



# 2024

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## BENEFITS GUIDE



Benefits described in this guide are the associates and shift leaders.

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 Moto's benefit offerings for store associates and shift leaders. Depending on the number of hours you work, you may have access to these plans. Therefore, this guide is a general overview of our plan offerings with high-level information. To see more detail and view the benefits which are specifically available to you at this open enrollment, please visit our employee enrollment website at [enroll.benefitsconnect.net/fkgoil](https://enroll.benefitsconnect.net/fkgoil).

## Annual Enrollment

Eligible employees may choose to enroll in any one or more of the plans outlined in this guide. Your enrollment must be made by December 5.

- Associate Choice Plan (medical benefits)
- Accident
- Voluntary Hospital Indemnity Plan
- Term Life
- Short Term Disability
- Voluntary Critical Illness

## Passive Enrollment

This year we will be holding a passive enrollment. This means if you do not make any elections for the 2024 plan year, your elections for the 2023 plan year will roll over automatically. Completion of open enrollment is not required unless you wish to make changes to your current benefits.



# How to Enroll

## Two Ways to Enroll for 2024

### Call Center Enrollment

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. through 5 p.m. Central Time.

### Online Self-Service

FKG Oil Company employees can also use the online enrollment portal that allows you to make benefits choices on your own schedule and at your own convenience.

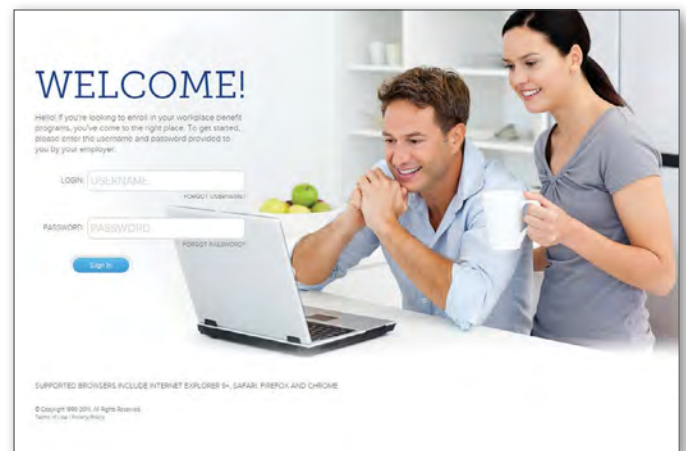
To enroll, please visit

**[enroll.benefitsconnect.net/fkgoil](https://enroll.benefitsconnect.net/fkgoil)**.

### Logging In

1. Go to: **[enroll.benefitsconnect.net/fkgoil](https://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"> <li>● Must be legally married to the employee</li> </ul>
Biological Child	<ul style="list-style-type: none"> <li>● Under age 26</li> </ul>
Adopted/Foster Child	<ul style="list-style-type: none"> <li>● Under age 26</li> </ul>
Stepchild	<ul style="list-style-type: none"> <li>● Under age 26</li> </ul>
Child Covered Under a Qualified Medical Child Support Order (QMCSO)	<ul style="list-style-type: none"> <li>● Order must be a qualified medical child support order (QMCSO)</li> <li>● Must be incapable of self-sustaining employment because of physical handicap, mental retardation, mental illness, or mental health disorder</li> </ul>
Disabled Child Age 26 or Older	<ul style="list-style-type: none"> <li>● Must be dependent on the employee for a majority of financial support and maintenance and lives with you for more than half the year</li> <li>● Must be covered under the Plan before age 26</li> </ul>

## Premiums

You pay your premiums for medical 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](https://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 (under 30 hours weekly)

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 the 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.



# Associate Choice Plan

All full-time employees working 20 hours or more per week are eligible to purchase the Associate Choice Plan. You can choose from two plans administered through Bay Bridge Administrators, a partner of Humana.

Both Associate Choice Plans include preventive care benefits which cover 100% of your preventive care services charges when performed by an in-network provider. In addition to preventive care services, both Associate Choice Plans include the following types of benefits. The level of benefits depends on which plan you choose.

- Daily hospitalization
- Surgical benefits
- Emergency room
- Physician office visits
- Critical illness
- 24-hour telemedicine
- Prescription medications

## How Do Associate Choice Plans Work?

### Preventive Care

Both Associate Choice plans provide complete coverage for preventive care at no cost to you. Preventive care covers services such as physical exams, well child care, immunizations, screening mammograms, and PSA tests along with many other services to keep you healthy. For a list of preventive care services which are covered by the plans, visit <https://www.healthcare.gov/preventive-care-benefits/>.

You must provide your Multiplan/PHCS network ID card at the time of your appointment, which is the same card as the Bay Bridge ID card. As long as you are using a participating provider and obtaining preventive care services only, you should not have to pay out of pocket.

If you are already sick, or have a health problem which needs to be diagnosed, the benefits are listed in the chart on the next page titled "Schedule of Benefits." It is important to note your plan only covers preventive care services at 100%.

To locate a participating provider for preventive care services, visit [www.multiplan.com](http://www.multiplan.com) and follow the steps below.

1. Select "Search for a Doctor or Facility"
2. Select PHCS Network and click "Go"
3. Select "Doctor" or "Facility" and click "Continue"
4. Enter your ZIP Code and/or type of doctor you wish to see, then click "Continue" (doctors who specialize in internal medicine or family practice perform many of the preventive services covered under your plan)
5. Select one of the doctors listed in your area
6. You must provide your Multiplan/PHCS network ID card at the time of your appointment

# Schedule of Benefits

	Base Plan		Plus Plan	
<b>Inpatient Benefits</b>				
First Day In Hospital	\$300 per day		\$400 per day	
Second Day In Hospital	\$300 per day		\$400 per day	
Third Day In Hospital	\$300 per day		\$400 per day	
Daily Hospital Room Benefit	\$100 per day (days 4–60)		\$200 per day (days 4–60)	
Inpatient Surgery (Flat Benefit Payment)	Not included		\$500	
Outpatient Surgery (Flat Benefit Payment)	Not included		\$250	
Inpatient Mental Illness (Organic Only)	Covered		Covered	
Physician Office Visit (Per Day Benefit)	Not included		\$25 per visit, 2 visits per person (max 4 per family) per year	
Emergency Room	Not included		\$150 per visit, 2 visits per person (max 4 per family) per year, illness and accident	
<b>Critical Illness</b>				
Critical Illness Lump Sum	Not included		\$5,000 upon diagnosis	
<b>Preventive Services Coverage</b>				
In-Network Preventive Services	Covered at 100% No deductible Per ACA guidelines		Covered at 100% No deductible Per ACA guidelines	
Out-Of-Network Preventive Services	Not covered		Not covered	
<b>Telemedicine</b>				
Telemedicine Program	Covered at 100% Unlimited consultations No copay		Covered at 100% Unlimited consultations No copay	
<b>Prescription Drugs</b>				
	Member Cost		Member Cost	
Tier 1 (Generic)	\$10		\$10	
Tier 2 (Preferred)	\$20		\$20	
Tier 3 (Non-Preferred)	\$40		\$40	
<b>Weekly Employee Paid Premium*</b>	<b>Ages 18–69</b>	<b>Ages 70+</b>	<b>Ages 18–69</b>	<b>Ages 70+</b>
Employee Only	\$7.73	\$20.37	\$15.32	\$56.82
Employee + Spouse	\$15.59	\$28.07	\$32.58	\$74.53
Employee + 1 Child	\$15.02	\$40.38	\$27.15	\$109.07
Employee + Children	\$23.44	\$48.81	\$35.57	\$117.49
Employee + Family	\$29.06	\$54.25	\$50.02	\$132.64

## Medical Treatment

If you are sick, injured, or need treatment, the plan provides cash reimbursement for certain services as outlined in the above schedule of benefits. For covered non-preventive care treatment, you will have to pay for the services out-of-pocket and file a claim through Bay Bridge to obtain reimbursement as outlined in the above schedule of benefits. Please note benefit reimbursement levels vary based on whether you select base plan or plus plan, and not all services are covered for reimbursement. Additionally, you will have access to a telemedicine program and a prescription discount plan which are described later in this booklet.



## Telemedicine Program

Included in both Associate Choice Plans are telemedicine benefits available through [www.1800MD.com](http://www.1800MD.com) or call **800.530.8666**. 1.800MD provides individuals with fast and convenient access to quality medical care 24 hours a day, 7 days a week, and 365 days a year throughout the United States. The 1.800MD program is a cost effective alternative to unnecessary emergency room or urgent care clinic visits, or the inconvenience of traveling to a scheduled appointment with your primary care physician. This service is available during and after normal business hours from home, office, or during travels.

1.800MD saves you valuable time and money. Medical consultations are conducted by board certified, fully credentialed and licensed physicians who diagnose illnesses, recommend treatment and prescribe medications to its members over the telephone, through secure email and video.

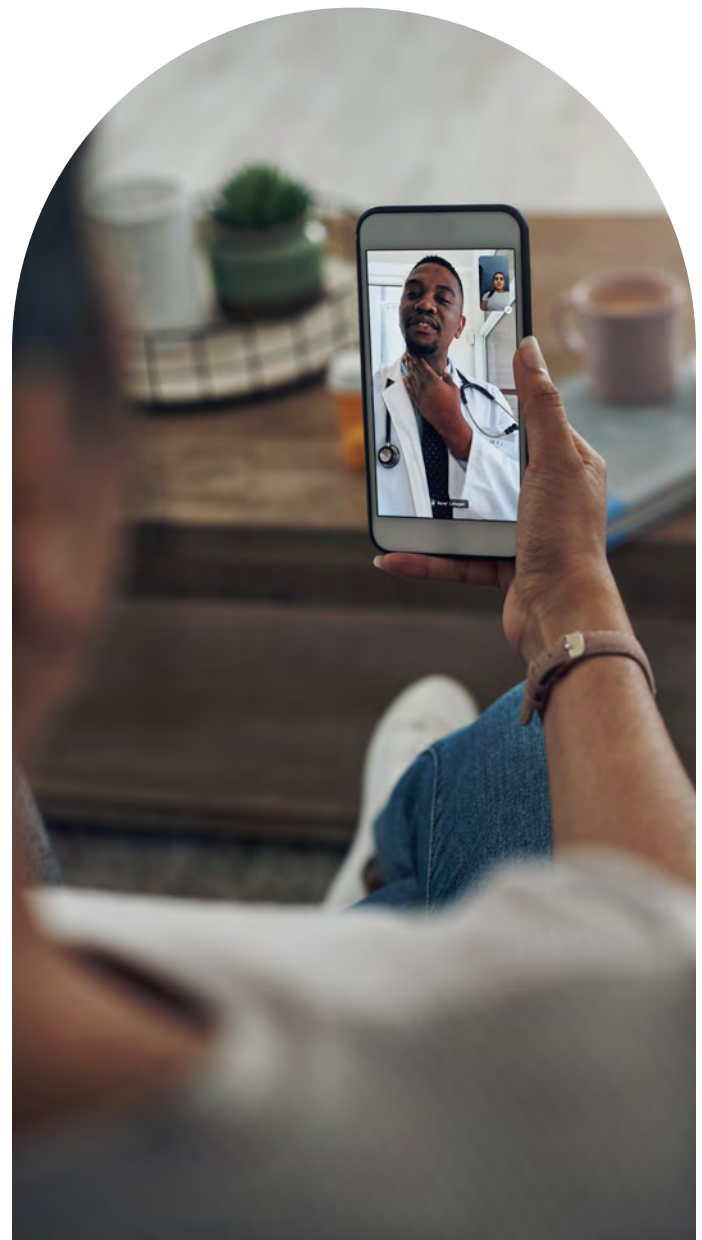
In most cases, 1.800MD is perfect for treatment of the following.

- Allergies
- Arthritic pain
- Certain rashes
- Cold/flu
- Gastroenteritis
- Headache/migraine
- Insect bites
- Sprains/strains
- Respiratory infections
- Stomachache/diarrhea
- Sore throat
- Urinary tract infections
- Minor burns
- General information
- Many more non-emergency medical conditions

Simply pick up the phone or go online to schedule a physician consultation, from home, work or when traveling. Physician consultations are guaranteed within two hours and generally take about 15 minutes. Prescriptions, when appropriate, are sent electronically to your pharmacy of choice.

Call: **800.530.8666**

- Log on: [www.1800MD.com](http://www.1800MD.com)



The Associate Choice Plan also includes a Flex Card Plus Discount Formulary Program through ProCare Rx. It is designed to provide a cost-effective yet wide selection of medications at an affordable price. If you obtain a prescription from your doctor for a medication which is included under the program's preferred drug list and fill your prescription at a preferred pharmacy, you will pay the lesser of the actual cost of the drug or a \$10, \$20, or \$40 per prescription payment, depending on the prescription.

## Prescription Drugs

The below benefit is included in the Associate Choice Base Plan and Plus Plan.

### PREFERRED DRUG LIST

By presenting your prescription drug card at a participating ProCare RX pharmacy (identified on the next page), you will pay the lesser of the actual cost of the drug or \$10.00, \$20.00, or \$40.00 depending upon which payment level (or tier) the drug is in.

For the latest copy of the preferred drug list, login to the ProCare Rx member portal at <https://www.memberaccess.procarerx.com>. After accessing the member login page, new users can register their policy by clicking the link under the "New Users" section. All other drug strengths and quantities not listed in the preferred drug list will be offered to you at a discounted price. Periodically, the preferred drug list may be updated with new drugs and tier changes.

### COST-SAVING MAIL SERVICE BENEFIT

Your prescription benefit program also contains a mail service benefit allowing you to order up to a 90-day supply of your medication. Our mail service partner, ProCare Pharmacy Care, offers very good discounts, which can save you an additional 3% to 30% over retail pharmacy prices, and you have the convenience of home delivery.

For additional information regarding your mail service benefit, please call ProCare Pharmacy Care at **855.828.1484**.



## Member Portal Website

Once you enroll, you will receive login credentials to the member portal website, which provides the following information.

- Preferred drug list
- Preferred pharmacies
- Your prescription history
- Drug information
- Refill mail service prescriptions

The member portal can be found at:

<https://www.memberaccess.procarerx.com>. For new users, click the link under the "New Users" enter the information from your insurance card to create a login and password.



## Available Pharmacies

The following is a partial listing of ProCare Rx pharmacies which should be used to fill your prescriptions. These pharmacies traditionally offer the greatest discounts and will help to keep costs at or below the tiered prescription costs shown above. Pharmacies not listed here may potentially charge higher costs for prescriptions.

### Preferred Chain Pharmacies

- Albertsons
- Longs Drugs
- Save Mart Supermarkets
- Costco Wholesale
- Meijer
- Schnucks Pharmacy
- CVS/pharmacy
- Publix
- Walmart
- HyVee
- Safeway
- Winn-Dixie
- Walgreens
- King Soopers
- Kmart
- Kroger
- Rite Aid Pharmacy
- Sam's Club
- Target

### Association Pharmacies

- The Medicine Shoppe
- Leader
- Good Neighbor Pharmacy
- United Drugs
- Epic Rx

### Independent Pharmacies

Accepted by most independent pharmacies nationwide. If in doubt, confirm with the pharmacy prior to purchasing.

# How to Get the Most Out of the Associate Choice Plan

- Use preventive care benefits through a Multiplan/PHCS provider; locate a doctor at [www.multiplan.com](http://www.multiplan.com) and get your well child, well woman, physical exams, immunizations, mammograms, and more paid at 100%; a full list of services covered at 100% is available at <https://www.healthcare.gov/preventive-care-benefits/>
- Use a participating ProCare Rx pharmacy; if you have prescriptions for generic birth control, iron supplements, aspirin for heart health, or folic acid while pregnant, these are paid at 100% through the preventive care plan benefit; for prescriptions other than preventive care, make certain you go to a participating ProCare Rx pharmacy; if you use a ProCare Rx participating pharmacy, they will be paid at the time you fill a prescription; if you use a non-ProCare Rx participating pharmacy, you can download a claim form for reimbursement at [www.BayBridgeAdministrators.com](http://www.BayBridgeAdministrators.com)
- Use the ProCare Rx mail order service whenever possible
- Seek out prescriptions which get you the best discounted rate by logging on to <http://memberaccess.procarerx.com> to check your drug costs; if a less expensive alternative is available, ask your doctor if the medication would work for you
- Use telemedicine whenever you feel ill; while 1.800MD may not be able to diagnose all conditions, they can help you make informed decisions and can diagnose many minor conditions and prescribe medicine over the phone
- Take advantage of the life, accident, and disability plans to help offset non-medical costs



# 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 related to the injury. Payments are made tax-free, to be spent at your discretion.

Benefits are paid for accident-related expenses 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 per day)
- Dislocations and fractures (benefit up to \$10,000)

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	\$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
<b>Total Dollars Payable to Employee</b>	<b>\$1,850</b>

Please login to [enroll.benefitsconnect.net/fkgoil](https://enroll.benefitsconnect.net/fkgoil) to view the specific benefits available, or call **314.563.2211**.

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 (365-days max)	\$200
Daily Hospital ICU Confinement (30-days max)	\$400
Pre-Existing Condition Exclusion	None

\* Maternity included

## Hospital Indemnity Plan Premiums

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

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.





# Term Life Insurance

All full-time employees working 20 hours or more per week are eligible to purchase term life insurance.

- When first offered coverage, employees can purchase up to \$200,000 without medical questions.
- When first offered coverage, you can also elect voluntary life insurance for your spouse and/or dependent children.
  - Spouses can purchase up to \$25,000 without medical questions
  - You can purchase up to \$1,000 for your children between 14 days and 6 months of age, and you can purchase up to \$10,000 for your children 6 months to 26 years of age.

Your individual premium rate will depend on your age and will be paid on a post-tax basis.

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



# 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.



## ASSOCIATE CHOICE PLAN (MEDICAL)

Bay Bridge (Plan Administration and Claims)  
**800.845.7519**  
Policy #000879



1.800MD (Telemedicine)  
**800.530.8666**  
[www.1800MD.com](http://www.1800MD.com)



ProCare RX (Prescription)  
**855.828.1484**  
[memberaccess.procarerx.com](http://memberaccess.procarerx.com)



## LIFE

Reliance Standard  
**800.351.7500**  
[www.rslclaims.com](http://www.rslclaims.com)



## ACCIDENT/HOSPITAL INDEMNITY

Reliance Standard  
**877.202.0055**  
[www.matrixabsence.com](http://www.matrixabsence.com)



## SHORT TERM DISABILITY

Aflac  
**800.433.3036**  
[www.aflac.com](http://www.aflac.com)



## ALL OTHER BENEFIT QUESTIONS

Moto Benefits Support Center  
**314.563.2211**  
[enroll.benefitsconnect.net/fkgoil](http://enroll.benefitsconnect.net/fkgoil)





This benefit 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 summary descriptions at [enroll.benefitsconnect.net/fkgoil](https://enroll.benefitsconnect.net/fkgoil). Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.