



# KINDER MORGAN

EMPLOYEE BENEFITS  
NEW HIRE GUIDE

**2023**



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Please read this guide carefully. This guide provides you with information to help you better understand the benefit plans and options available to you. This is only a summary of our benefits and may not reflect the benefit plans in effect for all employees in all circumstances, nor cover all applicable limitations and/or restrictions. We have done our best to accurately explain the benefits in effect under the plans; however, the plans and payment of benefits are governed by the official plan documents.

Log into the Benefits Online Portal 24/7 at [kindermorgan.hrintouch.com](http://kindermorgan.hrintouch.com) to view and manage your benefits. Important resources such as our Summary Plan Descriptions (SPDs) and our Summary of Benefits and Coverage (SBCs) can be located under Plan Resources.

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.

# welcome

## We are very excited that you chose to come to work at Kinder Morgan. Welcome to the team!

Kinder Morgan realizes that offering a quality and competitive benefits package is important to you and your family. Please read this guide to learn how our benefit plan options and retirement plan programs can support you now and in the future.

As a new hire, below are some key points for you to know and consider regarding your enrollment.

- : Enroll online within 30 days of your hire date** or your coverage will default as per our plan provisions. Review page 2 for a summary of our benefits and default coverage.
- : Our benefits online portal is available 24/7** (see page 3). Access the portal by going to KOnline > Common Resources > Benefits Online, or login from anywhere at [kindermorgan.hrintouch.com](http://kindermorgan.hrintouch.com).
- : If you are covering dependents under our benefits plans, you will need to provide proof of eligibility for coverage** such as a birth certificate or marriage certificate. You should also have your dependent's SSN and dates of birth available. Review our eligibility criteria on page 14.
- : Benefits for you and eligible dependents are effective as of your date of hire and retroactive payroll deductions will be taken.** Payroll deductions for your coverage will be taken retroactive to your hire date (the full biweekly amount will be taken; deductions are not prorated for days worked). We encourage you to enroll as soon as possible to avoid too many payroll adjustments.
- : Questions?** If you have questions or need help understanding our benefits, reach out to your HR Representative or the Benefits Department at [benefits@kindermorgan.com](mailto:benefits@kindermorgan.com) and include your full name and employee ID in your message. You can also reach out to our benefits vendors if you have coverage inquiries. Check out our contact list on page 19 that includes our vendor's contact information.

**QUALIFIED LIFE EVENT:** Think carefully about your benefit choices. You can change your elections during the year if you experience a qualified life event such as marriage, birth or adoption of a child, divorce or legal separation, etc. You must report your life change and submit relevant documentation within 30 days after the life event occurs. Report a life event by clicking the blue My Benefits button on our Benefits Online Portal home page, and then click the Life Change link on the enrollment system menu (under the Benefits tab).

## Your Benefits at a Glance

Below is a summary of our benefits offerings. Your coverage will default as shown if you do not enroll within 30 days. If you have questions, contact the Benefits Department at [benefits@kindermorgan.com](mailto:benefits@kindermorgan.com) or leave a message at (866) 775-5790 option 3. Please refer to the applicable Summary Plan Description (SPD) for more Plan details. **Important Note:** Coverage and full benefits deductions will be processed retroactive to your hire date.

BENEFIT PLAN	COVERAGE NOTES
Medical & Prescription Drug (Rx)	We offer several medical coverage options; prescription drug coverage is bundled with medical. <b>Default: Employee Only in the HDHP Base.</b>
Dental and Vision	We offer one dental plan and one vision plan. <b>Default: No Coverage</b>
Basic Life and Basic Accidental Death & Dismemberment (AD&D)	<b>Default: 2x annual base pay Basic Life and AD&amp;D coverage (each).</b>
Optional Employee Life	New hires can elect 3x annual base pay not to exceed \$500,000 without Evidence of Insurability (EOI). <b>Default: No Coverage</b>
Optional Spouse Life	New hires can elect Optional Spouse Life up to \$50,000 without EOI. <b>Default: No Coverage</b>
Optional Child Life	You can elect Optional Child Life to cover eligible children for \$10,000 each; EOI is not required. <b>Default: No Coverage</b>
Voluntary AD&D	Maximum election is 5x annual base pay for employee or family coverage. <b>Default: No Coverage</b>
Spending Accounts Pre-Tax Contributions	You can elect to make Health Savings Account or Flexible Spending Account pre-tax contributions for eligible expenses based on Plan and IRS regulations and limitations. <b>Default: No Coverage</b>
Voluntary Benefits	We offer Voluntary Benefits that may fit your needs and budget. <b>Default: No Coverage</b>
Disability Benefits	<b>We provide Short-Term Disability and Long-Term Disability benefits</b> should you be unable to work for an extended period of time.
Savings Plan - 401(k)	<b>We contribute 5% of your eligible pay to your Savings Plan.</b> You will be automatically enrolled at a contribution rate of 6% of your eligible pay with 1% automatic annual increases (up to 12%). You can change your contribution rate at any time.
Retirement Plan - Pension	<b>Based on age and years of service, we contribute 4% or 5% of your eligible pay.</b> No employee contributions are allowed or required.

## Enroll Online 24/7 from work or home

Kinder Morgan's Benefits Online Portal powered by Benefitfocus® makes enrolling easy. Enroll within 30 days of your hire date by following these simple steps:

- 1 Access the portal by clicking Benefits Online (KMOnline home page > Common Resources) OR log in from home or anywhere at **kindermorgan.hrintouch.com** OR download the Benefitplace mobile app by scanning the QR code below (company code: kindermorgan).



### Welcome to Benefits Online!

Important benefits resources are at your fingertips. Here you can locate our SPDs and SBCs under Plan Resources, review enrollment materials, learn about our Wellness 360° program, and more!

- 2 Click the orange **Enroll Now** button to access the enrollment system and follow the prompts. Your coverage and payroll deductions will be retroactive to your hire date. You have 30 days from your hire date to enroll.
- 3 After you complete and save your elections, print your **Employee Summary Report** and double-check your benefits, covered dependents and costs. You can review and print your employee summary report anytime. Find the Employee Summary Report link under the Benefits tab on the Enrollment system.

## ENROLLMENT TO DO LIST:

- Check your Profile on the enrollment system to make sure the information on the About You and Communication Preferences sections are accurate.
- Adding Dependents? You'll need to provide and upload proof of eligibility (i.e. birth certificates, marriage certificate, SSN, etc.) to the portal's Document Center within 30 days of hire. See page 14 for eligibility requirements.
- Designate your beneficiaries online. It's important. See page 9 for instructions.

## Medical Plan Overview

Our medical plan is administered by Blue Cross Blue Shield of Texas (BCBSTX) and our prescription drug (Rx) coverage – administered by CVS Caremark – is automatically included when you elect a BCBSTX option.

Below is a list of our medical plan options. The health plan options offered to you depend on your home zip code, and our default medical option is the High Deductible Health Plan (HDHP) Base option. NOTE: Kaiser Permanente is offered in California and has its own Rx plan.



Compare features and costs before you choose a medical plan, and be sure to use the estimator tools available on the enrollment system to compare and find the plan that best fits you and your family's needs.

### Medical Plan Options

#### HDHP BASE

#### HDHP BUY-UP

#### PPO Preferred Provider Organization

#### EPO Exclusive Provider Organization

#### OOA Out-of-Area

#### KAISER California Only

Review the BCBSTX options and features on pages 6 and 7 and compare the coverage, deductibles and out-of-pocket maximums for the different plans. You should also consider the cost of a plan as you evaluate your choices; find the premiums on page 15.

Please refer to the Medical and Prescription Drug SPD for more information on our plans.

If you do not actively enroll within 30 days from your hire date, you will default to Employee Only coverage in the HDHP Base medical option.

### High Deductible Health Plan (HDHP) Notes

With a HDHP you pay the full cost of your health care costs (including eligible Rx expenses) until the annual deductible has been met. You can establish and contribute to a Health Savings Account (HSA) which allows you to save money on a pretax basis for current or future healthcare. Read IRS Publication 969 or talk to your tax advisor regarding HSA participation.

If you enroll in the HDHP Buy-up, the Company will make an annual employer contribution to your HSA. During enrollment you must select "Yes, I would like a Health Savings Account (HSA)" to receive the employer contribution. The company contribution is prorated based on the 1st of the month following your benefits effective date and timely HSA verification. You must be actively employed at the time the company contribution is processed.



## CVS Caremark Drug Program

CVS Caremark administers our prescription (Rx) drug program. We encourage you to register on their website to learn more about your prescription coverage, network locations, and more. Find the Caremark contact information on page 19.

The CVS National Network offers many pharmacy options, such as CVS and Walgreens, where you can purchase your retail short-term prescription needs. However, for long-term prescription needs (90-day supply) you must adhere to the Mandatory Maintenance Choice (MMC) program offered by CVS Caremark or you can opt-out as described below.

### Mandatory Maintenance Choice (MMC) program

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 CVS mail service or CVS retail. Maintenance drugs are those medications commonly taken to treat conditions that are considered chronic or long-term, such as high blood pressure or high cholesterol.

If you do not move to a 90-day supply through CVS mail service or CVS retail after a second fill, or you fail to contact CVS Customer Care to “opt out” of MMC, there will be NO COVERAGE effective with the third fill of a maintenance prescription.

You can elect to “opt out” of the MMC program and continue filling a 30-day supply of a maintenance medication from another national network pharmacy such as Walgreens, Kroger, Walmart or Rite Aid. Keep in mind that you will not benefit from the savings of a 90-day Rx supply that you can only receive through the MMC program. To “opt out” of using the MMC program – per prescription – you must contact Caremark Customer Care at (800) 840-0357. NOTE: Once you “opt out” of the MMC program, you will remain opted out until you advise CVS Caremark otherwise.

### Medical and Prescription ID Cards

Medical and prescription ID cards will be mailed to your home address. Both the BCBSTX and the CVS Caremark ID card will display your name only, though your eligible dependents will be covered.

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Want to learn about various benefits topics including how HDHPs or HSAs work? Visit the Learning Center. Log into our Benefits Online Portal > click on the blue My Benefits button > Benefits tab > click on Learning Center and find various topics in the glossary.



NOTE: The charts on pages 6 and 7 should be read together.

## BLUE CROSS BLUE SHIELD OF TEXAS (BCBSTX) - HDHPs

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

**This is not a complete list of covered services. The Medical SPD found on the Benefits Portal (Plan Resources) provides more information, or contact BCBSTX at (855) 676-4476 if you have questions.**

<sup>1</sup> **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, and all other tiers adhere to the Family deductible and OOP 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.

<sup>2</sup> **Subject to the Allowable Amount.**

<sup>3</sup> **PPO/EPO/OOA** - The Family deductible and OOP provisions can be met by a combination of two or more family members.

<sup>4</sup> Call BCBSTX HAS 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.

**\*After the deductible is met you pay this amount.**



## BCBSTX - PPO/EPO/OOA

In-Network	PPO <sup>3</sup>	EPO <sup>3</sup>	OOA <sup>3</sup>
	Out-of-Network <sup>2</sup>	In-Network Only	Out-of-Area
\$500	\$1,000	\$250	\$500
\$1,000	\$2,000	\$500	\$1,000
\$3,500	\$7,000	\$7,150	\$3,500
\$7,000	\$14,000	\$14,300	\$7,000
N/A		N/A	N/A
\$20/visit	40%*	\$30/visit	20%*
\$40/visit	40%*	\$50/visit	20%*
\$0	40%*	\$0	20%*
\$0/visit	40%*	\$0/visit	\$0/visit
20%*	40%*	\$300/visit	20%*
20%*	40%*	\$750/admit*	20%*
20%*	40%*	\$0*	20%*
20%*	20%*	\$300/visit	20%*
\$20/visit	40%*	\$30/visit	20%*
20%*	40%*	\$750/admit	20%*



## BlueCross BlueShield of Texas

If you have health coverage questions or concerns, talk to a BCBSTX Health Advocate at (855) 676-4476. The advocates can provide you with personalized assistance and helpful resources, including information about the wellness programs administered by BCBSTX. See page 13 for more details about our Wellness 360° program.

Register on the BCBSTX website and download the mobile app for easy access to your claims, network providers, and other helpful tools.

## PRESCRIPTION DRUGS



## Generic, Brand &amp; Non-Brand

## Generic

Retail 30-Day Supply/\$10 copay  
Mail Order 90-Day Supply/\$20 copay  
Specialty Rx/\$75 copay<sup>2</sup>

Brand Formulary<sup>1</sup>

Retail 30-Day Supply  
25% Coinsurance (\$40 minimum)  
Mail Order 90-Day Supply  
25% Coinsurance (\$80 minimum)  
Specialty Rx/\$150 copay<sup>2</sup>

Brand Non-Formulary<sup>1</sup>

Retail 30-Day Supply  
25% Coinsurance (\$60 minimum)  
Mail Order 90-Day Supply  
25% Coinsurance (\$120 minimum)  
Specialty Rx/\$225 copay<sup>2</sup>

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

<sup>2</sup>Limited to 30-day supply.

**The Mandatory Maintenance Choice (MMC) program lets you fill your long-term maintenance medications.**

Maintenance Drugs taken on a regular basis must be filled with a 90-day prescription through the CVS Caremark mail order service or a local CVS pharmacy. If you do not want to fill a 90-day prescription through CVS, you can contact CVS Customer Care to "opt out" of the MMC program and continue filling a 30-day prescription at any network pharmacy. If you do not move to a 90-day supply through CVS or contact CVS Customer Care to "opt out" of the MMC program there will be NO COVERAGE effective with the third Rx fill.

**Note:** If you are enrolled in a HDHP, you generally pay the full cost for health services, including prescription expenses, until your annual deductible is met.

## Dental Benefits

Kinder Morgan's dental benefits are administered by Cigna Dental. If you enroll for dental coverage, you will receive a Cigna Dental ID card in the mail. The card will only have your name even if you are covering additional dependents. Search for a network dentist by going to [www.mycigna.com](http://www.mycigna.com), and be sure to download the myCigna mobile app to access your dental health information anytime. Read the Dental SPD for more details.

### CIGNA DENTAL HIGHLIGHTS (in-network)

Annual Deductible \$50 Individual \$150 Family	<b>Preventive and Diagnostic</b> (examples: oral exam, bitewing x-rays)	Plan pays 100%
	<b>Basic Restorative</b> (examples: fillings, routine extractions)	Plan pays 80% after deductible
Annual Maximum Benefit \$2,000 per person	<b>Major Restorative</b> (examples: bridges, crowns, dentures)	Plan pays 50% after deductible
	<b>Orthodontia</b> (for dependent child up to age 19)	Plan pays 50%
Lifetime Maximum Orthodontia \$1,500 per child	<b>Implants</b>	Plan pays 50% after deductible

## Vision Benefits

Kinder Morgan's vision program is administered by VSP. Go to the VSP website at [www.vsp.com](http://www.vsp.com), or download the VSP mobile app to find network doctors and to manage your eye care needs. If you enroll in vision coverage you will not receive a vision ID card, but coverage can be verified by VSP with your Social Security Number and group number 12055862. Read the Vision SPD for more information.

### VSP HIGHLIGHTS (in-network)

SERVICE	COPAY	COVERAGE	FREQUENCY
<b>Well Vision Exam</b>	\$5 copay	VSP exam focuses on your eye and overall wellness	Every calendar year
<b>Prescription Glasses</b>	\$15 copay	See Frames and Lenses	
Frames	--	\$190 allowance for wide selection of frames	Every other calendar year
Lenses	--	Single vision, lined bifocal, lined trifocal lenses	Every calendar year
<b>Contact Lens</b> (instead of glasses)	\$0 copay	\$170 allowance for contact lens exam and contacts	Every calendar year

## Life and AD&D Insurance

Kinder Morgan provides Company-paid Basic Life and AD&D coverage equal to 2x annual base pay (maximum \$1,200,000 each) payable to your beneficiaries in the event of your death.

For additional protection you can purchase Optional Life or Voluntary AD&D coverage for you and your family. You pay the full cost of this coverage (see page 15). Your premiums may go up in the future due to your age and/or your spouse's age since rates are age-based.

As a new hire, if you enroll during the first 30 days, you can elect the following coverage without Evidence of Insurability (EOI): Optional Employee Life up to 3x annual base pay not to exceed \$500,000; and/or Optional Spouse Life up to \$50,000. Amounts higher than the above are subject to the EOI coverage limits as shown below.

### OPTIONAL LIFE HIGHLIGHTS

<b>Employee Life</b>	1x to 5x annual base pay	Elections must be in multiples of annual base pay. Coverage in excess of 3x annual base (not to exceed \$500,000) is subject to EOI. Maximum: lesser of 5x annual base pay or \$2 million
<b>Spouse Life</b>	Flat Amounts	Elections must be in flat amounts of: \$25,000, \$50,000, \$100,000, \$150,000 or \$250,000. Coverage in excess of \$50,000 is subject to EOI. Maximum: \$250,000
<b>Child Life</b>	\$10,000 life insurance	Eligible children from live birth up to age 26 are covered for \$10,000 (each) for one flat premium. EOI is not required.

Generally, the employee's base wage as of the hire date, and age as of December 31 of the prior year are used to calculate coverage and premiums (same age calculation for optional spouse coverage). Current pay is used to calculate coverage amounts if benefits become payable. Refer to the SPD and/or insurance certificate for Life and AD&D terms and conditions.

**Evidence of Insurability (EOI)** is also known as proof of good health. EOI may be required if you enroll for Optional Employee or Spouse life in excess of the amounts stated in the chart above. You will only pay premiums for the approved amount of insurance pending approval for the additional coverage.

### VOLUNTARY AD&D INSURANCE

AD&D insurance may pay benefits if the cause of death or dismemberment is the direct result of an accident. You may elect AD&D coverage for you, or for you and your family. You can elect up to 5x annual base pay. Maximum coverage is the lesser of 5x annual base pay or \$2 million.



### Beneficiary Designation

**Protect your loved ones by naming your beneficiaries for Life and AD&D insurance, and your Retirement and Savings Plan. To learn more, go to the Benefits Online Portal for instructions > Forms.**

## Pre-Tax Contributions

You can voluntarily elect to make pre-tax contributions to a Health Savings Account (HSA) or Flexible Spending Account (FSA) to help pay for your eligible health care or dependent care expenses. You must actively enroll and elect your annual pre-tax contributions every year. Learn more about HSAs and FSAs by reviewing the SPDs.

HealthEquity administers our spending accounts. Find HSA and FSA contact information on page 19 of this guide and download the mobile apps for easy access to your accounts.

HSA & FSA CONTRIBUTIONS	HSA <sup>1</sup>	Health Care FSA	Limited Purpose FSA (LFSA) <sup>2</sup>	Dependent Care FSA*
Annual Contribution Limits (EO/Family)	\$3,850/\$7,750	\$3,050	\$3,050	\$5,000
Eligible Expenses (per IRS) <sup>3</sup>	Health Care	Health Care	Dental & Vision	Dependent Care
Plan Year End Date (to incur expenses)	N/A	03/15/2024		
Claim Filing Deadline	N/A	03/31/2024		
<b>You must be enrolled in a HDHP to contribute to an HSA and/or an LFSA</b>				
Annual HSA Company Contribution (EO/Family)	\$500/\$1,000	N/A	N/A	N/A

The Annual HSA Company Contribution applies only if you are enrolled in the HDHP Buy-up. Both employee and employer contributions should be considered toward the IRS maximum limit. (EO = Employee Only).

You must actively go online and under the Choose your Health Savings Account (HSA) coverage section, click on Begin Enrollment and select "Yes, I would like an HSA" to receive the Company HSA contribution.

<sup>1</sup> An employee age 55 or older can make an additional \$1,000 in "catch-up" contributions to an HSA.

<sup>2</sup> The LFSA is generally used for dental and vision expenses; eligible medical/Rx expenses can be submitted after the annual medical deductible is met (proof required)

<sup>3</sup> Eligible health care expenses can include qualifying medical, dental, or vision expenses. Dependent Care qualified expenses can include daycare for children by qualified caregivers, summer day camps, and after school care.

Both the HSA and FSA contributions lower your taxable income. However, according to IRS rules, HSA dollars are not forfeited if you don't use them during the plan year — they continue to rollover from year to year. FSA dollars operate under the "use it or lose it" policy. If all of the money deposited into an FSA is not used for qualified expenses by the plan year end date, those dollars are forfeited. Plan carefully, and remember to save receipts in case of an IRS audit. **NOTE:** IRS rules and regulations governing HSAs and FSAs can impact your participation in a tax advantaged plan. Go to [www.IRS.gov](http://www.IRS.gov) for more information or consult with a tax advisor.



## Health Savings Account (HSA)

If you are enrolled in a High Deductible Health Plan (HDHP), you can elect to make HSA pre-tax contributions to pay for qualified healthcare expenses for you, your spouse, and eligible dependents. An HSA is a savings plan for your health. Contributions to an HSA are tax-deductible up to the annual limit, and the money you take out of your HSA to pay for qualified medical, dental and vision expenses is also tax-free.

**REMINDER:** If you are enrolled in the HDHP Buy-Up and want to receive the Company HSA contribution, you must actively go online and under the Choose your Health Savings Account (HSA) coverage section, click on Begin Enrollment and select “Yes, I would like an HSA” to receive the Company HSA contribution.

Your HealthEquity Health Savings Account (HSA) balance will be provided to Empower, our 401(k) administrator, and be displayed as part of your overall retirement savings picture to help you plan for your future.

## Flexible Spending Accounts (FSAs)

We have three FSAs available: the Health Care FSA, the Limited Purpose Health Care FSA (LPFSA), and the Dependent Care FSA.

### Health Care FSA (if enrolled in the PPO, EPO, OOA, Kaiser; or you decline medical)

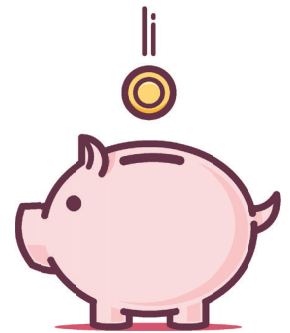
You can use your health care FSA dollars to pay for eligible out-of-pocket medical, prescription drug, dental, and vision expenses for you, your spouse, and your tax dependents. Out-of-pocket expenses can include deductibles, coinsurance, and co-pays.

### Limited Purpose Health Care FSA (if enrolled in a HDHP medical option)

A Limited Purpose FSA generally pays for eligible dental and vision expenses.

### Dependent Care FSA

A Dependent Care FSA can be used to pay for eligible expenses for a qualifying child under the age of 13, or your spouse or another adult dependent incapable of self-care. Eligible dependent care services can include child or adult daycare, before or after school care programs, and day camps. **This account cannot be used for dependent healthcare expenses.**



### \*Dependent Care FSA Notice

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.

## Coverage for your Lifestyle

Kinder Morgan offers several voluntary benefits for your consideration. You pay the full cost of these benefits through after-tax payroll deductions. For more information go to the Benefits Online Portal > Health & Welfare > Voluntary Benefits.

### Securian Supplemental Health Benefits

If you enroll in any of the three supplemental health plans listed below, you will be eligible to receive a \$50 health and wellness benefit. The wellness benefit will be paid if you receive a wellness screening such as an annual physical exam and you file a claim timely. One wellness benefit per year, per enrollee (employee and spouse), per insurance plan is offered. Find the insurance that's right for you or submit a claim at [lifebenefits.com/km](http://lifebenefits.com/km).

**CRITICAL ILLNESS INSURANCE** provides a lump sum payment due to sickness. Employees can elect coverage of \$15,000 or \$30,000, and employee only or family coverage options are available. Rates are age-based, and your premiums may change annually.

**ACCIDENT INSURANCE** provides a lump sum payment for any covered accident. Employees can elect a High or Low Plan, and employee only or family coverage options are available.

**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, and employee only or family coverage options are available.

### More Voluntary Benefits

You can add/cancel the following at any time: Identity Protection, Pet Insurance, Total Pet Program.

**PRE-PAID LEGAL** provides legal assistance to employees to help deal with family and financial matters, estate planning, wills and more.

**ALLSTATE IDENTITY PROTECTION** provides credit, financial and identity monitoring services. Allstate offers a full-managed identity theft restorations process and unlimited access to Transunion credit reports/scores and more.

**PET INSURANCE AND PRESCRIPTION PROGRAM** provided by Nationwide, covers all pets with no age limit; but pre-existing limitations may apply. The plan includes your choice of reimbursement levels, an annual deductible and annual maximum.

**PET BENEFIT SOLUTIONS** offers a Total Pet Program which 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 and a lost pet recovery service.

## Employee Assistance Program

Magellan's Employee Assistance Program (EAP) offers services and resources to help make life easier and manageable for you and your household members. Our EAP can assist you in resolving personal problems by offering confidential assessments, counseling and referrals.



Licensed EAP counselors can help you deal with challenges such as stress, grief, family relationships, anxiety, finances and more. Counseling is confidential and available in-person, by text message, live chat, phone or video conference. Magellan offers six free counseling sessions per issue.

**Call our EAP 24/7.** Magellan is available 24 hours a day, 7 days a week, 365 days a year. Call the EAP number at (800) 424-6207 (TTY 711) or connect at **Member.MagellanHealthcare.com** 24/7 with our company name.

## Wellness 360° Program

The Wellness 360° program is excited to work with various health and wellness vendors. All programs are available at no cost to Kinder Morgan employees and eligible dependents covered under a Blue Cross Blue Shield of Texas (BCBSTX) plan.

**Livongo™** is a condition management program that provides support if you have been diagnosed with diabetes and/or hypertension (high blood pressure). To learn more, go to [get.livongo.com/kindermorgan](http://get.livongo.com/kindermorgan).

**Hinge Health™** can help you conquer back and joint pain, recover from injuries or stay healthy and pain-free. Visit [hingehealth.com/kindermorgan](http://hingehealth.com/kindermorgan) to learn about the tools you need to get moving again and professional treatment recommendations and opinions.

**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.

**Wondr Health™** helps you lose weight, gain energy, sleep better, and improve your mind and body – all while eating your favorite foods. No points, plans, or counting calories. Improve your overall health by connecting with [wondrhealth.com/kindermorgan](http://wondrhealth.com/kindermorgan).

**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. The portal offers digital self-management programs for nutrition, fitness, managing stress and more. Log in to your account at [bcbstx.com](http://bcbstx.com) to access this great program.



## Eligible Dependents

Kinder Morgan offers you valuable healthcare benefits that cover eligible dependents. **Proof of eligibility for coverage is required for each dependent you add and enroll.** If you are adding a dependent for coverage, scan and upload proof of eligibility documents (in PDF format) onto the Benefits Portal within 30 days of your hire date. Your new dependent will NOT BE COVERED if documentation is not received timely.

**You will need your dependent's Social Security Number (SSN) and date of birth when adding them to coverage, or you will not be able to proceed with enrollment. A valid SSN is required in accordance with the Affordable Care Act (ACA) for IRS 1095-C reporting.**

### DEPENDENT DOCUMENTATION REQUIREMENTS

DEPENDENT	CRITERIA	REQUIRED DOCUMENTATION
Spouse	Legally Married	The front page of prior year's tax return showing your married status including both of your names; <b>OR</b> A Marriage Certificate <b>AND</b> a current household bill or account statement (i.e. loan/bank statement) showing both of your names on the bill/statement (joint ownership). If married less than 1 year, only a Marriage Certificate is required.
Children	Biological, adopted or foster children, stepchildren, children of a Domestic Partner, children covered by a Qualified Medical Child Support Order, and children whom you have been granted permanent legal guardianship	A Birth Certificate for each child showing parent's names. Legal and other pertinent documentation may also be required. Qualified children are covered up to age 26.
Domestic Partner	Find the Affidavit of Domestic Partnership form on the Benefits Online Portal > Forms	

**INELIGIBLE Dependents include: ex-spouses, grandchildren, siblings, and nieces or nephews**



**Medical/Rx, dental, and vision coverage for eligible dependent children can continue up to age 26.** Coverage may be extended if the child is disabled, dependent upon 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.



2023 PREMIUMS

MEDICAL BENEFITS (Bi-Weekly Cost)	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
BCBSTX HDHP Base	\$0.00	\$35.81	\$20.10	\$ 46.20
BCBSTX HDHP Buy-up	\$24.04	\$80.39	\$45.70	\$102.03
BCBSTX PPO	\$74.26	\$216.52	\$147.22	\$283.36
BCBSTX EPO	\$98.71	\$257.10	\$199.99	\$345.94
BCBSTX Out-Of-Area (OOA)	\$74.26	\$216.52	\$147.22	\$283.36
KAISER (California)	\$93.90	\$241.02	\$169.03	\$309.88

DENTAL BENEFITS (Bi-Weekly Cost)x

Cigna	\$8.20	\$16.97	\$18.03	\$25.74
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VISION BENEFITS (Bi-Weekly Cost) tax)

VSP	\$3.86	\$5.50	\$6.44	\$10.30
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VOLUNTARY AD&D INSURANCE BENEFITS (Monthly Cost; after-tax)

COVERAGE	EMPLOYEE	SPOUSE	CHILDREN	RATE/\$1,000
Employee	100%	N/A	N/A	\$0.015
Employee & Spouse	100%	50%	N/A	\$0.030
Employee, Spouse & Children	100%	40%	10%	\$0.030
Employee & Children	100%	N/A	10%	\$0.030

OPTIONAL EMPLOYEE & SPOUSE LIFE INSURANCE (Monthly Cost; after-tax)

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

Optional Child Life Insurance - \$0.92 (Bi-Weekly Cost; after-tax)

**NOTE:** To calculate your Optional Employee/Spouse Life Insurance and Voluntary AD&D, take the coverage amount and ÷ \$1,000 x monthly rate above x 12 months = annual amount. Divide annual amount by 26 pay periods = bi-weekly amount.

## Savings and Retirement

Saving for retirement is important. The Company helps you prepare for retirement with the Kinder Morgan Savings and Retirement Plans. Kinder Morgan contributes to these Plans on your behalf, and you can also make personal contributions to your Savings Plan.

### Savings Plan - 401(k)

Empower is our 401(k) administrator. We are proud that more than 90% of employees realize the power of saving and contribute to the Savings Plan. The average employee contribution percentage is 9%.

### Company Contributions - Qualified Non-Elective Contribution (QNEC)

The company contributes 5% of your eligible compensation (subject to certain IRS limitations) each pay period regardless of your contribution. Eligible compensation used to determine the QNEC includes base, holiday and paid time off pay, scheduled overtime and shift differential. The company contributions are invested per your elections or into the appropriate target date fund. **You are vested in the QNEC contributions after two years of eligible service.**

Register on the Empower portal at [empowermyretirement.com](https://empowermyretirement.com) to choose your investment options, increase or change your contributions, keep track of your savings balance and more. Educational and interactive planning tools are available on the website. Need assistance? Call Empower at (844) 465-4455 and a representative can address your savings plan questions and concerns.

### Your Contributions

You can contribute from 1% to 50% percent of your eligible compensation, per pay period on a pre-tax or Roth after-tax basis, subject to certain IRS limitations. Eligible compensation used to determine your contributions includes base, holiday and paid time off pay, all overtime and shift differential. Your contributions are invested per your elections or into the appropriate target date fund. You are 100% vested in your own contributions immediately. Go to [www.empowermyretirement.com](https://www.empowermyretirement.com) or call (844) 465-4455 to make a contribution election.

### Automatic Enrollment for New Hires

As a new hire, you will be automatically enrolled in the Savings Plan at a pre-tax contribution rate of 6% of eligible compensation 30 days after you become a participant if you do not actively make a contribution election. In addition, you will also be enrolled in the automatic increase program, which means that your pre-tax contributions will increase by 1% each year until you reach a 12% contribution level, or you elect another contribution percentage rate (from 0% to 50%).

**Note:** If you do not want to be automatically enrolled in the Savings Plan and/or be enrolled in the automatic increase program, you must contact Empower to modify your contribution rate or opt out.

## Retirement Plans – Pension

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. Read the Retirement Plan SPDs for more information.

Your PRA grows with Kinder Morgan 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.**

### KM Retirement Plans (A & B)

KM has two Retirement Plans. The Plan you participate in (Plan A or Plan B) is dependent on your hire date and any previous KM service. **Pension benefits are calculated the same under both Plans.**

## Company Contribution and Interest Credits

The amount the Company contributes to your PRA on a bi-weekly basis, is a variable percentage of eligible compensation (subject to certain IRS limitations) based on your age and years of service as of 12/31 of the prior year. See the table below. The annual interest credit rate is updated each January and is credited bi-weekly.

### CONTRIBUTION CREDITS

Age + Service as of 12/31 of the prior year	Less than 50 = 4%	50 and above = 5%
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Eligible compensation used to determine PRA contributions includes base, holiday and paid time off pay, scheduled overtime and shift differential.

## Check Your Personal Retirement Account Balance

The Kinder Morgan Benefits Service Center is the administrator of the Retirement Plan; register at [www.myplansconnect.com/kindermorgan](http://www.myplansconnect.com/kindermorgan). Just 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 if you have questions about your PRA benefits at (866) 301-2359.

Helpful information regarding Kinder Morgan's Retirement and Savings Plans can be found by going to Benefits Online > Retirement/Savings.



### Beneficiary Designation

Protect your loved ones by naming your beneficiaries for Life and AD&D insurance, and your Retirement and Savings Plan. To learn more, go to the Benefits Online Portal for instructions > Forms.

## Other Benefits

Kinder Morgan offers resources on our intranet site to help manage your work and home life. Explore KMOnline to read and review important company news and announcements and find helpful quick links to HR/Benefits resources, including access to our Benefits Online Portal (under Common Resources) and Kronos, our time and attendance application. Click on the Company Store link to purchase Kinder Morgan branded items or use the Bolty ChatBot if you have questions or need assistance.

### Employee Stock Purchase Plan (ESPP)

The plan allows employees to purchase KMI stock on the open market through after-tax payroll deductions without paying brokerage commissions. Computershare provides services and administers our ESPP at [www-us.computershare.com/employee](http://www-us.computershare.com/employee) (use code: KMT or Kinder Morgan).

### Business Travel Accident Plan (BTA)

Business Travel Accident Insurance may pay benefits for loss of life, limb(s), paralysis, sight, speech and hearing, if sustained in an accident while on a business trip for Kinder Morgan. The Business Travel Accident Insurance is issued by Securian, and the insurance company investigates and determines payment of benefits. BTA benefits are equal to three times annual base pay up to a maximum of \$1.2 million.

### SmartConnect (a Medicare resource)

If you want to explore the benefits of Medicare coverage for yourself or other eligible adults in your family, free Medicare resources, online tools, enrollment services and licensed insurance agents are available to help Kinder Morgan employees and retirees. Call (833) 451-0770 | TTY: 711, Monday – Friday, 7:30 am to 5:00 pm CT, or visit the SmartConnect website at [gps.smartmatch.com/kindermorgan](http://gps.smartmatch.com/kindermorgan).

#### 2023 Holiday Schedule

DATES OBSERVED	HOLIDAY
Monday, January 2	New Year's Day
Monday, January 16	MLK Day
Friday, April 7	Good Friday
Monday, May 29	Memorial Day
Tuesday, July 4	Independence Day
Monday, September 4	Labor Day
Thursday, November 23	Thanksgiving Day
Friday, November 24	KM designated holiday
Monday, December 25	Christmas Day
Tuesday, December 26	KM designated holiday

#### Paid Time Off 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.



PROVIDER	TELEPHONE	SERVICE/GROUP ID	WEBSITE
<b>KM Benefits Department</b>	(866) 775-5790 Select option 3	Benefits	KMONLINE > Benefits Online Portal
<b>Benefits Online Portal</b> kindermorgan.hrintouch.com	View and manage your benefits and locate important benefits resources and information 24/7		
<b>Ask Bolty!</b>	Questions? Get answers by clicking the Bolty Chat button on KMONline or the Bolty icon in our Microsoft Teams app!		
<b>Blue Cross Blue Shield of Texas</b> Health Advocacy Solutions (HAS)	(855) 676-4476	Medical (TX041826)	bcbstx.com myhealth.myevive.com
<b>CVS Caremark</b>	(800) 840-0357	Prescription (5101)	caremark.com
<b>Magellan EAP</b>	(800) 424-6207	Employee Assistance Program	member.magellanhealthcare.com
<b>Kaiser</b> (California HMO)	(800) 464-4000	Medical - CA Only	kaiserpermanente.org
<b>Cigna</b>	(800) 244-6224	Dental (3339023)	mycigna.com
<b>Vision Service Plan</b>	(800) 877-7195	Vision (12055862)	vsp.com
<b>HealthEquity</b>	(866) 346-5800 (877) 924-3967	Health Savings Account (HSA) Flexible Spending Accounts (FSA)	my.healthequity.com healthequity.com/wageworks
<b>Securian</b>	(844) 301-0133	Life & AD&D (70318) Travel Assistance Legacy Planning	lifebenefits.com/km lifebenefits.com/travel securian.com/legacy
<b>Benefits Service Center</b>	(866) 301-2359	Retirement Plan (LifeWorks)	myplansconnect.com/kindermorgan
<b>Empower</b>	(844) 465-4455	401(k) Savings Plan	empowermyretirement.com
<b>Computershare</b>	(800) 633-9394	Employee Stock Purchase Plan (ESPP)	www-us.computershare.com/employee
<b>SmartConnect</b>	(833) 451-0770	Medicare Coverage Information	gps.smartmatch.com/kindermorgan

**VOLUNTARY BENEFITS** : For more information, go to the Benefits Online Portal > Health & Welfare > Voluntary Benefits

<b>Securian</b> File a claim	(888) 254-1308 (800) 328-9442	Critical Illness, Accident and Hospital Indemnity Insurance	lifebenefits.com/km securian.com/benefits
<b>LegalEASE</b>	(888) 416-4313	Legal Services/Assistance	legaleaseplan.com/kindermorgan
<b>Allstate Identity Protection</b>	(800) 789-2720	Identity Theft Protection	myaip.com
<b>Nationwide Pet Insurance</b>	(800) 540-2016	Pet Insurance	petbenefitsportal.com
<b>Pet Benefit Solutions</b>	(800) 891-2565	Total Pet Program (including Rx)	petbenefits.com



**KINDER  MORGAN**

*Delivering Energy to Improve Lives and Create a Better World*