



Summary of **Employee Benefits**
CA - Bay Area & Central Valley

2026

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Who is Eligible?

All full-time staff employees working 30 or more hours per week are eligible to enroll themselves and their family members in the benefits described within.

- Spouse or Registered domestic partners
- Dependent children, including children of domestic partners.
- Adult dependents: For Medical, your dependents may be permitted to remain on your plan up to age 26, regardless of marital or student status. For Dental and Vision, your dependents must be under age 19, or under age 25 if a Full Time Student.

When to Enroll

Initially, all new hires and newly eligible employees must enroll during their specified eligibility period. Human Resources will provide information regarding the enrollment eligibility period for each individual. If you do not enroll during your initial eligibility period, you will have to wait until the next Open Enrollment period to participate in Hunt Oil benefits.

How to Enroll

Hunt Oil uses ADP for employee benefit elections. Employees login to ADP's self service portal at <https://workforcenow.adp.com> and make their own elections in this system. New users will need to Register first, using the registration code 'HUNTSOIN-ADP'. For more information on how to do this you may visit the Hunt Oil benefits website at <https://mybenefits.cc/huntoilinc>. Once you login you may click to start your enrollment process.

Open Enrollment (OE)

- Review and confirm your benefit elections during Open Enrollment.
- Verify your personal information, including beneficiaries.
- You may make changes to your current plan elections, elect benefits, or waive benefits during Open Enrollment. You may also add or delete family members to your benefits at this time.

New Hires

- If you are a "new hire", or "newly eligible" to enroll in benefits, you must enroll within the designated period outlined by Human Resources.

How to Make Changes

Outside of the Open Enrollment period you cannot make changes to your benefits during the year unless you have a qualifying event occur.

Qualifying events include:

Marriage, divorce, legal separation, domestic partnership status change, birth or adoption of a child, change in child's dependent status, death of spouse or dependent, employment transfers, or a change in a spouse's or domestic partner's benefits or employment status which result in loss of coverage.

You must notify Human Resources to make any changes within 30 days of a qualifying event occurrence.



Anthem PPO Medical Plans

The following chart shows your costs when you utilize the medical plan. (Refer to evidence of coverage for out of network benefits and other covered services). **NOTE: Plan deductibles and Out-of-Pocket maximums run on a calendar year cycle, so please take that into consideration when making your selection.**

ANTHEM PPO PLAN DESIGNS			
		<i>Low Plan (In-Network Only)</i>	<i>High Plan (In-Network Only)</i>
Calendar Year Deductible			
	Individual	\$1,500	\$500
	Family	\$3,000 (\$1,500 Indiv.)	\$1,000 (\$500 Indiv.)
Professional Services			
	Routine Preventive Care / Physical Exams	No Charge	No Charge
	Physician Office Visits / Urgent Care	\$50 copay	\$40 copay
	X-Rays and Lab Tests	30% after deductible	20% after deductible
	Complex imaging, incl. MRI/CT/PET	30% after deductible	20% after deductible
Hospital Services			
	Inpatient	30% after deductible	20% after deductible
	Outpatient	30% after deductible	20% after deductible
	Emergency Room	30% after deductible (waived if admitted)	20% after deductible (waived if admitted)
Mental Health Services			
	Inpatient	30% after deductible	20% after deductible
	Outpatient	\$50 per individual visit / \$25 per group visit	\$40 per individual visit / \$20 per group visit
Prescription Drug Benefits			
		(up to 30 day supply)	(up to 30 day supply)
	Rx deductible (Tiers 2, 3, & 4)	\$350	\$150
	Tier 1 (i.e. Generics)	\$20 copay	\$10 copay
	Tier 2 (includes diabetic supplies)	\$50 copay after Rx deductible	\$35 copay after Rx deductible
	Tier 3 (includes compound drugs)	\$75 copay after Rx deductible	\$50 copay after Rx deductible
	Tier 4 (Specialty Pharmacy Drugs)	30% up to \$200 after Rx ded.	20% up to \$150 after Rx ded.
Calendar Year Out-Of-Pocket Maximum			
	Individual	\$6,000	\$3,000
	Family	\$12,000	\$6,000

This is a summary of the most frequently asked about benefits. This chart does not explain benefits, cost sharing, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and cost sharing. For a complete explanation, please refer to the EOC (Evidence of Coverage).



Kaiser HMO Medical (CA Only) and Hunt Oil Reimbursement Plan

The following chart shows your costs when you utilize the medical plan before and after reimbursement from Hunt Oil is applied. (Refer to evidence of coverage for out of network benefits and other covered services). **NOTE: Plan deductibles and Out-of-Pocket maximums run on a calendar year cycle, so please take that into consideration when making your selection.**

KAISER HMO PLAN DESIGNS				
	<i><u>Before HRA</u></i> <i>(In-Network Only)</i>	<i><u>Low Plan, after HRA</u></i> <i>(In-Network Only)</i>	<i><u>High Plan, after HRA</u></i> <i>(In-Network Only)</i>	
Calendar Year Deductible				
Individual	\$5,000	\$1,500	\$500	
Family	\$10,000 (\$5,000 Indiv.)	\$3,000 (\$1,500 Indiv.)	\$1,000 (\$500 Indiv.)	
Professional Services				
Preventive Care / Physical Exams	No Charge	No Charge	No Charge	
Physician Office Visits (PCP/Specialists)	\$40/\$50 copay	\$40/\$50 copay	\$40/\$50 copay	
Most X-Rays & Lab Tests	\$15 after deductible	\$15 after deductible	\$15 after deductible	
MRI, most CT, and PET scans	30% up to \$150 after deductible	30% up to \$150 after ded.	30% up to \$150 after ded.	
Hospital Services				
Inpatient	30% after deductible	30% after deductible	20% after deductible	
Outpatient	30% after deductible	30% after deductible	20% after deductible	
Emergency Room	30% after deductible (waived if admitted)	30% after deductible (waived if admitted)	20% after deductible (waived if admitted)	
Mental Health Services				
Inpatient	30% after deductible	30% after deductible	20% after deductible	
Outpatient	\$40 per individual visit / \$20 per group visit	\$40 per individual visit / \$20 per group visit	\$40 per individual visit / \$20 per group visit	
Prescription Drug Benefits				
	(up to 30 day supply)	(up to 30 day supply)	(up to 30 day supply)	
Generics	\$15 copay	\$15 copay	\$15 copay	
Brand Name	\$40 copay	\$40 copay	\$40 copay	
Specialty	30% up to \$250	30% up to \$250	\$65	
Calendar Year Out-of-Pocket Maximum				
Individual	\$8,000	\$8,000	\$4,000	
Family	\$16,000	\$16,000	\$8,000	

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Health Reimbursement Account (HRA) for Kaiser HMO Medical Plans

Hunt Oil sets aside funds for employees enrolled in one of Hunt Oil HMO Medical plans from Kaiser. The funds help you reduce your total costs of utilizing one of these HMO plans.

The HRA is administered by BRMS.

How it works...

- After utilizing one of the HMO plans, you may request a reimbursement from the HRA by submitting the following to the HRA Administrator, BRMS:
 1. a copy of the provider's bill,
 2. a copy of the insurance carrier's Explanation of Benefits (EOB)
 3. and a Reimbursement Form.
- BRMS will process your HRA request and provide you with an applicable reimbursement according to the plan.

BRMS Contact and Address Information

- Phone: (888) 326-2555
- Claims Fax: (866) 410-0880
- Claims Email: brms-fsa@brmsonline.com
- Claims Mailing Address.

BRMS
P.O. Box 1697
Folsom, CA 95763

You may also use BRMS' website, www.myhealthbenefits.com, to submit a claim request online.



Dental - Anthem

Dental coverage is provided for you and your family members through Anthem, administered by BRMS. You may seek services from a dentist of your choice. However, the out of pocket costs will be much lower if you utilize the services of a network provider. Charges from out-of-network dentists are subject to Reasonable and Customary limits. Please see the plan summary on the benefits website for all covered services.

PLAN HIGHLIGHTS	SUMMARY
Annual Maximum	\$2,000 annual In-Network benefit per member; \$1,500 Out-of-Network
Deductible	Applies to Out-of-Network Basic & Major services only – \$50 Individual; \$150 Family.
Preventive Services	Exams, cleanings, x-rays: PPO 100% / Out-of-Network 100%
Basic Services	Fillings, simple extractions: PPO 90% / Out-of-Network 80%
Major Services	Crowns, Bridges, Dentures: PPO 60% / Out-of-Network 50%
Orthodontia Services	\$2,000 lifetime benefit per member

Vision - VSP

Vision coverage is provided for you and your family members through VSP. If you utilize the services of a provider listed in the provider directory, you will maximize the benefit allowances shown below. Please see the plan summary on the benefits website for all covered services.

PLAN HIGHLIGHTS	SUMMARY
Member Copayment	\$10 Exam / \$25 Materials
Well Vision Exams	Plan pays 100% after Copayment every 12 months
Lenses	Plan pays 100% after Copayment every 12 months
Frames	Plan pays up to \$130 for a wide selection of frames every 24 months. You may also receive 10-30% off the amount over your allowance from network providers.
Contact Lens Care (in lieu of other benefits)	Plan pays up to \$130 every 12 months.

Life - Unum

Hunt Oil pays for a \$10,000 life policy for all eligible employees. Please make sure your beneficiaries on file are up to date at all times. For more information on this, please contact Human Resources.



Health Care & Dependent Care Flexible Spending Account (FSA)

Hunt Oil provides you the opportunity to pay for out-of-pocket health care and dependent care expenses with pre-tax dollars, through payroll deduction, through a Flexible Spending Account (FSA) administered by BRMS.

When you incur eligible expenses, as outlined by the IRS, you may then request reimbursement from your account. The reimbursements you receive from these accounts remain tax-free.

Highlights of Flexible Spending Accounts:

- A health care FSA is used to reimburse expenses related to your health care of you or your dependents, such as deductibles and copays. The maximum that you can contribute to the Health Care Flexible Spending Account is \$3,400.
- A dependent care FSA is used to reimburse expenses related to care of eligible dependents while you and your spouse work. The maximum that you can contribute to the Dependent Care Flexible Spending Account is \$7,500 if you are a single employee or married filing jointly, or \$3,750 if you are married and filing separately.
- Contributions to your FSA come out of your paycheck before any taxes are taken out. This means that you don't pay federal income tax, Social Security taxes, and state and local income taxes on the portion of your paycheck you contribute to your FSA.
- It is best to contribute the amount of money you expect to pay for out-of-pocket eligible expenses for the FSA plan period. If you enroll after the beginning of the plan year, budget for the remaining number of months.
- If you do not use the money you contributed, it will not be refunded to you or carried forward into a future plan year. The "use-it-or-lose-it rule" applies to FSA contributions so budget wisely.

The following example shows how you can save money with a Flexible Spending Account. Bob and Jane's combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in health care expenses and \$3,300 for day care next FSA plan year, so they decide to direct a total of \$5,300 into their FSA.

PLAN HIGHLIGHTS	Without FSA	With FSA
Gross income	\$30,000	\$30,000
FSA Contributions	\$0	-\$5,300
Gross income	\$30,000	\$24,700
Estimated taxes		
Federal	-\$2,550*	-\$1,755*
State	-\$900	-\$741**
FICA	-\$2,295*	\$1,890
After tax earning	-\$24,255	\$20,314
Eligible out of pocket		
Health and dependent care expenses	-\$5,300	\$0
Remaining spendable income	\$18,955	\$20,314
Spendable income increase		\$1,359

*Assumes standard deductions and four exemptions.

**Varies, assume 3%.

The example above is for illustrative purposes only. Every situation varies and we recommend that you consult a tax advisor for all tax advice.



Voluntary Benefits - Unum

Hunt Oil also makes additional Voluntary Benefits available to employees. These Voluntary Insurance Benefits are a valuable enhancement to your insurance package and are offered through the convenience of Payroll Deduction. These plans are fully portable, allowing you to keep your valuable coverage on Direct Payment if you terminate or retire from the company.

The following is a brief highlight of the plans.

Short Term Disability Insurance:

- Protects a portion of your weekly income if you are unable to work due to a covered injury or illness. This means you can have some income during a time of need. Maximum weekly benefit: 20% of weekly income to \$500 per week for up to 25 weeks.

Life Insurance:

What would your loved ones do without you? Term life insurance is an affordable way to leave them money when you die. They can use it to help pay for housing and other expenses, including your final arrangements.

- Flexible coverage options! You can elect up to the lesser of 5x your annual salary or a maximum of \$500,000 for yourself, up to 100% of your coverage amount for your spouse, and \$10,000 for your children under age 26.

Accident Insurance:

With the high cost of medical care today, a trip down the stairs can hurt your bank account as much as your body. Accident insurance can pay you money based on the injury and the treatment you receive, whether it's a simple sprain or something more serious, like an injury from a car accident.

- Pays you a benefit for an emergency room treatment, a fracture, crutches and over 50 other accident-related expenses. Money is paid directly to you!
- You can also purchase coverage for your spouse and dependent children.
- \$50 Wellness Benefit included

Critical Illness Insurance:

Treatment for critical illness conditions can be very expensive, so Critical Illness Insurance can help by paying a lump sum directly to you at the first diagnosis of a covered condition.

- Pays a benefit if you are diagnosed with a covered illness such as heart attack, stroke or cancer.
- Spouse coverage is also available. Dependent children are automatically covered at 50% of employee coverage amount at no additional cost.
- \$50-\$100 Wellness Benefit included

For more information on these benefits visit our benefits website at <https://mybenefits.cc/huntoilinc>.

These benefits can be elected in ADP during your normal enrollment process.



Medical, Dental and Vision Premium Contributions

The following are the per pay period employee premium contributions for the Medical, Dental and Vision plans offered to employees by Hunt Oil effective 1/1/2026.

Enrollment Tier	Medical				Enrollment Tier	Dental	Vision
	Anthem PPO Low	Anthem PPO High	Kaiser HMO Low	Kaiser HMO High		Anthem PPO	VSP PPO
Employee	\$28.75	\$54.63	\$31.63	\$66.13	Employee	\$0	\$0
Employee + Spouse	\$287.50	\$347.88	\$345.00	\$425.50	Employee +1	\$11.76	\$1.84
Employee + Child(ren)	\$195.50	\$238.63	\$250.13	\$307.63	Employee +2 or more	\$25.01	\$4.86
Employee + Family	\$379.50	\$460.00	\$483.00	\$577.88			



Important Benefits Contact Information

Carrier / Vendor	Group# Reference ID	Phone	Website
Anthem PPO: -Medical - BRMS -Prescriptions - Magellan Rx -Medical Provider Directory	11005	844-814-3437 800-424-5828 877-916-2525	www.myhealthbenefits.com www.magellanrx.com www.anthem.com/find-care/
Kaiser HMO	62940	800-464-4000	www.kp.org
Anthem Dental PPO	11005	844-814-3437	www.myhealthbenefits.com
VSP Vision PPO	30088684	800-877-7195	www.vsp.com
BRMS FSA & HRA	11005	888-326-2555	www.myhealthbenefits.com
Unum Voluntary Benefits	Hunt Oil	800-635-5597	www.unum.com

REQUIRED NOTICES: All official documents relating to the Hunt Oil Employee Benefits Program, including the Summary Plan Descriptions, HIPAA Privacy Notice, Initial Cobra Notice, Medicare Part D notice, and any other relevant plan documents or notices, are available from Human Resources, or electronically through the benefits website listed below.

<https://mybenefits.cc/huntoilinc>

The benefits information in this Benefits Enrollment Guide is presented for illustrative purposes. The text contained in this Guide was taken from various summary plan descriptions and benefits information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Guide and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. Hunt Oil reserves the right to modify any content of this document at any time.

Who else can I contact?

Representatives from our Employee Health Benefits Insurance Broker, Acrisure, are available to assist you with your benefit questions throughout the year. Please feel free to contact them directly for assistance or direction with your employee health benefits.

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