



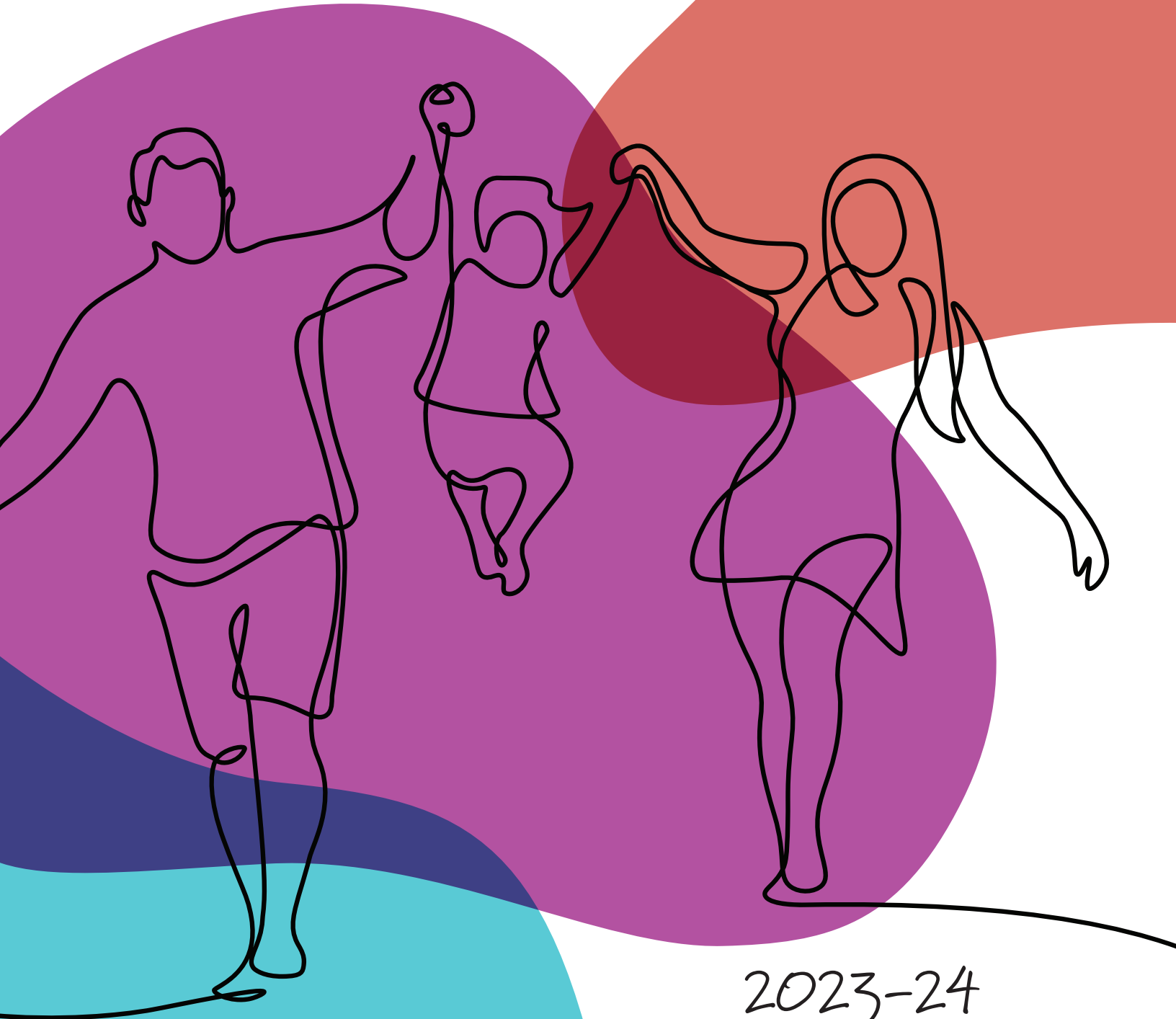
JACAM CATALYST

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2023-24
**Benefits
Guide**

May 1, 2023 - April 30, 2024

Health • Financial • Work-Life

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first day of employment.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).
- ▶ **Open Enrollment:** Changes made during Open Enrollment are effective May 1, 2023 - April 30, 2024.

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse or child
- ▶ You lose coverage under your spouse's plan
- ▶ You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must log into your UltiPro account and complete a Life Event enrollment within 30 days of the qualified life event (including newborns). Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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Medical Plans

We are proud to offer you a two different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

Traditional Copay Health Plan

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Allegiance network. The calendar-year deductible must be met before certain services are covered.

QHDHP Plan

Like the PPO plan, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Allegiance network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars¹ to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Here's how the plan works:

- ▶ **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses. **NOTE:** If you enroll one or more family members, each family member is only required to meet the individual deductible (up to the family limit) before the plan starts to pay expenses for that individual.
- ▶ **Out-of-Pocket Maximum:** Once your deductible adds up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.
- ▶ **Health Savings Account (HSA):** In addition, we will contribute a dollar for dollar match, up to \$500 annually to your HSA if you enroll in employee-only coverage, \$1,200 for employee + child(ren) or spouse and \$1,500 employee + family. The employer match will be prorated based on remaining pay periods in the plan year for newly hired employees and current employees enrolling after the start the plan year.



Important: Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.

HSA Contribution Limit	2023
Employee Only	\$3,850
Family (employee + 1 or more)	\$7,750
Catch-up (age 55+)	\$1,000

Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans², retire or leave the company. There is no “use it or lose it” rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents’ doctor’s visits, prescriptions, braces, glasses—even laser vision correction surgery.

Visit UMB Healthcare Services <https://hsa.umb.com> for more information.

¹ Tax free under federal tax law; state taxation rules may apply

² You must be enrolled in a qualified health plan to contribute to an HSA.

³ Neither you nor your spouse can participate in a health FSA and contribute to an HSA.

Medical Plans (Cont'd.)

Following is a high-level overview of the coverage available through Allegiance. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Traditional Copay Health Plan		QHDHP Plan	
	In-Network	Out-of-Network ¹	In-Network	Out-of-Network ¹
Deductible (per plan year)				
Individual / Family	\$1,000 / \$2,000		\$3,000 / \$6,000	
Out-of-Pocket Maximum (per plan year)				
Individual / Family	\$2,000 / \$4,000		\$3,000 / \$6,000	\$5,000 / \$10,000
Company dollar for dollar match Contribution to Your Health Savings Account (HSA) (dollar for dollar match per plan year; prorated for new hires/newly eligible)				
Individual / Family	N/A		Employee only \$500 ² / Employee + child(ren) or spouse \$1,200 and employee + family \$1,500 ²	
Covered Services				
Office Visits (physician/specialist)	\$25 copay	40%*	Deductible, then covered 100%	20%*
Routine Preventive Care	No charge	40%*	No charge	20%*
Outpatient Diagnostic (lab/X-ray)	No charge up to \$300 maximum, then subject to deductible & coinsurance	40%*	Deductible, then covered 100%	20%*
Complex Imaging	20%*	40%*		20%*
Chiropractic	\$25 copay	40%*		20%*
Ambulance	20%*	40%*		20%*
Emergency Room	\$250 copay, then 20%*			Deductible, then covered 100%
Urgent Care Facility	\$25 copay	40%*		20%*
Inpatient Hospital Stay	20%*	40%*		20%*
Outpatient Surgery	20%*	40%*		20%*
Prescription Drugs (Generic / Brand / Non-Formulary)				
Retail Pharmacy (30-day supply)	\$15 / \$30 / \$45	Not covered	Deductible, then covered 100%	Not covered
Mail Order (90-day supply)	\$37.50 / \$75 / \$112.50	Not covered		Not covered

Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

Once you meet your deductible, the plan begins to pay out and you are responsible for the coinsurance percentage if applicable, until you meet your out-of-pocket maximum. Once you hit your out-of-pocket maximum, then the plan will pay at 100% for covered services. Deductibles, coinsurance and copays all apply to the out-of-pocket amount.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. If enrolling after the start of plan year, HSA employer match will be prorated based on the number of remaining pay periods in the plan year.



Dental Plan

DPPO: This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental DPPO	
	In-Network	Out-of-Network ¹
Deductible (per plan year)		
Individual / Family		\$25 / \$75
Benefit Maximum (per plan year; preventive, basic, and major services combined)		
Per Individual		\$1,500
Covered Services		
Preventive Services ²		No charge
Basic Services ³		20%*
Major Services ⁴		50%*
Orthodontia		Not covered

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.
2. Diagnostic & Preventive Services: Oral Examinations (once each 6 months), Bite-wing X-rays (once each 6 months under age 18, once each 12 months age 18 and over. Panoramic X-rays (once each 5 years), Prophylaxis (cleaning - once each 6 months), Fluoride Treatments (once each 6 months under age 19), Space Maintainers (under age 14), Sealants (once per tooth per lifetime (under age 16).
3. Basic Services: Emergency Exam (once per plan year), Oral surgery, Restorations (fillings; amalgam or composite, Endodontics (root canal; once per tooth every 24 months), Periodontics, Periodontics) surgery once every 3 years.
4. Major Services: Crowns, Bridges, Dentures (full and partial), Repairs and adjustments of bridges and dentures, Implants.

Vision Plan

We are proud to offer you a vision plan.

The **VSP** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the VSP network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$10 copay	\$10 copay, then \$45 allowance
Materials Copay	\$25	\$25
Lenses (once every 12 months)	Included in copay	Up to \$30
Single Vision		Up to \$50
Bifocal		Up to \$65
Trifocal		
Frames (once every 12 months)	\$200 allowance	Up to \$70
Contact Lenses (once every 12 months; in lieu of glasses)	\$200 allowance (copay does not apply); Up to \$60 copay for exam (fitting and evaluation)	Up to \$105

Frames (included in prescription glasses copay):

- \$200 featured frame brands allowance
- 20% savings on the amount over the allowance
- \$100 Walmart/Sam's Club/Costco frame allowance

Lenses:

- Impact-resistant lenses for dependent children included in prescription glasses copay.

Lens Enhancements:

- Standard Progressive lenses: \$0
- Anti-glare coating: \$0
- Premium progressive lenses: \$95-\$105
- Custom progressive lenses: \$150-\$175
- Average savings of 30% on other lens enhancements

Primary EyeCare Benefit:

- Retinal screening for members with diabetes: \$0
- Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration: \$20 per exam
- Treatment and diagnoses of eye conditions, including pink eye, vision loss and cataracts available for all members \$20 per exam
- Limitations and coordination with your medical coverage may apply. Ask your VSP doctor for details.

Glasses and Sunglasses:

- Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.
- 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.

Routine Retinal Screening:

- No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.

Laser Vision Correction:

- Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.

Flexible Spending Accounts

We provide you with an opportunity to participate in up to two different flexible spending accounts (FSAs) administered through Allegiance. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Health Care FSA

For 2023, you may contribute up to \$3,050 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- ▶ Coinsurance
- ▶ Copayments
- ▶ Deductibles
- ▶ Prescriptions
- ▶ Dental treatment
- ▶ Orthodontia
- ▶ Eye exams/eyeglasses
- ▶ Lasik eye surgery

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf.

Neither you nor your spouse can participate in an FSA if you contribute to an HSA.

Dependent Care FSA

For 2023, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some eligible expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE.

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Dependent Care FSA: Unused funds will **NOT** be returned to you or carried over to the following year.

You have 2 1/2 months to incur expenses.

Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.

Life and AD&D Insurance

Life insurance provides your named beneficiary(ies) with a benefit in the event of your death.

Accidental Death and Dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you through Mutual of Omaha.

Benefit Amount	\$65,000
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through Mutual of Omaha for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue*
Employee	\$10,000 increments to 5x annual earnings or \$500,000 (minimum of \$20,000 election)	\$150,000
Spouse	\$5,000 increments to 100% of employee's benefit or \$250,000	\$50,000
Child(ren)	\$5,000 increments to \$10,000	\$10,000

*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier. Late entrants and amounts requested over the Guaranteed Issue amount require EOI and approval by the insurance carrier. Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.



Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through New Directions *Behavioral Health*.

The EAP can help with the following issues, among others:

- ▶ Mental health
- ▶ Substance abuse
- ▶ Relationships or marital conflicts
- ▶ Grief and loss
- ▶ Child and eldercare
- ▶ Legal or financial issues

EAP Benefits

- ▶ Assistance for you and your household members
- ▶ Up to six (6) in-person sessions with a counselor per issue, per year, per individual
- ▶ Unlimited toll-free phone access and online resources

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Voluntary Short-Term Disability

Provided at an affordable group rate through Mutual of Omaha.

Benefit Percentage	40% or 60%
Weekly Benefit Maximum	\$2,500
When Benefits Begin	After 7 th day of accident or illness
Maximum Benefit Duration	13 weeks

Voluntary Long-Term Disability

Provided at an affordable group rate through Mutual of Omaha.

Benefit Percentage	60%
Monthly Benefit Maximum	\$6,000
When Benefits Begin	After 90 th day of disability
Maximum Benefit Duration	Reduced Benefit Duration to SSNRA

Valuable Extras

We also offer the following additional benefits:

HealthJoy: An interactive phone App that allows you instant access to telehealth and assistance with your benefits.

HealthJoy can help with:

- ▶ Explanation of Benefits Review
- ▶ Prescription Savings Review
- ▶ Medical Bill Review
- ▶ Appointment Booking
- ▶ Provider Recommendations
- ▶ HSA/FSA Support

Cost of Benefits

Your contributions toward the cost of medical, dental and vision benefits are automatically deducted from your paycheck before taxes. Life and disability benefits are deducted on an after tax basis. The amount will depend upon the plan you select and if you choose to cover eligible family members. **Please refer to the separate rate sheet for your contributions.**

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Allegiance	800-877-1122	www.askallegiance.com or email: inquire@askallegiance.com
Health Savings Account (HSA)	UMB Healthcare Services	866-520-4472	https://hsa.umb.com
Dental	Delta Dental of Kansas	800-234-3375	www.deltadentalks.com
Vision	VSP	800-877-7195	www.vsp.com
Flexible Spending Accounts (FSAs)	Allegiance	877-424-3570	www.askallegiance.com or email: advantageinquire@askallegiance.com
Life/AD&D	Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Disability	Mutual of Omaha	800-775-8805	www.mutualofomaha.com
Employee Assistance Program (EAP)	New Directions Behavioral Health	800-624-5544	www.ndbh.com

Questions?

If you have additional questions, you may also contact:

Human Resources

432-563-0727

humanresources@jacamcatalyst.com

Benefits Information: jacamcatalyst.com > Employee Login > Employee UltiPro Login



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



RATES

2023-24 EMPLOYEE CONTRIBUTIONS



Your contributions toward the cost of medical, dental and vision coverage are automatically deducted from your paycheck before taxes.

MEDICAL COVERAGE

Coverage Tier	Employee Contribution (Semi-Monthly)	
	Traditional Health Plan Option 1	High Deductible Health Plan Option 2
Employee Only	\$103.26	\$28.13
Employee + Spouse	\$218.47	\$86.72
Employee + Child(ren)	\$189.32	\$86.14
Family	\$315.80	\$135.36

DENTAL COVERAGE

Coverage Tier	Employee Contribution (Semi-Monthly)
Employee Only	\$10.36
Employee + Spouse	\$21.72
Employee + Child(ren)	\$23.54
Family	\$34.04

VISION COVERAGE

Coverage Tier	Employee Contribution (Semi-Monthly)
Employee Only	\$4.89
Employee + Dependent	\$7.08
Family	\$12.70

SUPPLEMENTAL LIFE/AD&D

Deductions for supplemental Life/AD&D are taken from your paycheck after taxes. Rates are available online during enrollment.