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 an employee is required to purchase nonqualified dependent coverage with after-tax dollars and is taxed on imputed income for the value of any coverage paid by ONEOK, the actual benefits the nonqualified dependent receives under the plan (for example, the value of medical services provided by doctors and hospitals) are not taxed. However, flexible spending account (FSA) and health savings account (HSA) funds may not be used to reimburse health care expenses for nonqualified dependents.

To see more information regarding your domestic partner, please visit
ONEOK Online > Employee Resources > Human Resources > Benefits.
Your Health Pro

Health benefits may be confusing. Medical costs are rising, and finding the right care for you and your family may be frustrating and time consuming. Your Alight Health Pro, formerly known as Compass, is here to simplify your health care experience and help you take control of health care costs.

Contact your Health Pro at 844-305-8629 or email ONEOK@compassphs.com. Download the Compass Health Pro Cloud app from the ONEOK App Store.

Your Health Pro can help you decide:

- Is the Preferred Provider Organization (PPO) or the High Deductible Health Plan (HDHP) the better plan for me?
- How may I reduce my monthly prescription drug costs?
- Why am I getting this bill?
- Is there an in-network doctor in my area?

Participants saved $70 on average when the Health Pro reviewed a medical bill for accuracy.
Understanding HDHP and PPO

ONEOK offers two health plans to choose from – the HDHP and the PPO. But, which one you choose depends on your personal health care needs. Both plans have a tax savings account option. If you select the HDHP, you are eligible for a health savings account, or HSA. If you choose the PPO you are eligible for a health care flexible spending account (HCFSA), or FSA.

Both the FSA and HSA may be used to help offset your out-of-pocket health, dental and vision care expenses, such as deductibles, copays, eye glasses and prescription medications.

What is the difference between the family deductible on the PPO and the family deductible on the HDHP?

The PPO plan includes a “per person” safety net meaning no one single person’s claims will ever be subject to more than the per person deductible or out-of-pocket maximum. The HDHP does not include this safety net on the deductible.

If you have family coverage on the HDHP, the entire family deductible must be met before claims are paid by the health plan.

<table>
<thead>
<tr>
<th>2020 HEALTH PLAN CONTRIBUTIONS (Per Pay Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
</tr>
<tr>
<td>PPO $44.50</td>
</tr>
<tr>
<td>HDHP $29.00</td>
</tr>
<tr>
<td>Employee+Spouse/Domestic Partner</td>
</tr>
<tr>
<td>PPO $132.50</td>
</tr>
<tr>
<td>HDHP $98.50</td>
</tr>
<tr>
<td>Employee+Child(ren)/Domestic Partner Child(ren)</td>
</tr>
<tr>
<td>PPO $110.00</td>
</tr>
<tr>
<td>HDHP $84.00</td>
</tr>
<tr>
<td>Employee+Family</td>
</tr>
<tr>
<td>PPO $206.00</td>
</tr>
<tr>
<td>HDHP $130.50</td>
</tr>
</tbody>
</table>

Why choose the HDHP and HSA?

- Lower monthly premiums.
- Triple tax savings through the HSA. Contributions are made pretaxed. Any HSA investment fund growth is tax-free. And, as long as funds are used for eligible expenses, withdrawals are tax-free.
- HSA accounts roll over year to year, giving you the ability to save for future medical expenses.
- The HDHP may be more suitable for employees who have had consistent medical costs year after year and are more comfortable with a higher deductible and no copays.
- Routine preventive care is paid at 100% at network providers.

Why choose the PPO and HCFSA?

- To know the exact cost for common services such as doctor office visits.
- Prefer a lower deductible.
- Prefer to have the protection of a “per person” deductible and out-of-pocket maximum cap.
- Have other coverage such as Medicare, TRICARE, etc. that makes you ineligible for the HSA.
- With the HCFSA, employees who elect the PPO are still able to pay for their current medical expenses on a pretax basis.
- Routine preventive care is paid at 100% at network providers.

NOT SURE WHICH PLAN IS RIGHT FOR YOU? CONTACT YOUR HEALTH PRO TEAM.

alight

844-305-8629
email ONEOK@compassphs.com.

Get a personalized, detailed, side-by-side comparison based on your expected medical expenses. See details on page 8.

YOUR HEALTH | 9
## Health Plan Coverage

<table>
<thead>
<tr>
<th>CALENDAR YEAR DEDUCTIBLE</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Network</strong></td>
<td><strong>Out of Network</strong></td>
<td><strong>In Network</strong></td>
</tr>
<tr>
<td>Per Person</td>
<td>$500&lt;sup&gt;6&lt;/sup&gt;</td>
<td>$1,500&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Employee+Spouse/Domestic Partner or Employee+Child(ren)</td>
<td>$1,000&lt;sup&gt;6&lt;/sup&gt;</td>
<td>$3,000&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Employee+Family</td>
<td>$1,500&lt;sup&gt;6&lt;/sup&gt;</td>
<td>$4,500&lt;sup&gt;6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Single Coverage</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ONEOK CONTRIBUTION TO HSA&lt;sup&gt;3&lt;/sup&gt;</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>$500 Single Coverage*</td>
<td>$1,000 Family Coverage*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MEMBER COINSURANCE</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Network</strong></td>
<td><strong>Out of Network</strong></td>
<td><strong>In Network</strong></td>
</tr>
<tr>
<td>20%</td>
<td>40%</td>
<td>15%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>OUT-OF-POCKET MAXIMUM</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In Network</strong></td>
<td><strong>Out of Network</strong></td>
<td><strong>In Network</strong></td>
</tr>
<tr>
<td>Per Person</td>
<td>$2,750</td>
<td>$6,000&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Employee+Spouse/Domestic Partner or Employee+Child(ren)</td>
<td>$5,500</td>
<td>$12,000&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Employee+Family</td>
<td>$8,250</td>
<td>$18,000&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Single Coverage</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Family Coverage</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PREVENTIVE CARE (NONDIASTISTIC)</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imm</td>
<td>Plan Pays 100%&lt;sup&gt;1,10&lt;/sup&gt;</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Immunizations/Well-child Care, Routine Physical, Prostate Cancer Screening, Mammogram Screening, Colonoscopy/Cologuard, Well-woman and Well-man Visits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMON SERVICES</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td>CareATC Health Clinic</td>
<td>Plan Pays 100%&lt;sup&gt;9&lt;/sup&gt;</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Virtual Visit</td>
<td>$5 Copay&lt;sup&gt;6,9&lt;/sup&gt;</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Primary Care Office Visit</td>
<td>$30 Copay&lt;sup&gt;6,8,9&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Specialist Office Visit</td>
<td>$50 Copay&lt;sup&gt;6,9&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Urgent Care Visit</td>
<td>$65 Copay&lt;sup&gt;6,9&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Diagnostic X-ray/Lab</td>
<td>20%&lt;sup&gt;2,6&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$300 Copay&lt;sup&gt;9&lt;/sup&gt;, Waived if Admitted, Deductible + 20%&lt;sup&gt;6&lt;/sup&gt;</td>
<td>$300 Copay&lt;sup&gt;9&lt;/sup&gt;, Waived if Admitted, Deductible + 20%&lt;sup&gt;6,7&lt;/sup&gt;</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>20%&lt;sup&gt;2,4,5,6&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,4,5,6&lt;/sup&gt;</td>
</tr>
<tr>
<td>All Other Covered Services</td>
<td>20%&lt;sup&gt;2,6&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
</tbody>
</table>
# Health Plan Coverage

<table>
<thead>
<tr>
<th>MATERNITY SERVICES – EMPLOYEE, SPOUSE/DOMESTIC PARTNER</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Preventive Prenatal Care</strong></td>
<td>In Network</td>
<td>Out of Network&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Plan Pays 100%&lt;sup&gt;1,10&lt;/sup&gt;</td>
<td>Not Covered</td>
<td>Plan Pays 100%&lt;sup&gt;1,10&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Other Prenatal Care</strong></td>
<td>20%&lt;sup&gt;2,4,5,6&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,4,5,6&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Delivery and Newborn Charges</strong></td>
<td>20%&lt;sup&gt;2,4,5,6&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,4,5,6&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MATERNITY SERVICES – DEPENDENT DAUGHTERS</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Routine Preventive Prenatal Care</strong></td>
<td>Plan Pays 100%&lt;sup&gt;1,10&lt;/sup&gt;</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Other Prenatal Care</strong></td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td><strong>Delivery and Newborn Charges</strong></td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PRESCRIPTION DRUGS (NETWORK COVERAGE ONLY)</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Select Tier 1 Drugs</strong></td>
<td>Plan Pays 100%&lt;sup&gt;1&lt;/sup&gt;</td>
<td>Plan Pays 100%&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Tier 1 Drugs</strong></td>
<td>The Lesser of the Cost of the Drug or $7.50&lt;sup&gt;6,9&lt;/sup&gt;</td>
<td>15%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Tier 2 Drugs</strong></td>
<td>The Greater of 30% or $25.00&lt;sup&gt;6,9&lt;/sup&gt;</td>
<td>15%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Tier 3 Drugs</strong></td>
<td>The Greater of 40% or $50.00&lt;sup&gt;6,9&lt;/sup&gt;</td>
<td>15%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>OTHER SERVICES</th>
<th>PPO</th>
<th>HDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Speech Therapy</strong></td>
<td>20%&lt;sup&gt;2,6&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Temporomandibular Joint Dysfunction (TMJ)</strong></td>
<td>20%&lt;sup&gt;2,6&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Durable Medical Equipment</strong></td>
<td>20%&lt;sup&gt;2,6&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Prosthetic Devices</strong></td>
<td>20%&lt;sup&gt;2,6&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Wigs (in Conjunction with Chemotherapy or Radiation)</strong></td>
<td>20%&lt;sup&gt;2,6&lt;/sup&gt;</td>
<td>40%&lt;sup&gt;2,6&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

*Prorated based upon hire date

1. Does not apply to annual deductible or out-of-pocket maximum.
2. After annual deductible.
3. If provider is not contracted with 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.
5. Precertification required within 48 hours of admission.
6. Applies to out-of-pocket maximum.
7. If out-of-network emergency care is not medically necessary, the plan will pay 60% coinsurance.
8. Family practitioner, general practitioner, internal medicine, pediatrician and mental health office visits.
9. Does not apply to annual deductible.
10. 100% coverage is based on age and health condition with respect to Health Care Reform guidelines.
11. The entire family deductible must be met before coinsurance will be applied, regardless of how many individual are covered.
12. 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 guidance.

Limited to $500 maximum for 1 wig per calendar year.
Are you paying more than $7.50 for your prescriptions?

If so, you may be paying too much.

* $7.50 copay does not apply to HDHP members.

The UnitedHealthcare Prescription Drug List organizes all brand and generic prescription drugs into tiers based on total cost management. Not all generic drugs are Tier 1 and not all name brand drugs are Tier 2 and 3. Every drug is evaluated to determine how well it works, how it compares to others in its class, total cost and other significant considerations to ensure the best value.

Call your Health Pro to see if there is a lower cost alternative for your prescription. See page 8 for more information about your Health Pro.

Phone: 844-305-8629
Email: ONEOK@compassphs.com
Website: www.member.compassphs.com

Participants saved $443 per year on average when the Health Pro reviewed prescription drug costs.
YOU MAY GET A CALL FROM UNITEDHEALTHCARE.

Based on your medical claims activity, a UnitedHealthcare nurse may call you about an important health program or service, or to offer information to help manage or improve your health. Before discussing the program, the nurse is required by law to confirm your personal information:

- Name.
- Date of birth.
- Home address.

If you are uncomfortable providing this information over the phone, simply call UnitedHealthcare back using the phone number on the back of your ID card, confirm your identity and ask to be transferred to the Nurseline to hear more about their support programs.

These programs are confidential, and your personal information is not given to ONEOK.
Virtual Visits

Virtual visits are a means to significantly boost your access to quality physicians. You now have timely access to care when it is convenient for you.

Available on your mobile device, tablet or computer.

Twenty minutes or less to video chat face to face with a doctor.

Get prescriptions, if needed.

Save up to $1,800 in comparison to the ER.

A virtual visit:

- Reduces costs to patients who would otherwise go to an emergency room for care that is not life threatening.
- Reduces costs for many of the same services you seek from a primary care physician or an urgent care center.
- Increases access to care especially in remote or rural areas.

A virtual visit does NOT:

- Take the place of emergency care when you are experiencing life-threatening symptoms. Call 911 if you are experiencing symptoms such as chest pain, difficulty breathing, fainting, dizziness, uncontrolled bleeding, or difficulty speaking or walking.

UnitedHealthcare offers three virtual visit providers:

- Medical
- Mental Health

- Medical
- Mental Health

- Medical only
Consult a doctor remotely with your 24/7 VIRTUAL VISIT BENEFIT
A FAST AND EASY WAY TO SEE A DOCTOR.

SAVE MONEY
Use your virtual visit benefit to get immediate care for:

- Allergies.
- Colds/Flu.
- Cough.
- Sore throat.
- Minor skin problems.
- Eye infections.
- Urinary tract infections.

MENTAL HEALTH
(by appointment)

- Depression.
- Anxiety and stress.
- Trauma and loss.
- Addictions.

PPO PLAN
$5 copay for virtual visit.
$30 copay for psychologist.
$30 copay for psychiatrist.

HDHP PLAN
Subject to the annual deductible and coinsurance. Average costs are:
$50 for virtual visit.
$80 — $300 for mental health depending on which doctor you see and length of visit.

Log in to www.myuhc.com to access Virtual Visits.
Help when you need it at no cost to you:

**Counseling and Referrals**
ONEOK’s Employee Assistance Program (EAP) provides employees and their families with counseling resources and services.

**Legal and Financial Consultation**
EAP provides employees with free 30-minute legal and financial consultations, will planning assistance, access to common legal documents and education resources.

**Online Therapy**
In addition to traditional forms of counseling, you may connect with a therapist via text, audio and video messaging. Offered in partnership with Talkspace, you receive up to six counseling sessions per life topic. Five days per week of messaging equals approximately one EAP session. Using online therapy is free, confidential and available for individuals 18 years of age or older.

**New Directions EAP App**
With the New Directions EAP app, you may request an EAP counseling session, call the 24/7 Support Line, get tips and read articles to improve your health and well-being, ask questions and view frequently asked questions about the EAP benefit.

Learn more at www.ndbh.com/ONEOK  Code: ONEOK
Advance Medical

You may face a medical crisis at some time in your life. When the need arises, you need a team of doctors to provide comfort and clarify the best way forward to an optimal medical outcome.

Advance Medical gives you access to a network of support – doctors, case managers, etc. – to help you determine the best course of treatment for your medical situation. You will work directly with a doctor who will serve as your physician case manager and guide you to the answers you need – 24 hours a day, seven days a week.

Employees enrolled on the ONEOK Health Plan and their:

- Spouses/domestic partners.
- Children up to age 26.
- Parents.
- Parents-in-law.

Dependents do not have to be enrolled in the health plan to access services.

Starting a case is easy. Advance Medical is available when you are.

Call: 888-251-4158 | Email: oneok@advance-medical.net

Learn more at http://advance-medical.net/ONEOK
Delta Dental, ONEOK’s dental provider, offers in-network and out-of-network coverage. Use an in-network PPO dentist to get the most out of the dental plan and lowest out-of-pocket costs. For more information on plan coverage, visit ONEOK Online > Employee Resources > Human Resources > Benefits.

Use the Delta Dental mobile app to search for network dentists, review claims, download ID cards and more.

Visit Delta Dental online at www.deltadentalok.org.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$5.50</td>
</tr>
<tr>
<td>Employee+Spouse/Domestic Partner</td>
<td>$11.50</td>
</tr>
<tr>
<td>Employee+Child(ren)</td>
<td>$10.50</td>
</tr>
<tr>
<td>Family</td>
<td>$16.50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DENTAL BENEFITS SUMMARY</th>
<th>PPO</th>
<th>Premier</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Choose a dentist in the PPO network for the greatest benefit.</td>
<td>Choose a dentist in the Premier network for network savings. Your out-of-pocket costs will be higher than with a PPO dentist.</td>
<td>Out-of-network dentists are reimbursed based upon Delta Dental’s maximum allowable fee schedule. Any difference between the dentist charges and the schedule may be billed to you.</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50 per person or $150 per family</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventive Care and Diagnostic Care (Exams, X-rays, Cleanings)</td>
<td>Paid at 100%</td>
<td>Paid at 90%</td>
<td>Paid at 90%</td>
</tr>
<tr>
<td>Deductible Waived for Preventive Care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Care (Fillings, Extractions, Root Canals)</td>
<td>Paid at 80%</td>
<td>Paid at 70%</td>
<td>Paid at 70%</td>
</tr>
<tr>
<td>Major Care (Crowns, Bridges, Dentures)</td>
<td>Paid at 50%</td>
<td>Paid at 40%</td>
<td>Paid at 40%</td>
</tr>
<tr>
<td>Annual Maximum Benefit</td>
<td>$1,500 per person per calendar year. Oral evaluations and routine cleanings do not reduce the annual maximum benefit.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontia (Adult and Children)</td>
<td>Paid at 50%</td>
<td>Paid at 40%</td>
<td>Paid at 40%</td>
</tr>
<tr>
<td>Orthodontia Lifetime Maximum</td>
<td></td>
<td>$1,500 per person</td>
<td></td>
</tr>
</tbody>
</table>

NEED HELP SCHEDULING AN APPOINTMENT? CONTACT YOUR HEALTH PRO.
Call 844-305-8629 or email ONEOK@compassphs.com.
Vision Coverage

Vision coverage through MetLife provides vision exams at affordable copays, as well as an eyewear or contact lens allowance. Other discounts on services like laser eye surgery also are offered. For more information on plan coverage, visit ONEOK Online > Employee Resources > Human Resources > Benefits.

Use the MetLife US App to find a vision provider easily or view your benefits and claims online. Vision ID cards are available online for you to download and print at your convenience.

Visit MetLife online at www.metlife.com.

<table>
<thead>
<tr>
<th>VISION BENEFITS SUMMARY</th>
<th>Network Benefits</th>
<th>Out-of-Network Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision examination (one exam per participant per calendar year)</td>
<td>$15 copay</td>
<td>Reimbursed up to $45</td>
</tr>
<tr>
<td>Standard corrective lenses, single, lined bifocal, lined trifocal, lenticular (once per calendar year)</td>
<td>Covered in full</td>
<td>Reimbursed $30 to $100</td>
</tr>
<tr>
<td>Frames (once per calendar year) Contact lenses Instead of eyeglass lenses (once per calendar year)</td>
<td>100% up to $150, then 20% savings Contact fitting and evaluation: $60 copay Elective lenses: $130 allowance</td>
<td>Reimbursed up to $70</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Per Pay Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$4.74</td>
</tr>
<tr>
<td>Employee+Spouse/Domestic Partner</td>
<td>$7.59</td>
</tr>
<tr>
<td>Employee+Child(ren)</td>
<td>$7.73</td>
</tr>
<tr>
<td>Family</td>
<td>$12.47</td>
</tr>
</tbody>
</table>
Live Smart Wellness Program

ONEOK provides wellness educational opportunities and various events throughout the year to reduce health risks and help employees and their families live happier and healthier lives.

LIVE SMART PROGRAMS INCLUDE:

**Runs and Races:** Live Smart partners with Community Investments to sponsor events in the community that support health. Registration fees are covered for the employee to participate, supporting their personal goals and health.

**Make a Change:** A periodic, six-week educational email campaign focusing on specific health themes. Past topics included nutrition, exercise and disease prevention.

**Flu Shots:** Free flu shots are offered annually to all employees and spouses/domestic partners at various on-site locations.

**Omada:** Eligible employees and their spouses/domestic partners have access to a 52-week weight loss program designed to lower the risk of developing diabetes. See page 23 for more information.

**Tobacco Cessation:** All employees and dependents over the age of 18 who want to quit smoking may enroll to get individualized assessment and planning, telephonic and web-based individual coaching, nicotine replacement therapy and more. See page 24 for more information.

**EAP:** Free, 24-hour, confidential assistance (legal, financial, behavioral health, etc.) is available for employees and family members. See page 16 for more information.

**Preventive Care:** Health care services including checkups, patient counseling and screenings to prevent illness, disease and other health-related issues. See pages 21 and 22 for more information.
Preventive Health Screenings for Men

Regular health assessments typically cover the basics, but once you reach a certain age, you may need additional screenings to catch health risks that develop as you age. When you go in for your next checkup, bring this list and make sure you’re getting all recommended exams, screenings and tests for your age.

IN YOUR 20s
• Annual physical exams to include blood pressure, height and weight.
• Vision exam once a year.
• Dental exams twice a year.
• STD testing, including HIV screening once a year.
• Testicular cancer screening every year.
• Cholesterol testing every five years.
• Dermatology check for skin cancer.

IN YOUR 30s All of the above and...
• Blood test for diabetes, thyroid disease, liver problems and anemia.
• Screening for coronary heart disease once a year.

IN YOUR 40s All of the above and...
• Cardiovascular evaluation every five years.
• Screening for prostate cancer once a year.

IN YOUR 50s All of the above and...
• Screening for Type 2 diabetes once a year.
• Screening for depression once a year.
• Colonoscopy every 10 years.

IN YOUR 60s All of the above and...
• Osteoporosis screening once a year.
• Screening for dementia and Alzheimer’s once a year.

* Most routine preventive exams are paid at 100% under the applicable ONEOK plan. Refer to the Plan Document(s) for a complete listing of benefits.
IN YOUR 20s
- Annual physical exams to include blood pressure, height and weight.
- Pelvic exams every one to three years.
- Pap smears every two to three years.
- STD testing, including HIV screening once a year.
- Dermatology check for skin cancer.
- Cholesterol testing every five years.
- Dental exams twice a year.
- Vision exam once a year.

IN YOUR 30s All of the above and...
- Blood test for diabetes, thyroid disease, liver problems and anemia.
- Screening for coronary heart disease once a year.

IN YOUR 40s All of the above and...
- Mammogram once a year.
- Cardiovascular evaluation every five years.

IN YOUR 50s All of the above and...
- Osteoporosis bone density test once a year.
- Colonoscopy every 10 years.
- Screening for Type 2 diabetes once a year.
- Screening for depression once a year.

IN YOUR 60s All of the above and...
- Screening for dementia and Alzheimer’s once a year.
A WHOLE NEW WAY TO GET HEALTHY

Omada is a digital lifestyle change program that surrounds you with the support and tools you need to make better choices in the moment — and for life.

Employees and their spouses/domestic partners must be on the ONEOK Health Plan to participate.

1. A health coach on your side
   Your professional health coach is trained to keep you on track — on your best days and your worst.

2. Tools to motivate you
   Omada will mail your smart technology equipment to track your progress and reveal what is (and isn’t) working for you.

3. Information becomes insight
   Each week, you’ll learn simple rules for better eating, fitness, sleep and stress management that will have an immediate impact on the choices you make.

4. Bounce back better
   Slip-ups are inevitable, but Omada teaches you to recover quickly from setbacks and avoid them more easily next time.

5. Enjoy every meal
   Deprivation doesn’t work. You’ll learn to prepare easy but delicious meals that leave you feeling good, not guilty — and focus on nutrition and pleasure without obsessing about calories.

6. Willpower comes included
   You can’t do this alone. You’ll gain the support of a small group of peers just like you for encouragement and empathy at every step.

Learn more at www.OmadaHealth.com/ONEOK
Good things happen when you quit tobacco. Your lungs begin to heal and you regain your sense of taste and smell. Best of all, your risk for heart disease, stroke and lung cancer may be dramatically reduced, which may lead to an average life expectancy that is 10 years longer than if you had kept smoking.

Quit For Life® is a clinically proven program that offers a customized quit plan, 24/7 personal support and strategic tools to help you manage cravings.

The plan also is available to dependents age 18 or older.

**GET STARTED TODAY.**

**866-QUIT-4-LIFE**

www.quitnow.net

### How it works:

1. Join Quit For Life — over the phone or online.

2. Talk with a Quit Coach to 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. Please call for information about the program and aids available to you under this program.
2020 HSA CONTRIBUTION MAXIMUMS

**Single Coverage**
- Maximum Employee Contribution: $3,550
- ONEOK Contribution: $3,050
- $500*

**Family Coverage**
- Maximum Employee Contribution: $7,100
- ONEOK Contribution: $6,100
- $1,000*

**Catch-up Contribution**
- Employees who are age 55 as of December 31, 2020, are eligible to participate in the catch-up contribution.
- $1,000

*Prorated based on hire date

YOUR MONEY
The HCFSA allows you to reimburse yourself for certain health, dental and vision expenses with pretax dollars. The full amount of your election will be available to you on January 1, 2020.

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

**Important Dates**

- Your HCFSA dollars may be used on expenses incurred between January 1, 2020, and March 15, 2021.
- Claims must be filed by March 31, 2021. **Use it or lose it!**

### 2020 HCFSA CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Minimum Employee Contribution</th>
<th>$120</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Employee Contribution</td>
<td>$2,700</td>
</tr>
</tbody>
</table>

**Important Note:**
You must reenroll in your FSA each year.

---

**How your HCFSA works**

**Determine how much you expect in medical, dental and vision out-of-pocket expenses for 2020, including copays, prescription drug costs, etc.**

**Make your election in ERP.**
Your election will be deducted from your check evenly over 24 pay periods.

**You will be issued a Health Care Spending Card (MasterCard).**
Your Health Care Spending Card will be prefunded with your full election on January 1, 2020.

**Use your Health Care Spending Card at time of service to pay for your out-of-pocket expenses.**
You have until March 15, 2021, to exhaust your 2020 funds. Any unused funds will be forfeited.

**You must make a new FSA election each year.**
Dependent Care Flexible Spending Account (DCFSA)

The DCFSA lets you use pretax dollars to pay day care expenses for children age 12 and under or adults who are unable to care for themselves. The care must be necessary for you and your spouse/qualified domestic partner to remain gainfully employed. Care may be provided through live-in care, babysitters and licensed day care centers.

You may be reimbursed only up to the amount available in your account.

**Important Dates**
- Your DCFSA dollars may be used on expenses incurred between January 1, 2020, and December 31, 2020.
- Claims must be filed by March 31, 2021. **Use it or lose it!**

### 2020 DCFSA CONTRIBUTIONS

<table>
<thead>
<tr>
<th>Minimum Employee Contribution</th>
<th>$120</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Employee Contribution</td>
<td>$5,000</td>
</tr>
<tr>
<td>Maximum Employee Contribution if filing separate tax return from those who also contribute to DCFSA</td>
<td>$2,500</td>
</tr>
</tbody>
</table>

**How your DCFSA works**

1. **Determine how much you expect in dependent care expenses for 2020.**
   - Your election will be deducted from your check evenly over 24 pay periods.

2. **Make your election in ERP.**
   - Your election is
   - **Pay expense out of pocket.**
   - **Utilize a dependent care service.**
   - Obtain a copy of receipt.
   - Complete a claim form or file an electronic claim at www.myuhc.com.

3. **UHC will either mail you a check or deposit reimbursement into your bank account up to the amount available in your account. DCFSA accounts are not prefunded.**
Life and Accidental Death & Dismemberment (AD&D) Insurance

ONEOK provides Life and AD&D insurance to employees through our insurer, Securian. Enrollment is automatic. Optional, supplemental life and AD&D insurance also is available. Employees enrolled may increase their benefit one increment during Open Enrollment.

**Beneficiary Designations**

Certain benefits, like life insurance, will be paid to the beneficiary(ies) on file. If you marry, divorce or have other major life changes, it is important to update your beneficiary(ies).

<table>
<thead>
<tr>
<th>TYPE</th>
<th>BENEFIT AMOUNT</th>
<th>ENROLLMENT</th>
<th>MONTHLY PREMIUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life</td>
<td>$100,000</td>
<td>Employees automatically enrolled</td>
<td>Paid by ONEOK</td>
</tr>
<tr>
<td>Basic AD&amp;D</td>
<td>$100,000</td>
<td>Employees automatically enrolled</td>
<td>Paid by ONEOK</td>
</tr>
<tr>
<td>Optional Life Insurance</td>
<td>One to seven times your base annual salary (Max. $1,500,000)</td>
<td>Guaranteed issue for new hires up to $500,000*</td>
<td>Varies by coverage level, salary and age</td>
</tr>
<tr>
<td>Optional AD&amp;D Single or Family Coverage</td>
<td>One to seven times your base annual salary</td>
<td>Guaranteed issue (Max. $1,000,000)</td>
<td>Varies by coverage level and salary</td>
</tr>
<tr>
<td>Spouse/Domestic Partner Life Insurance</td>
<td>$25,000, $50,000, $75,000, $100,000</td>
<td>Guaranteed issue for new hires up to $50,000*</td>
<td>Varies by coverage level and age</td>
</tr>
<tr>
<td>Child Life Insurance</td>
<td>$10,000 or $25,000</td>
<td>Guaranteed issue</td>
<td>$0.89 or $2.23</td>
</tr>
</tbody>
</table>

* Any amounts applied for over the guaranteed issue amount requires a completed statement of health and approval from Securian. If you previously waived coverage and now wish to enroll, the entire amount will be subject to approval of a health statement by Securian.

Employees will pay taxes on the value of the ONEOK-paid basic life insurance in excess of $50,000. The value of this coverage is called “imputed income.” Employees will see imputed income on their paychecks. This imputed income is subject to taxes and varies based upon the employee’s age as of December 31, 2020.

**Take Advantage Of Your New Hire Status**

While in your new hire status, you may apply for optional life insurance up to $500,000 on yourself and up to $50,000 on your spouse/domestic partner without answering medical questions. If you waive coverage during your new hire status and apply later, you may only increase one increment during each qualifying life event and the full amount you are applying for will be subject to an approved Statement of Health by Securian Life.

**Employer-paid basic life insurance is a tax-free benefit up to $50,000.**
Disability

Long-Term Disability Insurance

ONEOK recognizes that an injury or illness could occur anytime and leave you unable to work. To protect you and your family financially in the event of a long-term injury or illness, employees are automatically enrolled in long-term disability insurance coverage. Employees pay the price of this coverage with after-tax dollars.

After a 180-day waiting period (90 days for employees with less than four years of service), the policy pays 50% of your base salary, up to $10,000 per month, until you reach Normal Social Security Retirement Age or are no longer disabled.

Please see the plan document found on ONEOK Online for a complete listing of benefits, limitations and exclusions.

Short-Term Disability Benefits

An employee may utilize this benefit when an injury, illness or medical condition prevents him or her from performing their job for five consecutive days or 40 work hours. An employee’s years of employment determine the amount of days granted.

<table>
<thead>
<tr>
<th>LENGTH OF SERVICE</th>
<th>ELIGIBLE HOURS</th>
<th>RATE OF PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5 years</td>
<td>90 calendar days</td>
<td>100%</td>
</tr>
<tr>
<td>5 years or more</td>
<td>180 calendar days</td>
<td>100%</td>
</tr>
</tbody>
</table>
How You Save Now Impacts Your Wealth Later

401(k) Plan
Employees may participate in ONEOK’s 401(k) Plan immediately upon date of hire. ONEOK matches 100% of the participant’s contribution up to 6% of their salary, with immediate vesting.

ONEOK intends to provide a 1% quarterly profit sharing contribution and may contribute an additional discretionary contribution at year-end.

A Fidelity 401(k) Plan packet will be mailed to your home address. Contact HR Solutions with questions regarding this plan.

Please note: The beneficiaries you list in ERP are only for your Life and AD&D policies. Visit www.netbenefits.fidelity.com to assign a beneficiary to your 401(k) Plan.

Employee Stock Purchase Plan (ESPP)
Employees may purchase ONEOK, Inc. common stock at a 15% discount, following each six-month offering period, using up to 10% of annual base pay.

Short-Term Incentive
Eligible employees receive direct financial interest in ONEOK’s performance and profitability and are rewarded financially for their performance through an individual target, a corporate multiplier and an individual multiplier.

Savings Education
Consultants with detailed knowledge of ONEOK’s 401(k) Plan are available to help employees create a strategy that fits their goals. Consultations are available in person and by webinar.

Employee Discounts
Corporate discount opportunities may be offered for cars, technology, entertainment, hotels, mortgages and exclusive offers and deals through YouDecide. To access, visit www.youdecide.com. Enter ONEOK password: ONE394.
Expanding Your Family?

ONEOK has a number of benefits to support employees and their growing families. From health care programs like UnitedHealthcare’s Healthy Pregnancy Program to ONEOK-paid leave benefits and adoption assistance, here’s what you can expect as you expand your family.

Maternity, Paternity and Adoption Leave
An employee may utilize this benefit for baby bonding when there is a birth or legal adoption of a child(ren).

- Childbearing parent must use leave consecutively directly upon the treating doctor’s release from care (short-term disability).
- Non-childbearing parent must use leave consecutively directly after the birth of the child(ren).
- Adopting parent must use leave consecutively directly after the completion of legal adoption of the child(ren).

<table>
<thead>
<tr>
<th>ELIGIBLE HOURS</th>
<th>RATE OF PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Up to 240 hours</td>
<td>100%</td>
</tr>
</tbody>
</table>

Adoption Assistance
Eligible employees may be reimbursed up to $10,000 per adoption for reasonable and necessary expenses.

Family Care Resources
Child and adult care resources, including a child care referral service, are available through ONEOK’s EAP.

Healthy Pregnancy Program
Enjoy access to maternity nurses, resources and tools — before and after your pregnancy — through UnitedHealthcare. Go to https://myuhc.phs.com/maternitysupport for more details.

IMPORTANT NOTE:
Newborn children are not added to the health plan automatically, even if both parents are enrolled. You must complete a Family Status Change Form within 90 days of the birth if you want coverage for your newborn.
Additional Benefits

**Paid Time Off**
ONEOK recognizes its employees’ previous relevant work experience, up to 15 years, when granting vacation time. Employees also receive paid time away from work for personal care and family care time.

**Education Assistance**
With approval, ONEOK may reimburse employees for tuition and books up to $5,000 a year.

**Chemical Dependency Treatment Program**
ONEOK provides full-time employees with financial assistance up to $3,000 for inpatient or outpatient alcohol and/or drug abuse treatment and aftercare provided by an approved provider.

**Life doesn’t stop while you are at work.**
ONEOK offers many benefits that go beyond health coverage. Additional benefits that ONEOK offers to employees are available year-round without Open Enrollment requirements.

**Matching Grants**
ONEOK invests in the communities where employees work and live and supports employees’ efforts to give back through volunteerism and various matching grants.

**ONE Trust Fund**
Employees may donate vacation time or financial contributions voluntarily to help fellow employees in times of personal crisis.
Business Resource Groups

Business resource groups are voluntary, employee-driven groups that operate under the direction of ONEOK’s Diversity and Inclusion department. The purpose of every business resource group is to foster a diverse, inclusive workplace that is aligned with ONEOK’s core values. Groups are open to all employees and offer professional development, networking and mentoring.

Become a supporter of one or more business resource groups by visiting ONEOK Online > Employee Resources > Diversity and Inclusion.

Organizational Development

The Organizational Development department supports and guides employees along their career path, providing training and resources in the form of webinars, in-person trainings, individual consultations, books and self-guided learning. Here are a few of the options available to employees:

**Leader-focused Learning**
- Foundations of Leadership
- Situational Leadership II
- Leading High-Performing Teams
- New Leader Support
- Team Vision, Mission and Charter
- Online Learning Content

**Employee- or Team-focused Learning**
- DISC Team Sessions
- DISC Working Pair Analysis
- Effective Presentations
- Situational Leadership II for Individual Contributors
- Emotional Intelligence
- Midstream Overview
Important Notes

When You May Change Your Elections

You may change your elections outside of Open Enrollment only if you have a qualifying event. Examples of qualifying events are listed below. Please refer to the plan documents for a complete listing. To make changes, you must submit a completed Family Status Change Form to HR Solutions. The change must be consistent with the life event. For example, birth of a child event is consistent with adding a newborn to the plan.

You have 30 days from the event date to make changes if your qualifying event is marriage, divorce, legal separation, annulment declaration or termination of domestic partnership; death of a dependent; loss of other coverage; or significant change in health care coverage provided through your spouse’s/domestic partner’s employment.

You have 90 days to make changes if your qualifying event is: birth or adoption of a child.

IMPORTANT: Do not wait for government issued documents, such as birth or marriage certificates, to submit your Family Status Change Form.

Coverage Eligibility

Eligible dependents include your spouse, domestic partner, natural child(ren) to age 26, stepchild(ren) to age 26, child(ren) covered by a Qualified Medical Child Support Order (QMSCO), legal ward to age 19 (or 24 if a full-time student) and incapacitated person. Please refer to the plan documents for definition of dependents and necessary verification documents.

Out-Of-Area Plans

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 are eligible to enroll in the plans 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 health plan does not automatically classify you as out-of-area for dental coverage or vice versa.

Gap Exception

The health plan includes a benefit that allows you to see a non-network specialist, paid at the network level, when a network specialist is not available within a 30-mile radius of your home ZIP code. UnitedHealthcare must approve any benefits payable under this exception before you receive care.

HSA Accounts

If you terminate from ONEOK, the HSA account is yours to keep, including the 2020 ONEOK contribution. See the HSA User Guide on ONEOK Online for more details.

Call the NurseLine with questions about prescription drugs, virtual visits or urgent care.

You can get personalized information based on your health concerns at no additional cost. Just call the number on the back of your ID card to speak with a registered nurse Monday through Friday, 7 a.m. to 10 p.m. CT.

Summary Plan Descriptions

For more comprehensive information regarding the employee benefits plans, please refer to the Summary Plan Description/Plan Documents available on ONEOK Online under Employee Resources > Human Resources > Benefits.
# Benefits Coverage Eligibility

Review the following enrollment eligibility requirements for the ONEOK plans.

<table>
<thead>
<tr>
<th>SPOUSE/DOMESTIC PARTNER OR DEPENDENT FAMILY MEMBER</th>
<th>VERIFICATION DOCUMENT REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spouse:</strong> 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.</td>
<td>State issued marriage certificate; and either: copy of the first page of your federal tax return filed within the last tax year (income amounts blacked out) with same home address indicating married and filing jointly or proof of joint ownership. If a new spouse is married in the current calendar year: State issued marriage certificate and proof of joint ownership. For common law marriages: Proof of joint ownership and Affidavit of Common Law Marriage (or Certificate of Informal Marriage).</td>
</tr>
<tr>
<td><strong>Domestic Partner:</strong> A person with whom you have a committed relationship 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.</td>
<td>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. 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 state that recognize 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).</td>
</tr>
<tr>
<td><strong>Natural Child(ren):</strong> Until they reach 26.</td>
<td>State-issued birth certificate (or foreign equivalent) listing employee as mother or father.¹</td>
</tr>
<tr>
<td><strong>Stepchild(ren):</strong> Your spouse’s or domestic partner’s child(ren) until they reach age 26 or earlier if your marriage or domestic partnership with their natural parent ends other than due to the death of one of you.</td>
<td>State-issued birth certificate (or foreign equivalent) listing employee’s spouse or 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</td>
</tr>
</tbody>
</table>
# Benefits Coverage Eligibility

<table>
<thead>
<tr>
<th>SPOUSE/DOMESTIC PARTNER OR DEPENDENT FAMILY MEMBER</th>
<th>VERIFICATION DOCUMENT REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adopted Child(ren):</strong> Child(ren) you (or your spouse or domestic partner) have adopted or who have been placed for adoption with you until the child(ren) turns age 26. You or your spouse or domestic partner must be one of the adopting parents; the child(ren) must have been placed in your (or your spouse or domestic partner’s) custody; and the adoption proceeding must have assigned the responsibility for benefits coverage to you (or your spouse or domestic partner).</td>
<td>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</td>
</tr>
<tr>
<td><strong>Foster Child(ren):</strong> 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.</td>
<td>Foster placement judgment, decree or order.</td>
</tr>
<tr>
<td><strong>Child Covered by a Qualified Medical Child Support Order (QMCSO):</strong> 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, whichever occurs first in time.</td>
<td>QMCSO.</td>
</tr>
<tr>
<td><strong>Other Eligible Dependent:</strong> A person who is not your child (or the child of your spouse or domestic partner) but to whom you are related; for whom you have been appointed legal guardian 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.</td>
<td>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.</td>
</tr>
<tr>
<td><strong>Incapacitated Person:</strong> 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 (i) the child or other eligible dependent was enrolled in the ONEOK Health Plan prior to his or her turning 26 years of age (for nature, adopted and stepchildren), or attaining age 24 (for other eligible dependents), as the case may be, and remained covered through such age; and (ii) the child or other eligible dependent satisfies the criteria for eligibility under one of the categories described above but for his or her age.</td>
<td>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.</td>
</tr>
</tbody>
</table>

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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.
<table>
<thead>
<tr>
<th>PROVIDER</th>
<th>PHONE NUMBER</th>
<th>WEBSITE / EMAIL</th>
<th>BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONEOK</td>
<td>855-ONEOKHR (855-663-6547)</td>
<td><a href="http://www.oneok.com">www.oneok.com</a> <a href="mailto:HRSolutions@oneok.com">HRSolutions@oneok.com</a></td>
<td>The ONE to call for all your Human Resources questions</td>
</tr>
<tr>
<td>Alight</td>
<td>844-305-8629</td>
<td><a href="mailto:ONEOK@compassPHS.com">ONEOK@compassPHS.com</a></td>
<td>Health Benefits Resource</td>
</tr>
<tr>
<td>advance</td>
<td>medical</td>
<td>888-251-4158</td>
<td><a href="http://www.advance-medical.net/ONEOK">www.advance-medical.net/ONEOK</a></td>
</tr>
<tr>
<td>UnitedHealthcare</td>
<td>800-232-8943</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>Medical, FSA</td>
</tr>
<tr>
<td>NurseLine</td>
<td>800-232-8943</td>
<td><a href="http://www.myuhc.com">www.myuhc.com</a></td>
<td>NurseLine</td>
</tr>
<tr>
<td>Healthy Pregnancy Program</td>
<td>877-201-5328</td>
<td>myuhc.phs.com/maternitysupport</td>
<td>Free Maternity Program (see page 33 for details)</td>
</tr>
<tr>
<td>OPTUMBank</td>
<td>866-234-8913</td>
<td><a href="http://www.optumbank.com">www.optumbank.com</a></td>
<td>HSA</td>
</tr>
<tr>
<td>Delta Dental</td>
<td>800-522-0188</td>
<td><a href="http://www.deltadentalok.org">www.deltadentalok.org</a></td>
<td>Dental</td>
</tr>
<tr>
<td>MetLife</td>
<td>1-855-MET-EYE1</td>
<td><a href="http://www.metlife.com">www.metlife.com</a></td>
<td>Vision</td>
</tr>
<tr>
<td>Securian Financial</td>
<td>877-282-1752</td>
<td><a href="http://www.lifebenefits.com">www.lifebenefits.com</a></td>
<td>Life AD&amp;D</td>
</tr>
<tr>
<td>Fidelity Investments</td>
<td>ONEOK Participant Services 877-986-6365</td>
<td><a href="http://www.netbenefits.fidelity.com">www.netbenefits.fidelity.com</a></td>
<td>401(k) Plan and Retirement</td>
</tr>
<tr>
<td>New Directions</td>
<td>800-624-5544</td>
<td><a href="http://www.ndbh.com">www.ndbh.com</a></td>
<td>Employee Assistance Program</td>
</tr>
<tr>
<td>EQ by Equiniti</td>
<td>866-235-0232</td>
<td><a href="http://www.shareowneronline.com">www.shareowneronline.com</a></td>
<td>Employee Stock Purchase Plan and Employee Stock Award Plan</td>
</tr>
</tbody>
</table>
What to Know. What to Expect.

When it comes to your health, you need the best care — fast. Your CareATC Health & Wellness Clinics offer you just that. From annual physicals to an unexpected illness, your wellness clinic is available at little to no cost to you. Finally, something you can feel good about.

WHAT MAY BE TREATED AND SUPPLIED:

- Adult Immunizations
- Asthma
- Cold and Flu
- Diabetes
- High Blood Pressure
- High Cholesterol
- Lab Work/Test
- Minor Injuries
- Personal Health Assessment (PHA)
- Sick Visits
- Tobacco Cessation
- Well-man Exams
- Well-woman Exams
- Well-child Exams
- X-rays

Available to all employees, spouses/domestic partners and dependents enrolled in the ONEOK Health Plan.

- No copay on the PPO (For HDHP, $85 fee applies).
- Primary care, preventive medicine, illness or injury, chronic disease management.
- Quick and easy appointments via the CareATC app, online or by phone.
- Less wait time, more face time with your medical provider.
- No-cost prescriptions and labs at your appointment.
- Personal health assessment.
- X-rays by appointment at select locations.

Clinics in your area:

**OKLAHOMA**

- **15th Street (X-rays)**
  1810 E. 15 St., Suite C
  Tulsa, OK

- **First Place Tower (ONE Gas Building)**
  15 E. Fifth St., Suite 1600
  Tulsa, OK

- **Yale (X-rays)**
  7153 S. Yale Ave.
  Tulsa, OK

- **Jackson Clinic**
  Corporate Wood Center
  4500 S 129th E. Ave., Suite 116
  Tulsa, OK

- **Bixby**
  12800 S. Memorial Drive
  Bixby, OK

- **Owasso**
  8751 N. 117th E. Ave.
  Owasso, OK

- **ONEOK Plaza**
  100 W. Fifth St.
  Tulsa, OK

- **Sand Springs**
  302 W. Second St., Suite 600
  Sand Springs, OK

- **Muskogee**
  300 Chandler Road, Suite 107
  Muskogee, OK

- **OKC HealthPlex South**
  13500 S. Tulsa Drive
  Oklahoma City, OK

**IOWA**

- **Merle Hay Clinic**
  3839 Merle Hay Road, Suite 120
  Des Moines, IA

**KANSAS**

- **Overland Park Clinic**
  6700 College Blvd.
  Overland Park, KS

- **Reflection Ridge Clinic**
  Reflection Ridge Commercial Building
  1006A 7570 W. 21st St., Suite 103
  Wichita, KS