



2025 BENEFITS ENROLLMENT GUIDE

Make your benefits count

Medical & Prescription | Dental | Vision
Wellness | Life Insurance | HSAs | FSAs
Voluntary Benefits | Retirement | Contacts

KINDER MORGAN



THIS IS YOUR TIME TO FOCUS ON YOUR BENEFITS

Some benefits require you to take action. Some require no action at all. Some come automatically and at no cost, while others require you to enroll and pay premiums. The best way to get to know your benefits package is to read this guide. We hope you find it valuable.

If you are a current employee

You must take action during Open Enrollment if you want to enroll, cancel or change your benefits for 2025.

Open Enrollment Dates: October 7 - 25, 2024

If you do not take action, your current benefits will roll over to 2025 except for the Health Savings Account and any Flexible Spending Accounts, which will default to \$0. You will not be able to make changes during the year unless you experience a qualified life event like a marriage, divorce or having a new child.

If you are a new hire

You must take action to enroll in benefits within 30 days of your date of hire.

If you do not enroll within that timeframe, you will receive the following default coverage.

- 2x annual base pay for Basic Life and AD&D coverage
- 401(k) and Personal Retirement Account (see [pages 19-20](#) for more information)
- Short-term and Long-term Disability
- No medical, dental and vision coverage
- No other coverage, such as optional life insurance, HSA or FSAs

Note: Kinder Morgan is the Plan sponsor and reserves the right to terminate or amend the Plan provisions described at any time.

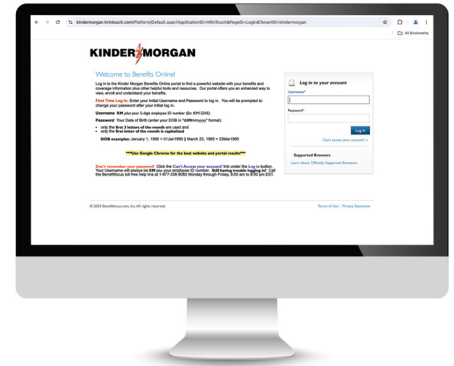
Enroll in Four Simple Steps

STEP

1

Access Kinder Morgan's Benefits Online Portal powered by Benefitfocus[®] by doing one of the following:

- Visiting KMonline > Benefits Online if you are at work
- Logging into **kindermorgan.hrintouch.com** from anywhere
- Downloading the Benefitplace mobile app by scanning the QR code



STEP

2

Click the Enroll Now button to begin the enrollment process.

STEP

3

Check your profile under the Profile tab to make sure your **About You** and **Communication Preferences** are accurate. Next, follow the prompts to complete and save your 2025 elections. If you enroll a new dependent, make sure you upload the eligibility documentation by the deadline. See **page 4** for details.

STEP

4

Review and save/print your 2025 **Employee Summary Report**. Carefully review your benefit elections, covered dependents and costs.

Scan the QR code and log in to the Benefitplace mobile app to enroll or learn more about your benefits.

Google Play



App Store



2025 Open Enrollment

- All benefit changes take effect January 1, 2025.
- If you enroll in the HDHP Buy-Up plan and do not enroll in the Health Savings Account, your contributions will be set at \$0 for the year, and you will not receive the annual company contribution.
- If you do not enroll in an FSA, you will not have one for 2025. FSAs do not roll over from year to year.

Eligibility

Kinder Morgan offers valuable healthcare benefits that cover eligible dependents.

You will need the following when you add a dependent for coverage:

1. Social Security Number and date of birth.

2. Proof of eligibility. If you are adding a dependent who is currently not covered for medical, dental, vision or spouse life coverage with Kinder Morgan, scan and upload proof of eligibility documents (in PDF format) onto the Benefits Online Portal by October 25 or 30 days after your hire date. Your new dependent will NOT BE COVERED if their documentation is not received by this deadline.

Who You Can Cover & Documentation Required

Spouse	<p>The front page of prior year's tax return showing your married status including both of your names;</p> <p>OR</p> <p>A Marriage Certificate AND a current household bill or account statement (e.g. loan/bank statement) showing both of your names on the bill/statement (joint ownership).</p> <p>If married less than 1 year, only a Marriage Certificate is required.</p>
Domestic partner	<p>The completed Affidavit of Domestic Partnership form AND the required documentation listed on the form.</p> <p>You can find the Affidavit of Domestic Partnership form on the Benefits Online Portal under Forms.</p>
Children	<p>Specifically:</p> <ul style="list-style-type: none">• Biological, adopted or foster children• Stepchildren• Children of a domestic partner• Children covered by a Qualified Medical Child Support Order• Children whom you have been granted permanent legal guardianship <p>A Birth Certificate for each child showing parents' names. Legal and other pertinent documentation may also be required.</p> <p>Important: Qualified children are covered up to age 26. Coverage may be extended if the child is disabled, dependent on you for care and support, and lives in your home and is currently covered under a KM Medical Plan. Proof of disability and support will be required. You must advise the Benefits Department within 30 days from the date the child turns age 26 for consideration of extended coverage.</p>

Medical Plan Overview

Employees can choose from multiple BlueCross BlueShield of Texas plan options. Some employees, depending on where they live, also have an additional option available to them.

Available to All			Available in Houston Area	Available Outside Houston Area	Available in California
HDHP Base	HDHP Buy-Up	PPO	Blue HMO	EPO	Kaiser

An Out-Of-Area Plan is available to employees who live in remote areas and replaces the PPO/EPO.

SIMILARITIES:

- All cover the same services
- All cover preventive care, including immunizations, at 100% with a network provider
- All come with prescription drug coverage

DIFFERENCES:

- Premiums for coverage vary among the plans
- Deductibles and out-of-pocket maximums are different among the plans
- Three plans offer out-of-network coverage (HDHP Base, HDHP Buy-Up and PPO) and others do not
- The HDHP options come with the ability to contribute to a Limited Purpose FSA and an HSA, and only the HDHP Buy-Up comes with an employer contribution to your HSA
- With the PPO, Blue HMO, EPO or Kaiser plans, you can enroll in a Healthcare FSA but not a Limited Purpose FSA or HSA
- Some plans require you to designate a primary care physician



Learn how you can supplement your medical coverage with **Critical Illness, Accident or Hospital Indemnity Coverage** on **page 14**.

HDHP Plans

The HDHP plans are high-deductible plans that come with the option to contribute to a Health Savings Account (HSA). You cannot contribute to an HSA if you are enrolled in Medicare or Tricare.

FIVE KEY THINGS TO KNOW

1

The HDHP plans have the lowest premiums of our options. That also means that they have higher deductibles to reach before Kinder Morgan starts sharing healthcare costs. The family deductible and out-of-pocket maximum can be met by a combination of two or more family members.

2

The HDHP Buy-Up Plan is the only option that comes with an annual Kinder Morgan contribution deposited into your HSA.

- **\$500 for employee-only coverage**
- **\$1,000 for coverage with dependents**

***Note:** New hires receive a prorated HSA contribution in their first year based on their date of hire.*

3

The funds in your HSA always belong to you. They do not need to be used by a certain date, and you can take them with you if you leave Kinder Morgan.

4

You can contribute up to \$4,300 for individuals and \$8,550 for those covering dependents. (If you are 55+, you can contribute an additional \$1,000.) These are pre-tax contributions.

- **You save money on taxes by contributing to your HSA. You also save on taxes when you invest and when you withdraw.**

5

The HSA is administered by HealthEquity. You can see a list of eligible expenses at member.my.healthequity.com.

YOU HAVE TWO OPTIONS WHEN YOU PAY FOR CARE:

Use your HSA. You can pay with your HealthEquity debit card if you have funds in your account.

OR

Pay out of pocket. If it's a bill you can afford to pay, you might want to let your HSA build up.

HOW THE HDHP PLANS WORK

YOU PAY

100%

of medical care expenses, including prescription drugs, until you meet your **annual deductible**.

There are some exceptions for preventive care.

After you meet your **annual deductible**, you start sharing costs with

KINDER MORGAN PAYING

80%

of healthcare expenses and

YOU PAYING FOR

20%

provided you are using in-network providers. If you reach your out-of-pocket maximum, Kinder Morgan pays 100% of eligible healthcare expenses for the rest of the year.

PPO and Other Medical Plans

Kinder Morgan offers several other types of medical plans, which allow you the opportunity to choose the plan that is right for you. Not all the plans may be available to you. When you enroll, you will only see plans that you are eligible to select.

PPO PLAN Available to all Kinder Morgan employees	<ul style="list-style-type: none">• If you go to a primary care doctor or specialist for a visit, you will pay a copay.• If you need other healthcare services, you must meet your deductible before Kinder Morgan starts sharing costs. After your deductible, Kinder Morgan will pay 80% of eligible medical expenses.• There are out-of-network benefits available to you, although you will pay a higher percentage of the cost.• The family deductible and out-of-pocket maximum amounts can be met by a combination of two or more family members.
EPO PLAN Available only to employees outside of the Houston area	<ul style="list-style-type: none">• Similar to the PPO, the EPO has copays if you visit a primary care doctor or specialist. Also similar to the PPO, the EPO has a deductible to meet before Kinder Morgan starts to share costs with you.• The deductible is lower than the PPO, but the premiums are higher.• You must use an in-network doctor. There are NO out-of-network benefits.• The family deductible and out-of-pocket maximum amounts can be met by a combination of two or more family members.
OUT-OF-AREA PLAN Available only to employees in remote areas	<ul style="list-style-type: none">• The details of this plan are similar to the PPO, except there is no network requirement and office visits have no copay.
KAISER PERMANENTE HMO Available only to employees in California	<ul style="list-style-type: none">• The Kaiser plan requires only copays for healthcare.• There is no deductible to meet.• There is no coverage outside of the Kaiser network.

Approaching Medicare Eligibility?

SmartConnect is a Medicare resource to help explore coverage for yourself and other eligible adults for free. It includes online tools, enrollment services and licensed agents. Go to gps.smartmatch.com/kindermorgan to learn more.



Blue HMO *(Houston Area Only)*

A Plan in Collaboration with Kelsey Seybold

If you live in the Houston area and prefer copays for doctor visits and no deductible to reach for more extensive healthcare needs, the Blue HMO Plan is worth considering.



KEY ITEMS TO KNOW ABOUT THE PLAN

- The plan is only available in the Houston area.
 - If you have a covered dependent who lives in Texas but not Houston, they need to select a primary care doctor where they reside. If you have a covered dependent who lives outside of Texas, you may need to complete an application for the HMO service area where they live or consider another plan option.
- The plan has advantages if you would like coordinated healthcare.
- BlueCross BlueShield of Texas is the administrator.
- The plan design is similar to the EPO plan, but beneficial to you in several key areas.
 - Copays: \$20 for primary care / \$40 for specialist
 - Deductible: \$0 for both individual and family tiers
 - Out-of-Pocket Maximums: \$5,000 for individual / \$10,000 for family tiers
- The premiums taken out of your paycheck will be lower than the EPO and PPO options. See **page 11** for more information.
- A key difference in this plan is the network of providers and facilities. The network is exclusive to those doctors and facilities who belong to the:
 - Kelsey-Seybold Health Plan network
 - Blue Essentials network within BCBS if your dependents reside outside of the Houston area but still in Texas

There is no out-of-network coverage, so this is an important consideration. You must select a primary care doctor to access benefits.

Understanding the Network

- You can get care from any Kelsey-Seybold primary care or specialist at any Kelsey-Seybold location. That's 700 doctors in almost 40 locations around Houston.
- For those outside of the Houston area, you can get care from a Blue Essentials network doctor. They will become your primary care doctor and coordinate all of your care.
- The list of hospitals available include Houston Methodist, Memorial Hermann, Texas Children's Hospital, Woman's Hospital of Texas, St. Luke's and HCA Houston. For non-emergency care, your primary care provider needs to provide you with a referral.



Scan the QR code to learn more about the Blue HMO in collaboration with Kelsey offering.

Prescription Drugs

When you enroll in a Kinder Morgan medical plan (other than Kaiser), you automatically receive prescription drug coverage through CVS Caremark. However, how you use the prescription drug benefits varies among the plans.

KEY FACTS TO KNOW ABOUT RX COVERAGE

- If you are enrolled in either HDHP plan, you must meet your medical deductible BEFORE the costs shown in the table apply. You will receive a discount as part of your coverage. The only exception to the deductible rule is with certain preventive medications.
- If you are enrolled in a plan other than the HDHP, your costs are shown in the table. You do not need to meet your annual deductible first.
- The pharmacy network includes CVS, Walgreens, Walmart, Costco, Kroger and many other retail chains. Go to **Caremark.com** to find one in your area.
- If you do not move to a 90-day supply for maintenance medications through CVS mail service or select retail locations after a second fill, or you fail to contact CVS to opt out of the Mandatory Maintenance Choice program, there will be NO COVERAGE effective with the third fill of a maintenance prescription.

WHAT YOU PAY	ALL MEDICAL PLANS
RETAIL 30-DAY SUPPLY	
Generic	\$10 copay
Brand Formulary ¹	25% coinsurance (\$40 minimum)
Brand Non-Formulary ¹	25% coinsurance (\$60 minimum)
MAIL ORDER 90-DAY SUPPLY	
Generic	\$20 copay
Brand Formulary ¹	25% coinsurance (\$80 minimum)
Brand Non-Formulary ¹	25% coinsurance (\$120 minimum)
SPECIALTY ^{2,3}	
Generic	\$75 copay
Brand Formulary ¹	\$150 copay
Brand Non-Formulary ¹	\$225 copay

¹ Your cost will be higher if you receive a name brand drug when a generic is available.

² Limited to 30-day supply

³ You will pay 30% coinsurance for specialty medications if you choose to opt out of the PrudentRx program.

PrudentRx Program

If you take a prescription that is an eligible specialty medication, the **PrudentRx program** can save you a lot of money. By enrolling in PrudentRx, you can fill covered specialty medications for \$0 out of your pocket!*

HDHP Buy-Up or Base plan participants must meet the deductible before the \$0 cost share can be applied. For the HDHP plans, the amount paid toward the deductible under this program may not apply to your out-of-pocket maximum. Employees enrolled in other plans do not have to meet their deductibles first. To confirm if your specialty medication is covered by the program, call **800-578-4403**. PrudentRx may also reach out to you if you are eligible.

The PrudentRx Program uses the Affordable Care Act standards for essential health benefits and maximum out-of-pocket limits. Non-essential health benefit costs do not apply toward your out-of-pocket maximum.

Mandatory Maintenance Choice

The Mandatory Maintenance Choice (MMC) program is a CVS Caremark program that allows you to fill your long-term maintenance medications (90-day supply) through the CVS mail service or at select retail locations.

Maintenance drugs are those medications commonly taken to treat conditions considered chronic or long-term, such as high blood pressure or high cholesterol. You can opt out of the program and fill a 30-day supply of a medication from another network pharmacy such as Walgreens, Kroger, Walmart or Rite Aid. However, you will not benefit from the savings of a 90-day supply and you will likely pay more.

To opt out of the MMC program, you must contact Caremark at **800-840-0357**. This Maintenance Choice feature is subject to applicable state law. Visit **www.caremark.com** for pharmacy locations where a 90-day supply can be filled.

* If you are taking an eligible specialty medication and you choose to opt out of the PrudentRx program, you will pay 30% coinsurance for your specialty medication.

Medical Plan Comparison

	HDHP BASE ¹		HDHP BUY-UP ¹	
	In-Network	Out-of-Network ²	In-Network	Out-of-Network ²
Annual Deductible				
Individual	\$3,250	\$6,500	\$1,850	\$3,700
Family	\$6,500	\$13,000	\$3,700	\$7,400
Annual Out-of-Pocket				
Individual	\$7,000	\$14,000	\$4,800	\$9,600
Family	\$14,000	\$28,000	\$7,500	\$15,000
HDHP BUY-UP HSA Company Contribution (You must actively select "Yes, I would like an HSA" to receive.)	N/A		\$500 Individual (Employee only) \$1,000 (Coverage with dependents)	
Doctor Visits				
Primary Care	20%*	40%*	20%*	40%*
Specialist	20%*	40%*	20%*	40%*
Lab and X-rays (non-hospital)	20%*	40%*	20%*	40%*
Well-Child/Adult Visits	\$0/visit	40%*	\$0/visit	40%*
Hospital Surgery				
Outpatient ³	20%*	40%*	20%*	40%*
Inpatient	20%*	40%*	20%*	40%*
Certain Diagnostic Testing (i.e MRI)	20%*	40%*	20%*	40%*
Emergency Room Care	20%*	20%*	20%*	20%*
Mental Health & Substance Abuse Outpatient/Inpatient	20%*	40%*	20%*	40%*
Ambulance Services	20%*	20%*	20%*	20%*

*After the deductible is met, you pay this amount until you meet the out-of-pocket maximum.

¹ **HDHP** – The Annual Deductible must be met before HDHP benefits are paid. Eligible medical and Rx expenses go toward meeting the deductible. The HDHP Employee Only coverage tier enrollees adhere to the Individual Deductible and Individual Out-of-Pocket (OOP) maximum amounts. **Buy-up Plan:** The Family deductible and OOP provisions can be met by one or more members of the family. **Base Plan:** The Family deductible can be met by one or more members of the family. If one member of the family meets the individual OOP (\$7,000), the plan will pay at 100% for that member only; the remaining family members will be required to meet the other \$7,000 to meet the family OOP of \$14,000.

² Subject to the Allowable Amount

³ Call BCBSTX Health Advocacy Solutions at 855-676-4476 to see if your procedure meets the Blue Distinction criteria to pay less out-of-pocket and receive quality care at preferred providers.

	PPO ⁴		BLUE HMO ⁴	EPO ⁴	Kaiser
	In-Network	Out-of-Network ²	In-Network Only	In-Network Only	In-Network Only
Annual Deductible Individual Family	\$500 \$1,000	\$1,000 \$2,000	\$0 \$0	\$250 \$500	\$0 \$0
Annual Out-of-Pocket (OOP) Individual Family	\$3,500 \$7,000	\$7,000 \$14,000	\$5,000 \$10,000	\$7,150 \$14,300	\$1,500 \$3,000
HDHP BUY-UP HSA Company Contribution (You must actively select "Yes, I would like an HSA" to receive.)	N/A		N/A	N/A	N/A
Doctor Visits Primary Care Specialist	\$20/visit \$40/visit	40%* 40%*	\$20/visit \$40/visit	\$30/visit \$50/visit	\$20/visit \$20/visit
Lab and X-rays (non-hospital)	\$0	40%*	\$0	\$0	\$0
Well-Child/Adult Visits	\$0/visit	40%*	\$0/visit	\$0/visit	\$0/visit
Hospital Surgery Outpatient ³ Inpatient	20%* 20%*	40%* 40%*	\$250/visit \$250/day + 10%	\$300/visit \$750/admit*	\$20/visit \$200/admit
Certain Diagnostic Testing (i.e MRI)	20%*	40%*	\$0	\$0*	\$0
Emergency Room Care	20%*	20%*	\$250 + 10%	\$300/visit	\$100/visit
Mental Health & Substance Abuse Outpatient Inpatient	\$20/visit 20%*	40%* 40%*	\$20/visit \$250/day + 10%	\$30/visit \$750/admit*	\$20/visit \$200/admit
Ambulance Services	20%*	20%*	10%*	\$0	\$50/trip

*After the deductible is met, you pay this amount until you meet the out-of-pocket maximum.

² Subject to the Allowable Amount

⁴ **PPO/EPO/OOA** – The Family deductible and OOP provisions can be met by a combination of two or more family members.

2025 PREMIUMS (BI-WEEKLY)

Coverage Tier	HDHP Base	HDHP Buy-Up	PPO	Blue HMO (Houston only)	EPO (Outside of Houston only)	Kaiser (California Only)
Employee	\$15.00	\$25.84	\$78.31	\$64.47	\$107.99	\$106.88
Employee + Spouse	\$51.70	\$86.45	\$228.33	\$190.26	\$281.26	\$274.33
Employee + Child(ren)	\$35.60	\$49.12	\$155.25	\$122.57	\$218.79	\$192.39
Employee + Family	\$62.36	\$109.81	\$298.81	\$264.20	\$378.46	\$352.71

Due to the impact of inflation on healthcare costs, the average premium increase from 2024 to 2025 across the non-Kaiser medical plans is approximately 4.5%.

Dental Plans


Kinder Morgan offers two dental options: a DPPO and a DHMO. Both plans are administered by Delta Dental.

Not all employees have access to the DHMO; if you are eligible, you will see it as an option when you enroll. The DHMO offers enhanced benefits in comparison to the DPPO, but the network is smaller, and you are required to select a primary dentist.

Search for a network dentist by going to deltadentalins.com or download the Delta Dental mobile app.

PREMIUMS FOR COVERAGE (BI-WEEKLY COST)

Coverage Tier	PPO	DHMO
Employee	\$7.79	\$3.00
Employee + Spouse	\$16.14	\$6.01
Employee + Child(ren)	\$17.15	\$7.18
Employee + Family	\$24.48	\$11.13

	WHAT YOU PAY	
	DPPO	DHMO ¹
Annual Deductible	\$50 individual \$150 family	Your costs depend on the services. One of the services covered by the DHMO is orthodontia for adults.
Annual Maximum Benefit	\$2,000 per person	
Preventive and Diagnostic (exam, cleaning, x-rays)	\$0	Scan the QR code to learn more about the Delta Dental options.
Basic Restorative (fillings, routine extractions)	20% after deductible	
Major Restorative (bridges, crowns, dentures)	50% after deductible	
Implants	50% after deductible	
Orthodontia	50% Must be 19 or younger \$1,500 lifetime max per child	

¹The DHMO has no out-of-network benefits. You must use a dentist in the DHMO network to receive benefits.





Vision Plan

Even if you don't need glasses or corrective lens, it's important to have your eyes checked regularly. Annual eye exams are free for you if you enroll in vision coverage. Kinder Morgan's vision program is administered by VSP. Find a provider at vsp.com or download the VSP mobile app. You will not receive a VSP ID card if you enroll. Coverage can be verified with your Social Security Number.

PREMIUMS FOR COVERAGE (BI-WEEKLY)

Coverage Tier	Premium cost
Employee	\$3.86
Employee + Spouse	\$5.50
Employee + Child(ren)	\$6.44
Employee + Family	\$10.30

SERVICE	COPAY	IN-NETWORK COVERAGE	FREQUENCY
Well Vision Exam	\$0		Every calendar year
Prescription Glasses	\$20	See Frames and Lenses	
Frames	—	\$220 allowance for frames with 20% off the amount over \$220 allowance	Every other calendar year
UV and Scratch Resistance Coating	—	Added to your lenses at no cost	Every calendar year
Lenses	—	Single vision, lined bifocal, lined trifocal lenses	Every calendar year
Contact Lens (instead of glasses)	\$0	\$180 allowance for contact lens exam and contacts	Every calendar year

Additional Health & Financial Coverage

Kinder Morgan offers supplemental and voluntary health benefits to provide you with additional financial protection in the event you have a health challenge like cancer, an accident or a hospital stay. The coverage is through Securian.

All premiums are deducted from your paycheck after tax. Visit the Benefits Online Portal > Health & Welfare > Voluntary Benefits to learn more.

Critical Illness Insurance



- Provides a lump-sum payment due to a covered illness, such as cancer or a heart attack. Look for a full list of covered conditions at [Securian.com/kinder-morgan-insurance](https://securian.com/kinder-morgan-insurance).
- You can use the benefit to cover your deductible or medical expenses, or you can use it to cover household expenses, such as a mortgage, child care or car payment.
- Employees can elect coverage of \$15,000 or \$30,000.
- You can cover yourself and dependents.
- Rates are age-based.

Accident Insurance



- Provides a lump sum payment for any covered accident, such as a broken bone. Look for a full list of covered conditions at [Securian.com/kinder-morgan-insurance](https://securian.com/kinder-morgan-insurance).
- You can use the benefit to cover your deductible or medical expenses, or you can use it to cover household expenses, such as a mortgage, child care or car payment.
- Employees can elect a High or Low Plan.
- You can cover yourself and dependents.

Hospital Indemnity Insurance



- Provides a lump sum and daily payments if hospitalized due to sickness or accident.
- Employees can elect a High or Low Plan.
- You can cover yourself and dependents.

\$50 Wellness Benefit

If you enroll in any of the Securian voluntary plans, you can receive a \$50 wellness benefit for getting an annual physical.



Life & AD&D Insurance

Providing financial security for you and your family is important to Kinder Morgan. We help you meet this need by providing Basic Life coverage and Accidental Death & Dismemberment (AD&D) coverage at no cost to you.

If you would like to increase your coverage, or cover a spouse or children, you can purchase Optional Life or Voluntary AD&D coverage during Open Enrollment or as a new hire.

LIFE INSURANCE OVERVIEW

- Life insurance pays a benefit if you or a covered family member dies.
- Kinder Morgan provides you with Basic Life Insurance of 2x your annual base pay (maximum of \$1.2 million)*
- You may also purchase optional coverage for yourself or your dependents. All premiums are deducted from your paycheck after tax.
- Employees can increase coverage by one level during Open Enrollment as long as the level doesn't exceed the guaranteed issue limits.
- Employees currently enrolled for Optional Employee or Optional Spouse coverage who elect an amount in excess of the guaranteed issue limits, OR existing employees who are not currently enrolled and elect Optional Employee or Optional Spouse coverage for the first time, will be required to provide EOI, also known as proof of good health.

**At age 65 or older, the percentage of Basic Life Insurance is reduced based on your age band. See the Life and AD&D Summary Plan Description for more information.*

AD&D OVERVIEW

- AD&D pays a benefit if you or a covered family member dies or is injured in an accident.
- Kinder Morgan provides you with Basic AD&D coverage of 2x your annual base pay (maximum of \$1.2 million)
- You may also buy optional coverage for yourself or your dependents. All premiums are deducted from your paycheck after tax. Family AD&D coverage is based on the composition of your family.

Optional Life Insurance Coverage	
You	Up to 5x annual base pay (maximum \$2 million) EOI is required for coverage of the lesser of 3x annual base pay or \$500,000
Spouse	Options: <ul style="list-style-type: none"> • \$25,000 • \$50,000 • \$100,000 • \$150,000 • \$250,000 Coverage in excess of \$50,000 is subject to EOI
Children (Birth to age 26)	One option: <ul style="list-style-type: none"> • \$10,000

OPTIONAL EMPLOYEE & SPOUSE LIFE INSURANCE (MONTHLY COST; AFTER-TAX)

Age	Rate/\$1,000	Age	Rate/\$1,000
< 25	\$0.049	50 - 54	\$0.205
25 - 29	\$0.057	55 - 59	\$0.390
30 - 34	\$0.075	60 - 64	\$0.610
35 - 39	\$0.085	65 - 69	\$1.200
40 - 44	\$0.090	70+	\$2.060
45 - 49	\$0.135		

Optional Child Life Insurance - \$0.92 (Bi-weekly cost; after-tax)

Optional AD&D Coverage	
You	Up to 5x annual base pay (maximum \$2 million)
Family	Family coverage is based on the percentage of voluntary AD&D coverage you select for yourself. <ul style="list-style-type: none"> • 50% of your AD&D coverage for your spouse • 40% of your AD&D coverage for your spouse and 10% for your children • 10% of your AD&D coverage for your children
Monthly Rates	<ul style="list-style-type: none"> • \$0.015/\$1,000 for your coverage • \$0.030/\$1,000 for family coverage

MyEvive Health Hub

MyEvive is a one-stop shop for you to connect with vendor partners, find out what programs are available and know where you stand with your medical deductible. Log in at myhealth.myevive.com.

Wellness 360° Program

The Wellness 360° program is a way for you to work on your all-around health and wellbeing. All programs are available at no cost to you and your covered dependents, as long as you are eligible through your BCBSTX medical plan. If you elect the Blue HMO in Houston, you may not be eligible for all the programs on this page. We encourage you to contact BCBSTX if you have questions about your eligibility.

Click on the Wellness 360° tab on our Benefits Online Portal to learn more and access previously recorded webinars.

Register and log in to the BCBSTX portal at bcbstx.com to find more health-related links and resources, including gym membership and other information.



Teladoc Health™	Teladoc Health™ is a condition management program that provides support if you have been diagnosed with diabetes and/or hypertension (high blood pressure). To learn more about diabetes services, go to teladochealth.com/register/kindermorgan . To learn more about hypertension services, go to teladochealth.com/now/kindermorgan .
Hinge Health™	Hinge Health™ can help you conquer back and joint pain, recover from injuries or stay healthy and pain-free. Visit hinge.health/kindermorgan to learn more about the tools you need to get moving again.
Ovia Health™	Ovia Health™ provides maternity and family support throughout your entire parenthood journey, whether you are pregnant or planning to get pregnant. Download the Ovia Health apps and make sure you note Ovia Health as a benefit and select BCBSTX as your health plan.
Well onTarget™	Well onTarget™ offers an interactive member portal to support you as you make healthy lifestyle choices as well as reward you with Blue Points that can be redeemed at the online shopping mall. Well onTarget also offers the Fitness Program (cost varies depending on gym package chosen), giving you access to gyms close to home, work or when traveling. Log in to your account at bcbstx.com to access this great program.

Extra Protection Benefits

You can enroll in several benefits that provide additional financial protection. The cost of these benefits is deducted from your paycheck after tax.

PRE-PAID LEGAL THROUGH LEGALEASE

ENROLL AS A NEW HIRE OR DURING OPEN ENROLLMENT

Provides legal assistance to help with family and financial matters, estate planning, wills and more. You have access to:

- National network of specialized attorneys
- In- and out-of-network coverage
- Concierge support

NATIONWIDE PET INSURANCE

ENROLL ANYTIME

Covers all pets with no age limit; pre-existing limitations may apply. The plan includes your choice of reimbursement levels, an annual deductible and annual maximum.

PET BENEFIT SOLUTIONS

ENROLL ANYTIME

Provides discounts on pet food, toys, prescriptions and flea and tick preventatives. The program also offers:

- A veterinary discount plan
- A 24/7 pet helpline
- Lost pet recovery service

ALLSTATE IDENTITY PROTECTION

ENROLL ANYTIME

Provides credit, financial and identity monitoring services, along with powerful personal computer and mobile cybersecurity tools. Allstate offers a fully managed identity theft restorations process and unlimited access to Transunion credit reports/scores and more. The plan can help you:

- Get personal ransomware reimbursement protection for up to \$2 million dollars
- Find tools to protect your mobile device and stolen devices
- Detect active threats using Wifi security scan
- Browse safely with phishing protection through a Safety VPN
- Identify malware and viruses on your mobile devices and apps
- Protect your whole household and senior family members age 65+

Business Travel Accident Plan (BTA)

BTA may pay benefits for serious injury or death if you are in an accident while on a business trip for Kinder Morgan. Insurance is provided through Securian and is covered at equal to 3x annual base pay up to \$1.2 million. This coverage is provided at no cost to employees.

Disability Coverage

Disability insurance replaces a portion of your income if you are injured or ill and unable to work for an extended period of time. This coverage is provided free for you as an employee, and you do not have to enroll in coverage.

Short-Term Disability (STD)

Kinder Morgan provides company-paid Short-Term Disability that replaces a portion of your base pay for up to 182 days (26 weeks), depending on your condition and supporting medical documentation.

The percentage of pay you receive depends on your years of service with Kinder Morgan. Please see the STD/LTD Summary Plan Description for more information.

Benefits begin after eight or more consecutive calendar days of disability.

Long-Term Disability (LTD)

Kinder Morgan provides company-paid Long-Term Disability if your disability extends beyond 26 weeks.

The benefit is 60% of your base monthly earnings up to \$10,000 a month.

A disability resulting from a pre-existing condition that begins in the first 12 months after your effective date of coverage isn't covered by the LTD plan unless you had no treatment for the condition for three consecutive months after your effective date of coverage.

Long-Term Disability coverage is through New York Life.

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside money before taxes to pay for eligible health and dependent care expenses. Keep in mind that you can’t change the amount that you contribute to your FSAs until the next plan year, unless you have a qualified life event. This is different than the Health Savings Account, which can be changed anytime.

HOW THEY WORK:

PLAN	SPEND	SAVE
Estimate your out-of-pocket healthcare and/or day care expenses at enrollment time	Use your HealthEquity debit card to pay for your eligible expenses using pre-tax dollars	Keep extra cash in your pocket because your contributions to the FSA are deducted before taxes

IMPORTANT:

Plan carefully how much you contribute to your FSAs. These accounts are “use it or lose it,” meaning unused money in your account does not roll over to the next calendar year.

	Healthcare FSA	Limited Purpose FSA	Dependent Care FSA
What kind of medical plan can I have?	PPO EPO Blue HMO Kaiser No KMI coverage	HDHP Buy-Up or Base	Any medical plan or no coverage
How much can I contribute in a year?	Up to \$3,200	Up to \$3,200	Up to \$5,000 per household* (\$2,500 if you are married and file separate tax returns)
When is the money available?	January 1	January 1	You can only reimburse yourself with money in your account
What are eligible expenses?	Medical, prescription, dental and vision expenses	Dental, vision and eligible medical/Rx expenses after you have met your deductible (proof required)	Dependent day care expenses like summer camp, after-school care or daycare for your child up to age 13 or adult day care
What are the deadlines?	Incur expenses through March 15, 2026 Submit claims by March 31, 2026	Incur expenses through March 15, 2026 Submit claims by March 31, 2026	Incur expenses through March 15, 2026 Submit claims by March 31, 2026

**Rules set forth by the Internal Revenue Code (IRC) state that the benefits provided under the Dependent Care FSA cannot discriminate in favor of Highly Compensated Employees (HCEs) as defined by the IRC. The Plan reserves the right to prospectively reduce or refund contributions made to the Dependent Care FSA by HCEs if such action is necessary to maintain the tax-qualified status of the Dependent Care FSA. If you are affected by the results of our Non-Discrimination Testing, you will be notified by the Benefits Department prior to the reduction.*

Savings Plan Maximums

For 2024, the IRS maximum for 401(k) contributions is \$23,000 if you are under age 50 and \$30,500 if you are 50 or older. The maximum for 2025 should be announced in November 2024. Call Empower at 844-465-4455 for more information.

Savings Plan — 401(k)

Planning for retirement should start today, regardless of your age. Kinder Morgan helps you prepare for retirement by offering a robust Savings Plan with Empower. For more information, go to empowermyretirement.com to log in or register.

FOR NEW HIRES: You will be automatically enrolled at a pre-tax rate of 6% of eligible compensation 30 days after you become a participant if you do not make an election on your own. Your contribution rate will automatically increase by 1% per year until you reach a 12% contribution level, or you select a different percentage on your own. Kinder Morgan will also make a contribution of 5% of eligible compensation to your account each pay period.



Kinder Morgan automatically contributes 5% of your eligible compensation* each pay period into your 401(k) account.

You are 100% vested in Kinder Morgan contributions after two years of eligible service.

Up to 50% of eligible compensation



Up to 50% of annual incentive bonus

You can contribute up to 50% of your eligible compensation* to your 401(k) account each pay period (subject to IRS limitations).

You can also contribute up to 50% of your annual incentive bonus (subject to IRS limitations).

Select pre-tax and/or Roth after-tax for your contributions.

You are 100% vested immediately in your contributions.



Select a fund(s) available through Empower for your investments.

Go to empowermyretirement.com to see your investment options.

*Eligible compensation for Kinder Morgan contributions includes base pay, holiday and paid time off pay, scheduled overtime and shift differential. Eligible compensation for your contributions includes base pay, holiday and paid time off pay, all overtime and shift differential.

Retirement Plan — Pension

Besides a Savings Plan, Kinder Morgan also provides pension benefits in the form of a Personal Retirement Account or PRA (commonly known as a cash balance plan). The company pays the total cost of this benefit; no employee contributions are allowed, and no enrollment is necessary.

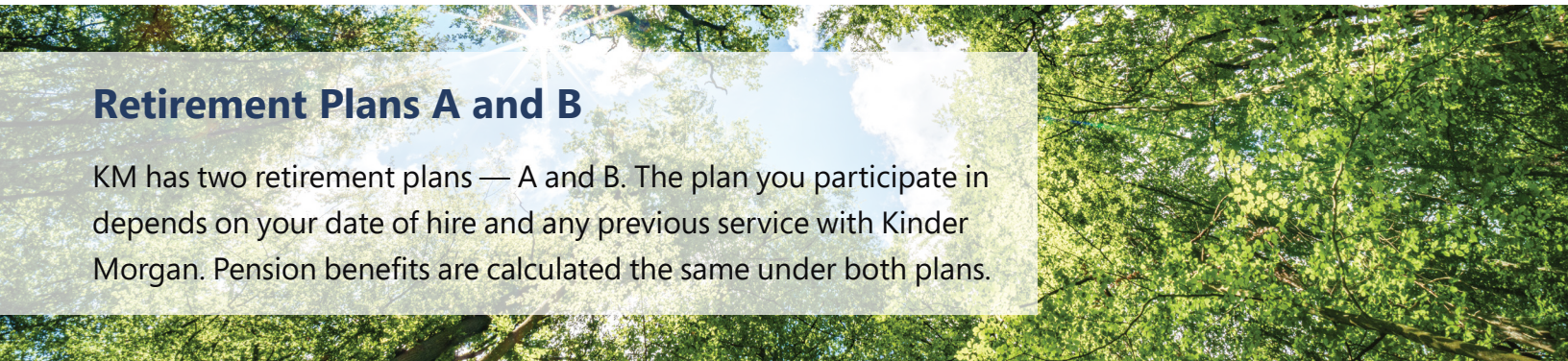
COMPANY CONTRIBUTIONS AND INTEREST CREDITS

Your PRA grows with contribution credits and interest credits. If you are vested when you terminate, your pension benefit is based on your PRA balance, and several annuity payment options and a lump-sum option may be available to you. You are vested in your PRA after three years of eligible service.

CONTRIBUTION CREDITS

Age + Service (as of December 31 of the prior year)	If less than 50 4%	If 50 or greater 5%
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Eligible compensation used to determine PRA contributions includes base pay, holiday and paid time off pay, scheduled overtime and shift differential.



Retirement Plans A and B

KM has two retirement plans — A and B. The plan you participate in depends on your date of hire and any previous service with Kinder Morgan. Pension benefits are calculated the same under both plans.

CHECK YOUR PERSONAL RETIREMENT ACCOUNT BALANCE

The Kinder Morgan Benefits Service Center is the administrator of the Retirement Plan. Register or log in at myplansconnect.com/kindermorgan. You can access your balance at any time.

FOR NEW HIRES: Follow the New User instructions and you will be able to see your balance, run estimates, and access helpful financial tools and resources. You can also call the Kinder Morgan Benefits Service Center at **866-301-2359** if you have questions about your PRA benefits.

Note: Certain employees have grandfathered Retirement Plan benefits in a different form than a PRA. All employees can view the current value of their Retirement Plan benefits on the Retirement Plan website (see above).

Employee Stock Purchase Plan (ESPP)

The ESPP allows you to purchase Kinder Morgan stock on the open market through after-tax payroll deductions without paying brokerage commissions. Visit www-us.computershare.com/employee and use company code: **KMI** or company name: **Kinder Morgan**.



Other Mental Healthcare

Sometimes you may need medical care for mental health needs. Make sure you discuss your mental health with your physician. All KM medical plans offer mental health coverage.

Employee Assistance Program

Life can be complicated, and sometimes we can all use a helping hand.

Through Kinder Morgan's EAP program provided by Magellan you have resources to help make life seem easier and more manageable for you and your household members. You have access to six free sessions which offer a full spectrum of behavioral health and work/life services designed to promote overall wellness.

The program is completely confidential and trained professionals are available 24/7. You can work with a professional in person, by text message, live chat, phone or video conference.

Benefits under the EAP include support with:

- Stress
- Grief
- Family relationships
- Anxiety
- Finances

Magellan
HEALTHCARE®

Call Magellan at **800-424-6207** or connect at **Member.MagellanHealthcare.com** with our Company name, Kinder Morgan.

Paid Time Off and Holiday Schedule

Kinder Morgan offers paid time off to help you balance your work life and home life.

PAID TIME OFF (PTO) SCHEDULE

YEARS OF CREDITED SERVICE	ANNUAL PTO HOURS
0 – 4 years	120
5 – 9 years	160
10 – 19 years	200
20+ years	240

Note: New hires will receive prorated PTO based on hire date for the first year.

2025 HOLIDAY SCHEDULE

DATES OBSERVED	HOLIDAY
Wednesday, January 1	New Year’s Day
Monday, January 20	MLK Day
Friday, April 18	Good Friday
Monday, May 26	Memorial Day
Friday, July 4	Independence Day
Monday, September 1	Labor Day
Thursday, November 27	Thanksgiving
Friday, November 28	KM designated holiday
Thursday, December 25	Christmas Day
Friday, December 26	KM designated holiday



Contacts

PROVIDER	TELEPHONE	SERVICE/GROUP ID	WEBSITE
KM Benefits Department	(866) 775-5790 (option 3)	Benefits	KMOnline > Benefits Online Portal
Allstate Identity Protection	(800) 789-2720	Identity Theft Protection	myaip.com
Benefits Service Center	(866) 301-2359	Retirement Plan (TELUS Health)	myplansconnect.com/kindermorgan
Blue Cross Blue Shield of Texas Health Advocacy Solutions (HAS)	(855) 676-4476	Medical (TX041826)	bcbstx.com myhealth.myeveive.com
Blue HMO in collaboration with Kelsey Seybold	(713) 442-0427	Medical (371880)	mykelseyonline.com
Computershare	(800) 633-9394	Employee Stock Purchase Plan (ESPP)	www-us.computershare.com/employee
CVS Caremark	(800) 840-0357	Prescription (5101)	caremark.com
Delta Dental	PPO (800) 521-2651 DHMO (800) 422-4234	PPO (22458) DHMO (79720)	deltadentalins.com
Empower	(844) 465-4455	401(k) Savings Plan	empowermyretirement.com
HealthEquity	(866) 346-5800 (877) 924-3967	Health Savings Account (HSA) Flexible Spending Account (FSA)	my.healthequity.com healthequity.com/wageworks
Kaiser (California HMO)	(800) 464-4000	Medical - CA Only	kaiserpermanente.org
LegalEASE	(888) 416-4313	Legal Services/Assistance	legaleaseplan.com/kindermorgan
Magellan EAP	(800) 424-6207	Employee Assistance Program	member.magellanhealthcare.com
Nationwide Pet Insurance	(800) 540-2016	Pet Insurance	petbenefitsportal.com
Pet Benefit Solutions	(800) 891-2565	Total Pet Program (including Rx)	petbenefits.com
Securian	(844) 301-0133	Life & AD&D (70318) Travel Assistance Legacy Planning	Securian.com/kinder-morgan-insurance
Securian File a claim	(800) 328-9442	Critical Illness, Accident and Hospital Indemnity Insurance	Securian.com/kinder-morgan-insurance
SmartConnect	(833) 451-0770	Medicare Coverage Information	gps.smartmatch.com/kindermorgan
Vision Service Plan	(800) 877-7195	Vision (12055862)	vsp.com



Ask Bolty!

Questions? Get answers by clicking the Bolty Chat button on KMOnline or the Bolty icon in our Microsoft Teams app!

SUMMARY OF MATERIAL MODIFICATIONS (SMM)

This guide contains important new information about your benefits coverage and serves as the official Summary of Material Modifications (SMM) to your Summary Plan Description (SPD). It provides information on your benefits under the Kinder Morgan, Inc. Master Employee Welfare Benefits Plan (Plan). This new information changes the information in the SPD. Please keep this information with your other Plan references.

This SMM is only a summary of the modifications to the Employee Welfare Benefits Plan; the official Plan documents and contracts will govern in case of conflict. This is intended to be read in conjunction with the SPD. Kinder Morgan is the Plan sponsor and reserves the right to terminate or amend the Plan provisions described at any time. Your eligibility for the benefits described in this guide are determined as per the Plan, contract, employment status, pay status and/or collective bargaining agreements.