

Benefits described in this guide are for area supervisors, store managers, assistant store managers, and home office based employees.



2021 BENEFITS ENROLLMENT



This publication contains important information about your employee benefit program.

Please read thoroughly.

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Moto is holding benefits enrollment for 2021. In this benefit guide, you can find summary descriptions of all of our benefit offerings. Please read carefully, as there have been a few plan changes.

IMPORTANT NOTICE

Important Notice Regarding Plan Access

This guide contains information about all of Moto’s benefit offerings for area supervisors, store managers, assistant store managers, and home office based employees. This guide is a general overview of our plan offerings with high-level information. To see more detail and view the benefits that are specifically available to you at this annual open enrollment, please visit our employee enrollment website at enroll.benefitsconnect.net/fkgoil.

Annual Enrollment

We encourage you to go online and review your benefit elections and your beneficiary information. Your changes must be made by December 7.

You are eligible to enroll in the following plans.

- Medical plan (PPO)
- Dental
- Vision
- Term life and AD&D
- Accident
- Short term disability
- Voluntary Hospital Indemnity Plan

Note: these plans are not dependent on each other. You may choose to enroll in any of the plans outlined in this guide.



HOW TO ENROLL

2021 Benefits Enrollment is Online

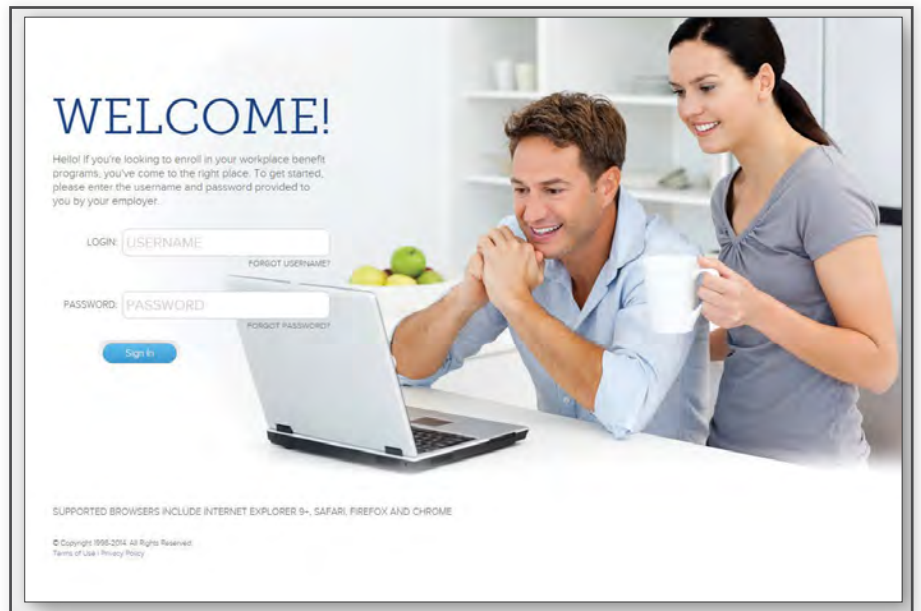
FKG Oil Company's employees will use Mylo to enroll in benefits. Mylo is an online enrollment tool that allows you to make benefits choices on your own time and at your own convenience.

To enroll, please visit enroll.benefitsconnect.net/fkgoil.

Logging in to Mylo

1. Go to: enroll.benefitsconnect.net/fkgoil
2. Enter your username: your user name is the first 6 letters of your last name, first letter of your first name, and the last 4 digits of your Social Security Number
3. Enter your password: your password is your full Social Security Number without entering dashes (-)
4. Click "LOGIN" and begin enrollment

For additional assistance, call [844.806.3516](tel:844.806.3516).



ELIGIBILITY

Please review the definition of an eligible dependent below and only enroll those who qualify.

Type of Dependent	Eligibility Requirements
Spouse	<ul style="list-style-type: none"> Must be legally married to the employee
Biological Child	<ul style="list-style-type: none"> Under age 26
Adopted/Foster Child	<ul style="list-style-type: none"> Under age 26
Stepchild	<ul style="list-style-type: none"> Under age 26
Child Covered Under a Qualified Medical Child Support Order (QMCSO)	<ul style="list-style-type: none"> Order must be a qualified medical child support order (QMCSO)
Disabled Child Age 26 or Older	<ul style="list-style-type: none"> Must be incapable of self-sustaining employment because of physical handicap, mental retardation, mental illness, or mental health disorder Must be dependent on the employee for a majority of financial support and maintenance and lives with you for more than half the year Must be covered under the plan before age 26

Premiums

You pay your premiums for medical, dental, and vision benefits pre-tax. Premiums for all benefits are automatically deducted from your paycheck weekly (52 pay periods).

Obtaining Supplemental Information

To obtain supplemental information regarding the plans available to you, log on to enroll.benefitsconnect.net/fkgoil. If you need technical assistance please call **844.806.3516**.



Life Events During the Year

When you pay for your insurance using pre-tax dollars, you can **ONLY** change your coverage outside of our annual enrollment period if you experience an eligible status change consistent with current IRS regulations. An eligible change includes the following.

- Birth, adoption, or the placement of a child for adoption
- Marriage
- Divorce or legal separation
- Death of a dependent
- A dependent's losing or gaining eligibility
- A change in employment status for you or your spouse
- You or your spouse enrolling in Medicare or Medicaid
- A court order requiring you to cover an eligible dependent
- Significant reduction of hours such as full-time to part-time

Any change in coverage must be consistent with your eligible status change. For example, if you have a baby, you may add your child to your medical coverage. However, you may not remove your spouse from coverage because of the birth of your child.

You will have 31 days from the date of the status change to change your benefits. If you miss that deadline, your next chance to make any changes will be during the next annual enrollment period.

If you waive medical coverage for yourself or your eligible dependents because you have coverage under another plan, you can elect coverage at a date other than the next annual enrollment period. You must enroll within 31 days of losing your coverage or acquiring a new dependent because of marriage, birth, or adoption. You must provide proof of the loss of your other coverage. You can enroll yourself or any of your eligible dependents under any medical plan or coverage level normally available to you.



MEDICAL INSURANCE (PPO)

Area supervisors, store managers, assistant managers, and home office based employees are eligible to participate in our medical plan (PPO). This medical insurance will remain with UMR for the 2021 plan year.

There is a slight change to your medical plan benefit but no change to your employee premium contributions for 2021.

Opportunities To Save

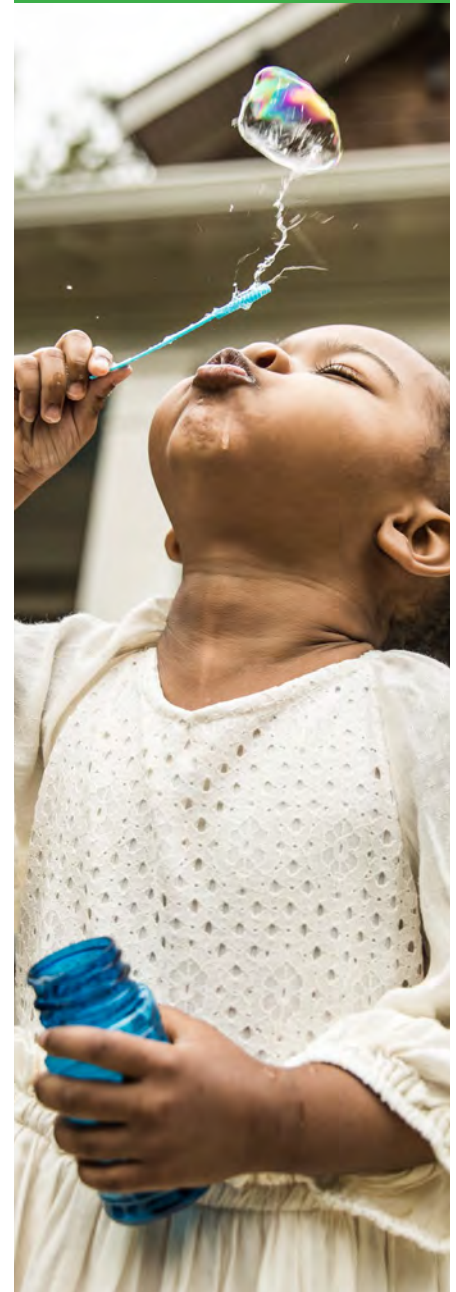
You will have the opportunity to receive a 10% discount on payroll deductions for the health plan if you complete a biometric screening. If you already enjoy a 10% discount, this will continue until the end of January. To receive the 10% discount after January, you must complete the screening. Your health plan pays 100% of all costs associated with well care visits such as this screening. You will receive instructions on registering for the biometric screening in early January. If the screening is conducted by January 21, 2021, the 10% savings will start in February 2021. If the screening is completed after this, the discount will begin on the paycheck following notification from the screening vendor.

The biometric screening will include some body measurements and the collection of a small blood sample. The results of the screening can help you and your doctor identify your overall health and risk levels for certain medical conditions such as diabetes and heart disease. The results of your biometric screening are completely confidential, and will not be shared with your employer. The screening can be conducted at Quest Diagnostics locations or, if you are too far away, your personal physician can complete the screening.

To ensure you are receiving the least expensive bill, you can search for in-network physicians and hospitals at UMR's website, or follow the steps in the "Medical Provider Search" section outlined on this page. Also on UMR's website, members can check their claims status, learn more about their benefits, and track their deductible. UMR's online services are completely secure. All users will be required to register and verify identities to ensure you are accessing your information only. Members can also contact UMR's customer service team at **800.826.9781**.

Medical Provider Search

- Go to www.umar.com and click on "Find a Provider" on the left hand side of the page
- Select "Medical" to look up health providers
- Select the "UnitedHealthcare Options PPO Network"
- Select the link "Search for a medical provider"
- Enter remaining search criteria





UnitedHealthcare—Options PPO Network Effective January 1, 2021 to December 31, 2021		
	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	
Deductible (Employee Responsibility)		
Individual	\$1,500	\$3,000
Family	\$3,000	\$6,000
Coinsurance	80%	60%
Out-of-Pocket Maximum (excludes deductibles)		
Individual	\$4,000	\$8,000
Family	\$8,000	\$16,000
Physician Office Visits		
Primary Care	\$20 copay, then 80%	60% after deductible
Specialist	\$20 copay, then 80%	60% after deductible
Emergency Room		
	\$100 copay, then 80%	\$100 copay, then 80%
Preventive		
Routine Physical Exams	100%, no deductible	60% after deductible
Routine Immunizations		
Well Child Care		
Annual Well Woman		
Mammograms		
In-Network Prescription Drug Benefits		
	Retail (30-Day Supply)	Mail (90-Day Supply)
Tier 1 (generics)	\$10 copay	\$25 copay
Tier 2 (preferred)	\$35 copay	\$80 copay
Tier 3 (non-preferred)	\$60 copay	\$140 copay

There will be no change to employee contributions on January 1, 2021.

Weekly Employee Premium—Medical Plan	
	Base Contribution
Employee	\$39.37
Employee/Spouse	\$106.15
Employee/Children	\$101.54
Employee/Family	\$154.62

See page 17 of this booklet for contact information to get answers about what is covered and how claims will be paid.

TELADOC

Teladoc: Quality Care. Anytime. Anywhere.

A trip to the hospital emergency room or an urgent care clinic can be a hassle, especially when you aren't feeling well. It can definitely take a toll on your wallet. Teladoc provides 24/7/365 access to a national network of US board-certified physicians who can resolve many medical issues via phone or online video consultations. No matter when or where you need care, a Teladoc doctor is available. It is quality healthcare at a price you can afford.

Save Time and Money

- Quality care is only a call or click away; members will receive a call back from a doctor typically within 10 minutes; now that's access to care!
- 92% of Teladoc members report their medical issue resolved with Teladoc; Teladoc doctors can diagnose, recommend treatment, and prescribe medication, when necessary
- Teladoc's national network includes the highest quality US board-certified doctors, licensed in your state
- Members can use Teladoc from home, work, or on vacation; compare this with taking a day off from work to sit in a waiting room
- Teladoc costs far less than urgent care or ER visits for non-emergency medical care

Talk to a doctor anytime for \$20 at [Teladoc.com](https://www.teladoc.com) or **800.Teladoc (800.835.2362)**.
 \$20 copay is due at time of service and can be paid by debit or credit card.

How it Works

Step 1

Complete Medical History

You complete your medical history when setting up your Teladoc account to ensure this information is available when you request a consultation.

Step 2

Contact Teladoc

Simply log into your account or call Teladoc, 24/7/365, to request either a telephone or video consultation. The Teladoc physician will callback within an hour, guaranteed, for phone consultations.

Step 3

Talk With a Doctor

A US board-certified physician licensed in the employee's state reviews the electronic health record (EHR) and provides a consultation, just like an in-person visit.

Step 4

Resolve the Issue

The physician recommends the right treatment for your medical issue. If a prescription is necessary, it is electronically sent to your pharmacy of choice.

Step 5

Settle Up

A claim is sent to UMR for processing with your insurance plan.

Step 6

Smile

Your medical issue gets resolved at a fraction of the time and cost. Consultation information is made available to your doctor, ensuring continuity of care.

Mail Order Program

Maintenance medications are those you take for ongoing medical conditions like diabetes, high blood pressure, and asthma. Maintenance drugs can be ordered through RxBenefits Caremark's mail order pharmacy and delivered to your home. Mail order is simple and easy, just use one of the options below.

- Register at www.caremark.com; click on "Start a New Prescription" and then click on "FastStart®"
- Call toll-free at **855.383.9422** and let the representative know you wish to fill your prescriptions through mail; provide the information on your benefit ID card, the names of the long term medications you take, your doctor's name and phone number, and your mailing address; Caremark will request the new prescription information from your physician
- Contact your physician for a new prescription(s); ask for a 90 day supply with up to three refills; complete the order form available on the enrollment site or submit your request on the CVS Caremark app; mail the prescription(s) and order form to Caremark at P.O. Box 94467, Palatine, IL 60094-4467; new or initial orders take 10–14 business days to process so you will need to have a 2-week supply of your medication on hand when mailing a new order to the mail order pharmacy

PHARMACY Generic vs. Brand

When you elect to purchase brand name drugs that have generic equivalents, you will be required to pay a penalty. The penalty is the difference in cost between the brand and the generic drug. The penalty does not apply to those prescriptions that are issued by your doctor as Dispense as Written (DAW). This means if your doctor requires you to have the brand name as opposed to the generic then you will not be charged the penalty. Generic drugs usually cost less than brand name medications and the Food and Drug Administration (FDA) rates them to be just as safe and effective as brand name drugs. So, if your doctor prescribes a brand name medication, before you fill your prescription, ask your doctor if you could use a generic drug instead. If not, ask your doctor to write your prescription as "Dispense as Written."

RxBenefits Contact Information

Questions? Contact the RxBenefits Member Services Team at **800.334.8134** or RxHelp@rxbenefits.com.

The RxBenefits Member Services Team members are available from 7:00 a.m. to 8:00 p.m. CST, Monday–Friday. On weekends, after hours, and on holidays, you are given the option to speak with a Caremark representative or leave a message for the RxBenefits Member Services Team to return your call.

In-Network Prescription Drug Benefits

You will pay the lesser of the actual cost of the drug or the following amounts depending upon the payment level (or tier) your drug is in. See the "covered drug list" Formulary at www.caremark.com.

	Retail (30-Day Supply)	Mail (90-Day Supply)
Tier 1 (generics)	\$10 copay	\$25 copay
Tier 2 (preferred)	\$35 copay	\$80 copay
Tier 3 (non-preferred)	\$60 copay	\$140 copay

Retail Pharmacy

You may fill prescriptions at a participating retail pharmacy. You can request a 30- or 90-day supply. You must pay a higher copay for a 90-day supply.

See page 17 of this booklet for contact information to get answers about what is covered and how claims will be paid.

VOLUNTARY DENTAL INSURANCE

Area supervisors, store managers, store assistant managers, and home office based employees are eligible to participate in our dental plan. When you are hired and during annual enrollment you have the opportunity to sign up. Dental insurance is remaining with MetLife, with no changes to benefits or rates. Below are the benefits and rates that will be effective on January 1, 2021.

Dental	In-Network	Out-of-Network
Calendar Year Deductible		
Individual	\$25	\$50
Family	\$75	\$150
Calendar Year Maximum (per person)		
	\$1,250	\$1,250
Coinsurance		
Preventive	100%	100%
Restorative	Deductible/80%	Deductible/80%
Major	Deductible/50%	Deductible/50%

Weekly Employee Paid Premium—Dental	
Employee	\$5.93
Employee/Spouse	\$11.97
Employee/Children	\$13.50
Employee/Family	\$19.54



Dental Provider Search

- Go to www.metlife.com/dental
- Go to "Find a Dentist" on right side of screen
- Enter the ZIP Code of your choice and select "PDP" as the network
- Enter remaining search criteria

See page 17 of this booklet for contact information to get answers about what is covered and how claims will be paid.

Vision Provider Search

- Go to www.eyemed.com
- Select "Find a Provider"
- Enter your ZIP Code
- Under "Select Network", choose the Select Network
- Enter remaining search criteria



VOLUNTARY VISION INSURANCE

Area supervisors, store managers, store assistant managers, and home office based employees are eligible to participate in our vision plan.

When you are hired and during annual enrollment, you have the opportunity to sign up. Vision insurance is remaining with EyeMed.

Below are the benefits and rates that will be effective on January 1, 2021.

EyeMed Current Plan		
	PPO	Out-of-Network Reimbursement
Copay		
Exam With Dilation as Necessary	\$10	Up to \$30
Exam With Standard Contact Lens Fit and Follow-Up	Up to \$40	N/A
Exam With Premium Contact Lens Fit and Follow-Up	10% off retail	N/A
Lenses		
Reimbursement		
Single	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$60
Lens Options		
Reimbursement		
UV Coating	\$15 copay	N/A
Tint (solid and gradient)	\$15 copay	N/A
Scratch Resistance	\$15 copay	N/A
Polycarbonate	\$40 copay	N/A
Progressive (standard/premium)	\$90 copay/\$120 allowance, plus 20% off balance over \$120	Up to \$40
Anti-Reflective	\$45 copay	N/A
Other Add-Ons and Services	20% off retail price	N/A
Frames	\$0 copay, \$130 allowance, 20% off balance over \$130	Up to \$65
Contacts		
Reimbursement		
Conventional	\$0 copay, covered up to \$130, 15% off balance over \$130	Up to \$104
Disposable	\$0 copay, \$130 allowance, plus 15% off balance over \$130	Up to \$104
Medically Necessary	\$0 copay, then covered in full	Up to \$200
Frequency		
Exam	12 months	
Lenses	12 months	
Contacts (in lieu of glasses)	12 months	
Frames	24 months	

Weekly Employee Paid Premium—Vision

Employee	\$1.30
Employee/Spouse	\$2.48
Employee/Children	\$2.61
Employee/Family	\$3.84

See page 17 of this booklet for contact information to get answers about what is covered and how claims will be paid.

LIFE AND AD&D INSURANCE

Basic Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Moto provides all employees enrolled in the medical plan (PPO) with a \$10,000 basic term life benefit. Plus, if the loss of life or limb is due to an accident, this benefit pays up to an additional \$10,000. This coverage is provided at no cost to you, and is offered through Reliance Standard. Be sure your beneficiary is entered online. Please contact Human Resources if at any time you need to change your beneficiary information.

Voluntary Term Life Insurance

When you are initially eligible for benefits, you may elect up to an additional \$100,000 without providing proof of good health, otherwise known as evidence of insurability. Each year thereafter, you may purchase additional term life insurance for yourself and your dependents up to \$10,000 at benefits enrollment. If you elect to increase your voluntary life by more than \$10,000, you will be required to provide evidence of insurability. Spouses can increase by \$5,000 as long as they currently have voluntary coverage and their election is not more than 100% of the employee's election.

Optional Life Insurance Coverage	
Employee	\$10,000 increments up to a maximum of the lesser of 5x your basic annual earnings or \$500,000; you can elect up to \$100,000 without evidence of insurability*
Spouse**	\$5,000 increments, not to exceed 100% of the employee election or \$150,000; you can elect up to \$25,000 without evidence of insurability*
Child(ren)**	Child-age 15 days, but less than 6 months
	Child-age 6 months to age 19, or 25 if full-time student
	\$500 maximum benefit
	Choose a benefit of \$1,000, \$2,000, \$4,000, \$5,000, or \$10,000

* If this is not your initial enrollment period or if you elect more than the guarantee issue noted for the employee and spouse, you will be required to provide evidence of insurability.

** Spouse and child life is only available if the employee enrolls.

See page 17 of this booklet for contact information to get answers about what is covered and how claims will be paid.

Premiums for voluntary term life insurance are based on your current age and are calculated online for each individual employee. Please login to enroll.benefitsconnect.net/fkgoil to view your coverage options and determine your particular premium for the term life insurance coverage option.



ACCIDENT INSURANCE

Injuries occurring off the job can be protected with Aflac accident insurance. This plan is designed to pay cash directly to you, the employee. This additional cash support can be used to help pay any out-of-pocket expenses related to the injury. Payments are made tax-free, to be used at your discretion.

Benefits are paid for accident-related expenses such as:

- Emergency or physician treatment
- Ambulance rides
- Hospital confinement
- Dislocations and fractures

Policy Reimbursement Schedule Summary

Accident Benefits	Benefit Amount
Ambulance	
■ Ground	Up to \$400
■ Air	Up to \$1,200
Fracture or Dislocation*	
	Up to \$4,000

* Varies based on injury.

Your weekly rates will be paid for on a pre-tax basis. Weekly rates are shown in the following table.

Coverage Type	Weekly Premium
Employee	\$3.26
Employee + Spouse	\$5.31
Employee + Child(ren)	\$7.06
Family	\$9.11

Accident Example

Example: Broken Ankle	Benefit Amount
Emergency Room With X-Ray	\$250
Broken Ankle, Closed Reduction (no surgery)	\$2,000
Ankle Brace	\$40
Physical Therapy (per session)	\$50
Physician Follow-Up	\$50
Total Dollars Payable to Employee	\$2,390

Please login to enroll.benefitsconnect.net/fkgoil to view the specific benefits available, or call **844.806.3516**.

See page 17 of this booklet for contact information to get answers about what is covered and how claims will be paid.



VOLUNTARY HOSPITAL INDEMNITY PLAN

Hospital indemnity insurance is designed to provide financial assistance for an event that results in a hospital confinement, to supplement your current coverage. Employees can use the benefit shown below to meet any out-of-pocket expenses and extra bills that can occur. Benefits are paid directly to you, regardless of the actual cost of treatment.

Hospital Event	Hospital Benefit
Hospital Admission Benefit (once per year)	\$1,000
Daily Hospital Confinement Benefit (31-days max) ¹	\$150
Daily Hospital ICU Confinement (10-days max)	\$300
Maternity Hospitalization Admission Benefit*	\$1,000
Daily Maternity Hospitalization (31-days max)	\$150
Pre-Existing Condition Exclusion	None

Hospital Indemnity Plan Premiums

Coverage Tier	Weekly Premium
Employee	\$5.10
Employee + Spouse	\$9.30
Employee + Child(ren)	\$7.58
Family	\$11.79

* Maternity included in once per year admission

See page 17 of this booklet for contact information to get answers about what is covered and how claims will be paid.





SHORT TERM DISABILITY

All full-time employees working 20 hours or more per week are eligible to purchase short term disability through Aflac. If you are working 20 hours or more per week while coverage is in force and a covered off-the-job injury or illness causes you to become totally disabled, Aflac will pay the following benefits.

Disability Coverage	
Benefit Percentage Maximum	60% of base monthly income
Monthly Benefit Minimum	\$400
Monthly Benefit Maximum	\$3,500
Elimination Period*—Accident	14 days
Elimination Period*—Sickness	14 days
Benefits Duration	3 months
Pre-Existing Condition Exclusion	None

* This is the waiting period between the start of the disability and the beginning of paid benefits.





Plan Details

You can purchase up to a monthly benefit maximum of \$3,500 on a guaranteed issue basis. No medical questions will be asked.

See page 17 of this booklet for contact information to get answers about what is covered and how claims will be paid.

CONTACT INFORMATION

If you have any questions about any of your benefits, please contact the company that handles the plan administration for FKG Oil Company. Below is a list of companies, the plans they administer and their contact information.

	<p>Medical (PPO) 800.826.9781 Policy # 76070750 www.umar.com</p>
	<p>Pharmacy (RxBenefits) 800.334.8134 www.caremark.com</p>
	<p>Dental (MetLife) 800.942.0854 www.metlife.com</p>
	<p>Vision (EyeMed) 866.299.1358 www.eyemed.com</p>

	<p>Life/AD&D (Reliance Standard) 800.351.7500 www.customercare.rsl.com</p>
	<p>Accident/Hospital Indemnity/ Short Term Disability Aflac 800.433.3036 www.aflac.com</p>
	<p>Enrollment or General Benefit Questions Moto Benefits Support Center 844.806.3516 enroll.benefitsconnect.net/fkgoil</p>





This Benefit Enrollment Guide is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions available at enroll.benefitsconnect.net/fkgoil for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.

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