



2024

BENEFITS GUIDE



Benefits described in this guide are for the Territory Supervisors, Managers, Assistant Managers, and Home Office employees.

This publication contains important information about your employee benefit program.

Please read thoroughly.

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Moto is holding benefits enrollment for 2024. 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 Territory Supervisors, Managers, Assistant Managers, and Home Office 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 4.

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
- Voluntary Critical Illness

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

Two Ways to Enroll for 2024

Call Center Enrollment

FKG Oil Company and Belleville Management company employees can enroll over the phone with benefits counselors who are available to educate and properly execute your enrollment. The enrollment center can be reached at **314.563.2211**. The call center is open 8 a.m. thru 5 p.m. Central Time.



Online Self-Service

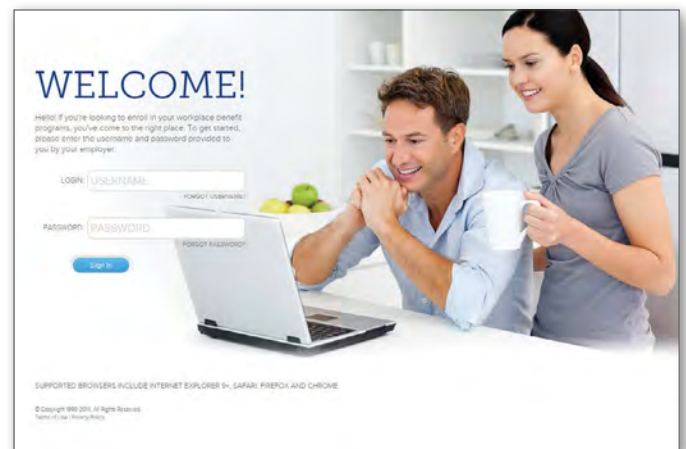
Employees can also use the online enrollment portal that allows you to make benefits choices on your own time and at your own convenience.

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

Logging In

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

If you encounter any issues during this process, please call **314.563.2211**.



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 **314.563.2211**.



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)

Store managers, assistant managers, territory supervisors, and home office employees are eligible to participate in our medical plan (PPO) through UMR.

Opportunities To Save

Throughout the year, our company pays most of your health plan premium and you pay a portion. Understanding your health is so important that we discount your part of the health plan premium by 10% if you complete an annual physical exam ("physical") with a doctor of your choice.

You will receive the 10% discount for the 12 months following your most recent physical. Your discount will expire after that 12-month period, unless/until you receive another physical during that period, which will extend the discount for 12 months following the more recent physical.

If your 10% discount expires, you can reestablish it at any time by getting another physical. Those already receiving the discount will continue to do so until 12 months have elapsed or you have another physical.

Steps to Get the Discount

Complete the Verification Form, found on the back page of this guide. At your physical, obtain the signature of your health care provider. Discounts begin after you present the completed and signed form to the HR Department and it is processed. Discounts are not provided retroactively.

Our plan covers the cost of one physical per calendar year at 100%. If you need assistance locating a doctor, we suggest you use the UMR website (umr.com) to find a physician near you. Your discount will start after the service has been processed by UMR and we are notified. All discounts are subject to change or cancellation at the end of each policy year (Dec. 31).

Use In-Network Providers for More Savings

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, 2024 to December 31, 2024

Employee Cost		
Benefit	With In-Network Provider	With Out-of-Network Provider
Physician Office Visits		
With Primary Care Physician	\$25, no deductible	40% after deductible
With Specialist	\$50, no deductible	40% after deductible
Provider Charges		
	Large discount	No discount
Annual Deductible		
For Individual	\$1,500	\$3,000
For Family	\$3,000	\$6,000
Employee Cost After Deductible		
	20% of discounted charges	40% of full charges
Emergency Room		
	\$200, no deductible	
Preventive Care		
Routine Physical Exams	100% covered—No charge	40% after deductible
Routine Immunizations		
Well Child Care Exams		
Annual Well Woman Exams		
Mammograms		
In-Network Prescription Cost (per refill)		
	Retail (30-day supply)	Mail Order (90-day supply)
Tier 1 (generics)	\$10	\$25
Tier 2 (preferred)	\$35	\$80
Tier 3 (non-preferred)	\$60	\$140
Employee's Maximum Annual Claims Cost		
For Individual	\$4,500	\$9,000
For Family	\$10,000	\$20,000
Lifetime Maximum Benefit	Unlimited	

Weekly Employee Premium—Medical Plan	
	Base Contribution
Employee	\$52.70
Employee/Spouse	\$146.10
Employee/Children	\$125.22
Employee/Family	\$222.62

See page 17 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.

Pharmacy

Generic vs. Brand

When you 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 brand name 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 and writes the prescription as DAW 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 17 of this booklet for contact information to get answers about what is covered and how claims will be paid.

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; you will provide 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

Voluntary Dental Insurance

Territory Supervisors, Managers, Assistant Managers, and Home Office 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, 2024.

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 Services	100%	100%
Restorative Services	Deductible/80%	Deductible/80%
Major Services	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 1717 of this booklet for contact information to get answers about what is covered and how claims will be paid.



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, 2024.

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	

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

Weekly Employee Paid Premium—Vision	
Employee	\$1.30
Employee/Spouse	\$2.48
Employee/Children	\$2.61
Employee/Family	\$3.84

See page 17 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.

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.

Voluntary Term Life Insurance

When you first enroll for life insurance you may elect up to an additional \$200,000 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 without providing evidence of insurability. 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 without providing evidence of insurability 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 \$200,000 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 14 days, but less than 6 months	\$1,000 maximum benefit
	Child-age 6 months to age 19, or 26 if full-time student	\$10,000 maximum benefit

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



Accident Insurance

Injuries occurring off the job can be protected with Reliance Standard 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. Payments are made tax-free, to be used at your discretion.

Benefits are paid for accidents such as:

- Emergency or physician treatment (see example below)
- Ambulance rides (benefit for ground up to \$400, and air up to \$2,000)
- Hospital confinement (benefit up to \$250/ a day)
- Dislocations and fractures (benefit up to \$10,000)

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

Coverage Type	Weekly Premium
Employee	\$2.49
Employee + Spouse	\$3.78
Employee + Child(ren)	\$4.77
Family	\$6.19

Accident Example

Example: Broken Ankle	Benefit Amount
Emergency Room With X-Ray	\$300
Broken Ankle, Closed Reduction (no surgery)	\$1,200
Ankle Brace	\$200
Physical Therapy (per session)	\$50
Physician Follow-Up	\$100
Total Dollars Payable to Employee	\$1,850

Please login to enroll.benefitsconnect.net/fkgoil to view the specific benefits available, or call **314.563.2211**.

See page 17 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.

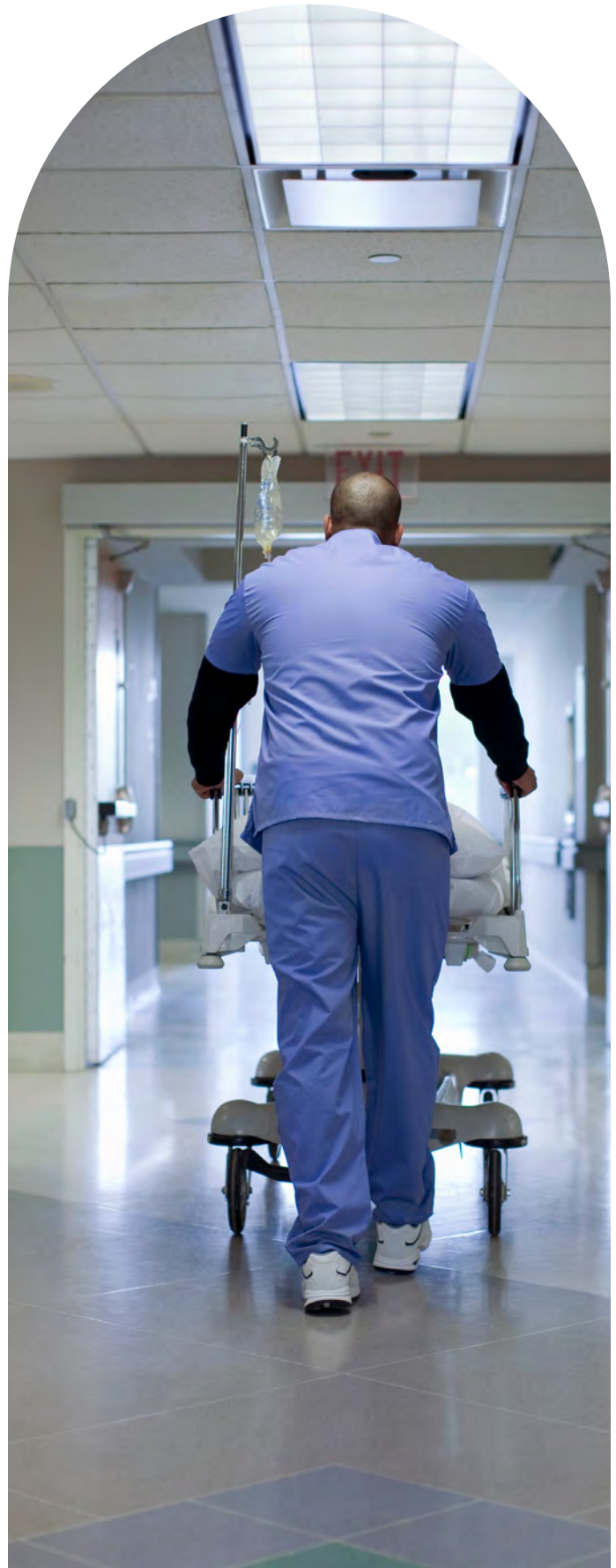
Hospital Event*	Hospital Benefit
Hospital Admission Benefit (once per year)*	\$1,000
Daily Hospital Confinement Benefit (365-days max)	\$200
Daily Hospital ICU Confinement (30-days max)	\$400
Pre-Existing Condition Exclusion	None

Hospital Indemnity Plan Premiums

Coverage Tier	Weekly Premium
Employee	\$4.61
Employee + Spouse	\$8.68
Employee + Child(ren)	\$6.70
Family	\$10.63

* Maternity included

See page 17 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 from the list below which handles the plan administration.



MEDICAL

PPO
800.826.9781
Policy # 76070750
www.umar.com



TELADOC

800.835.2362
Policy # 76070750
Teladoc.com



PHARMACY

RxBenefits
800.334.8134
www.caremark.com



DENTAL

MetLife
800.942.0854
www.metlife.com



VISION

EyeMed
866.299.1358
www.eyemed.com



LIFE

Reliance Standard
800.351.7500
www.rsclaims.com



ACCIDENT/HOSPITAL INDEMNITY

Reliance Standard
877.202.0055
www.matrixabsence.com



SHORT TERM DISABILITY

Aflac
800.433.3036
www.aflac.com



ALL OTHER BENEFIT QUESTIONS

Moto Benefits Support Center
314.563.2211
enroll.benefitsconnect.net/fkgoil

This benefit guide is only intended to highlight some of the major benefit provisions of each company plan and should not be relied upon as a complete detailed representation of the plans. Please refer to each plan's summary plan descriptions for further detail at enroll.benefitsconnect.net/fkgoil. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.

**Verification of Annual Physical Exam
to Receive a 10% Discount on Employee Medical Premium
2024**

Purpose: FKG Oil Company is interested in the health of its employees. As such, we provide employees a 10% reduction in their medical plan premium for twelve months following an annual physical exam.

Employee completes (print)

Employee Name:	_____	Physician Name:	_____
		Facility/Practice Name:	_____
Date of Physical:	_____	Facility/Practice Address:	_____
		Facility/Practice Phone:	_____

Employee signs

1. I confirm that I had an annual physical exam on the date above.
2. I authorize FKG Oil Company's HR Department to confirm with the Health Care Provider that I received a physical exam on the date above.
3. I authorize the Health Care Provider above to confirm or deny to FKG Oil Company's HR Department that I received a physical exam on the date above.

Employee Signature: _____ Date: _____

Health Care Provider signs

I confirm that the above patient received an annual physical exam at our facility on the date listed above.

Provider Signature: _____ Date: _____

Employee to return this completed document to the HR department. Document may be emailed (deb.price@fkgoil.com) or faxed (618-233-6755). Discount to begin after submission and processing.