HOPE GAS, INC. HEALTH AND WELFARE BENEFIT PLAN

VISION PLAN

SUMMARY PLAN DESCRIPTION

FOR

EMPLOYEES REPRESENTED

BY

THE UNITED GAS WORKERS' UNION,

LOCAL 69,

UWUA, AFL-CIO

Effective January 1, 2026

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I. INTRODUCTION

The Vision Plan under the Hope Gas, Inc. Health and Welfare Benefit Plan (the "**Health and Welfare Benefit Plan**") is designed to provide Eligible Employees of Hope Gas, Inc. (the "**Company**") and their Eligible Dependents with benefits for covered Vision services, including routine eye examinations, corrective lenses and frames.

The Summary Plan Description for the Vision Plan consists of this Vision Plan Summary Plan Description (the "**Vision SPD**") and the Additional Information Summary Plan Description for Employees Represented by the United Gas Workers' Union, Local 69, UWUA, AFL-CIO (the "**Additional Information SPD**").

Coverage and benefits under the Vision Plan are provided by Mutual of Omaha and are subject to the terms and conditions of the insurance policy issued by Mutual of Omaha for the Vision Plan, which constitutes and forms a part of the Vision Plan.

Benefits described in this Vision SPD are as in effect on January 1, 2026. The Company may subsequently provide additional materials that supplement, update or amend the Vision SPD or the Additional Information SPD.

II. VISION PLAN HIGHLIGHTS

ELIGIBILITY	Employees of the Company who are: • Represented by the United Gas Workers Union Local 69, UWUA, AFL-CIO; and • Regularly scheduled to work an average of 30 hours or more per week.
ENROLLMENT	• Within 31 days after satisfying the eligibility requirements; or • If Vision coverage is not elected within 31 days after initial eligibility, enrollment may be elected during the annual Open Enrollment period or upon a Qualifying Life Event.
WHEN COVERAGE BEGINS	• If enrollment is elected within 31 days of eligibility, coverage is effective as of the eligibility date (e.g. employment date); or • If enrollment is not elected within 31 days of eligibility but is elected during an annual Open Enrollment period, coverage is effective as of January 1st following Open Enrollment.
COST OF COVERAGE	• If Vision coverage is elected, [the Employee Portion of the vision][1] coverage premiums will be deducted from each payroll before federal income tax and, in most cases, before state income tax and Social Security tax are withheld. • The cost of coverage may vary from year to year.
BENEFITS	• Vision benefits are payable for covered services from In-Network Providers and from Out-of-Network Providers.

[1] **Note to Sam:** Please confirm whether employees pay for the full cost of coverage.

III. ELIGIBILITY

ELIGIBLE EMPLOYEES

Regular full-time employees of the Company who are regularly scheduled to work an average of 30 hours or more per week and are represented by The United Gas Workers' Union Local 69, UWUA, AFL-CIO are eligible to enroll for Vision coverage (an "**Eligible Employee**").

ELIGIBLE DEPENDENTS

An Eligible Employee may enroll their Eligible Dependents for Vision coverage. "**Eligible Dependents**" include:

- **Spouse:** an Eligible Employee's legally married spouse or domestic partner.
- **Children**: an Eligible Employee's Children include the following, in each case who is under age 26: (i) natural children, (ii) legally adopted children (including children placed with an Eligible Employee for adoption), (iii) step-children, (iv) foster children, (v) children for whom the Eligible Employee or their Spouse is required to provide coverage pursuant to a Qualified Medical Child Support order or similar order by a court of competent jurisdiction, and (vi) any other child who lives with the Eligible Employee in a parent/child relationship and qualifies as the Eligible Employee's dependent as defined in the Internal Revenue Code.
- **Incapacitated Children:** an Eligible Employee's Children (as defined above) who prior to age 26 became continuously incapable of self-sustaining employment by reason of physical, developmental or intellectual disability or by reason of mental illness.

ELIGIBILITY VERIFICATION

The Plan Administrator may require, upon request, written proof to reasonably verify a dependent's eligibility under the Vision Plan, such as a marriage certificate, birth certificate, adoption certificate and federal tax returns.

IV. ENROLLMENT

NEW HIRE

You can enroll for Vision coverage at any time within 31 days after becoming an Eligible Employee. If you enroll during this initial enrollment period, your coverage will be effective as of the date you became an Eligible Employee.

OPEN ENROLLMENT

If you do not enroll for Vision coverage within 31 days after becoming an Eligible Employee, or if you did enroll during this period but wish to change your Vision coverage, you may do so during the annual Open Enrollment period, which takes place each year during the fourth quarter.

Coverage elections during the Open Enrollment period are effective as of January 1st of the following year.

QUALIFYING LIFE EVENTS

If you experience a Qualifying Life Event, you are permitted to change your Vision coverage elections during the middle of a plan year without waiting until the next Open Enrollment period; provided, that you provide the Plan Administrator with written notice within 31 days after the Qualifying Life Event.

An event will be considered a "**Qualifying Life Event**" if it affects your eligibility or your Eligible Dependents' eligibility, including:

- Marriage or registration of domestic partnership;
- Divorce, dissolution of domestic partnership or death of your Spouse;
- Change in your Spouse's employment or eligibility status; or
- A change in the number of your Children (birth, adoption, etc.).

ENROLLMENT OPTIONS

Your Vision coverage enrollment options are:

- Employee only;
- Employee and Spouse;
- Employee and Eligible Dependent Children (including Incapacitated Children); or
- Employee and Eligible Dependents (Spouse + Eligible Dependent Children)

ENROLLMENT PROCESS

You can enroll for Vision coverage by accessing the ADP https:www.workforcenow.adp.com. You can also obtain benefit information and receive other information by accessing the website. For assistance with enrollment, contact Hope Gas Benefits:

Hope Gas, Inc. Benefits
781 Chestnut Ridge Road, Suite 100
Morgantown, WV 26505
(304) 566-2959
Samantha.j.baxter-nard@hopegas.com

V. VISION COVERAGE PREMIUMS

If you elect Vision coverage, the applicable premium will be deducted from your pay each payroll period on a before-tax basis for federal income tax and, in most cases, on a before-tax basis for state income tax and Social Security tax.

[The Company pays for a portion of the vision coverage. The percentage may vary from year to year but the employee cost is lower than the employer cost of coverage.]

The annual premium amounts for Vision coverage are set forth on Appendix A and are subject to change from year-to-year.[2]

VI. VISION BENEFITS

Your benefits under the Vision Plan include covered services from In-Network Providers and from Out-of-Network Providers.

IN-NETWORK PROVIDERS

Covered Vision services from an In-Network Provider are at in-network rates [The In-Network Provider for the Vision Plan is [Mutual of Omaha through EyeMed●]. To locate an In-Network Provider near you, please visit [MutualofOmaha●].com.][3]

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[2] **Note to Sam:** I put the premium amounts in an appendix, assuming that they may change from year to year.

[3] **Note to Sam:** Please provide the name of the In-Network Provider(s) and the applicable web address.

If covered Vision services are provided by an In-Network Provider, you will be required to pay the applicable copayment amount directly to the provider, and the In-Network Provider will file a claim with Mutual of Omaha on your behalf.

OUT-OF NETWORK PROVIDERS

If you choose to receive covered Vision services from an Out-of-Network Provider, you will be required to pay the full amount of charges for the services, and may then submit a claim to Mutual of Omaha for reimbursement, subject to benefit limitations for Out-of-Network Provider services under the Vision Plan.

COVERED SERVICES

A schedule of Covered Services for In-Network Providers and Out-of-Network Providers is set forth on Appendix B, and is subject to change from year-to-year.[4]

Unused annual benefit allowances for Covered Services may not be carried over into the following year.

EXCLUDED SERVICES

Vision services that are not listed under Covered Services are ineligible for coverage under the Vision Plan. The following are among excluded services:

- Orthoptic or vision training, subnormal vision aides and any associated supplemental testing;
- Aniseikonic lenses;
- Medical or surgical treatment of the eye, eyes or supporting structures;
- Eye or vision examination, or corrective eyewear required by the Company as a condition of employment;
- Safety eyewear;
- Services or materials provided or paid for by a state or federal government or its agencies;
- Services or materials provided or paid for as a result of any workers' compensation or occupational disease law or as required by any federal or state governmental agency or program;
- Non-prescription lenses or contact lenses;
- Non-prescription sunglasses;
- Two pair of glasses in lieu of bifocals;
- Services or materials provided or paid for by any other group benefit plan providing vision benefits; or
- Certain name brand vision materials for which the manufacturer maintains a no-discount practice;
- Services rendered after the date an Eligible Employee or Eligible Dependent ceases to be covered under the Vision Plan.

VII. WHEN VISION COVERAGE ENDS

Vision coverage will end on the last day of the month in which the *earliest* of the following events occurs:

- You terminate employment with the Company or otherwise cease to meet the eligibility requirements;
- With respect to your Spouse or Children (including Incapacitated Children), they cease to meet the requirements of an Eligible Dependent;

[4] **Note to Sam:** I put the covered services in an appendix, assuming that the copayment and maximum amounts may change from year to year.

- You begin active duty in the Armed Forces, National Guard, or Reserves of any state or country (except for temporary active duty of 31 days or less); or
- The Company terminates the Vision Plan.

VIII. LEAVE OF ABSENCE

If your Vision coverage ends because you are no longer an active full-time employee due to a Company approved leave of absence, coverage may be reinstated effective upon returning to full-time employment status within 90 days after coverage had ended.

If your Vision coverage ends because you are on active duty in the Armed Forces, National Guard, or Reserves of any state or country (except for temporary active duty of 31 days or less), coverage may be reinstated effective upon returning to full-time employment status within 31 days after discharge from such active duty.

IX. COBRA CONTINUATION COVERAGE

If your coverage or your Eligible Dependents' coverage under the Vision Plan ends due to a "**Qualifying Event**," you or your Eligible Dependents may elect to continue coverage as provided under the Consolidated Omnibus Budget Reconciliation Act ("**COBRA**").

Please refer to the Additional Information SPD for more information on Qualifying Events and the terms and conditions of COBRA coverage.

X. FILING A CLAIM

If Covered Services are provided by an In-Network Provider, the provider will bill Mutual of Omaha directly and will notify you of any required copayment, which you are responsible for paying to the provider.

If Covered Services are provided by an Out-of-Network Provider, you are responsible for paying the amount due to the provider. You may then file a claim for reimbursement of the Covered Services, to the extent provided under the Vision Plan.

A claim form with instructions for filing a claim for reimbursement of Covered Services provided by an Out-of-Network Provider is available on the ADP MyLife Advisors resource website for the Health and Welfare Benefit Plan at **https://mylife-ts.adp.com** or by calling ADP MyLife Advisors at (855) 547-8508. For assistance with filing a claim, contact Hope Gas Benefits:

Hope Gas, Inc. Benefits
781 Chestnut Ridge Road, Suite 100
Morgantown, WV 26505
(304) 566-2959
Samantha.j.baxter-nard@hopegas.com

XI. CLAIMS PROCEDURES

Mutual of Omaha will give notice of its decision within 45 days of the date a Vision claim is received. This time period may be extended twice by a period of 30 days if Mutual of Omaha both determines that such an extension is necessary due to matters beyond the control of the Vision Plan and notifies you of the circumstances requiring the extension of time and the date by which Mutual of Omaha expects to render a decision. If such an extension is necessary due to your failure to submit the information necessary to decide the claim, the notice of extension will specifically describe the required information, and you will be afforded at least 45 days from receipt of such notice within which to provide the specified information. If you deliver the requested information within the time specified, a 30-day extension period will begin after you have provided that information. If you fail to deliver the requested information within the time specified, Mutual of Omaha may decide your claim without that information.

If your claim for benefits is wholly or partially denied, the notice of adverse benefit determination under the Plan will:

- State the specific reason(s) for the determination;
- Reference specific Plan provisions(s) on which the determination is based;
- Describe additional material or information necessary to complete the claim and why such information is necessary;
- Describe Plan procedures and time limits for appealing the determination, and your right to obtain information about those procedures and the right to sue in federal court; and
- Disclose any internal rule, guidelines, protocol or similar criterion relied on in making the adverse determination (or state that such information will be provided free of charge upon request).

Notice of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

APPEAL PROCEDURES

You have 180 days from the receipt of notice of an adverse benefit determination to file an appeal. Requests for appeals should be sent to the address specified in the claim denial. A decision on review of your appeal will be made not later than 30 days following receipt of the written request for review. If Mutual of Omaha determines that special circumstances require an extension of time for a decision on review, the review period may be extended by an additional 30 days (60 days in total). Mutual of Omaha will notify you in writing if an extension is needed.

If an extension is necessary due to your failure to submit the information necessary to make a determination on your appeal, the notice of extension will specifically describe the required information, and you will be afforded at least 30 days from receipt of the notice to provide the specified information. If you deliver the requested information within the time specified, the 30-day extension of the appeal period will begin after you have provided that information. If you fail to deliver the requested information within the time specified, Mutual of Omaha may decide your appeal without that information.

You will have the opportunity to submit written comments, documents, or other information in support of your appeal. You will have access to all relevant documents as defined by applicable U.S. Department of Labor regulations. The review of the adverse benefit determination will take into account all new information, whether or not presented or available at the initial determination. No deference will be afforded to the initial determination.

The review will be conducted by Mutual of Omaha and will be made by a person different from the person who made the initial determination and such person will not be the original decision maker's subordinate. In the case of a claim denied on the grounds of a medical judgment, Mutual of Omaha will consult with a health professional with appropriate training and experience. The health care professional who is consulted on appeal will not be the individual who was consulted during the initial determination or a subordinate. If the advice of a medical or vocational expert was obtained by the Plan in connection with the denial of your claim, Mutual of Omaha will provide you with the names of each such expert, regardless of whether the advice was relied upon.

A notice that your claim on appeal is denied will contain the following information:

- The specific reason(s) for the determination;
- A reference to the specific Plan provisions(s) on which the determination is based;
- A statement disclosing any internal rule, guidelines, protocol or similar criterion relied on in making the adverse determination (or a statement that such information will be provided free of charge upon request);
- A statement describing your right to bring a civil suit under federal law; and

- The statement that you are entitled to receive upon request, and without charge, reasonable access to or copies of all documents, records or other information relevant to the determination.

Notice of the determination may be provided in written or electronic form. Electronic notices will be provided in a form that complies with any applicable legal requirements.

Unless there are special circumstances, this administrative appeal process must be completed before you begin any legal action regarding your claim.

XII. PLAN DOCUMENTS

The information in this Vision SPD has been prepared to describe the Vision Plan benefits under the Health and Welfare Benefit Plan that are available to you and your Eligible Dependents. If there is a conflict between this information and the official documents and contracts that govern the Vision Plan and the Health and Welfare Benefit Plan, those official documents and contracts will govern.

XIII. CHANGING OR TERMINATING THE VISION PLAN

Please see the “Changing or Terminating the Plans” section of the Additional Information SPD for information on the Company’s ability to change or terminate the Vision Plan

XIV. OTHER RIGHTS

The Company, for itself as Plan Administrator and on behalf of the Plan, is entitled to legal and equitable relief to enforce its right to recover any benefit overpayments caused by your receipt of deductible sources of income from a third party to the extent permitted under applicable federal or state laws and regulations. This right of recovery is enforceable even if the amount you receive from the third party is less than the actual loss suffered by you, but the recovery will not exceed the benefits paid to you under the Plan. The Plan Administrator and the Plan have an equitable lien over such sources of income until any benefit overpayments have been recovered in full.

APPENDIX A

VISION COVERAGE PREMIUMS

As of January 1, 2025, the annual Vision coverage premium amounts are as follows:

Coverage Level	Annual Premium
Employee only	$[2]
Employee and Spouse	$[4]
Employee and Eligible Dependent Children (including Incapacitated Children)	$[4]
Employee and Eligible Dependents (Spouse + Eligible Dependent Children)	$[5]

*** Employee contribution rates for vision insurance will be professionally assessed and determined and will not increase by more than the same percentage incurred by the company. The increases will also be subject to the following yearly cap of 5%. At least thirty (30) days prior to open enrollment the company shall provide the union with full detailed documentation supporting such increase for benefit (medical, dental, vision) premiums.

APPENDIX B

COVERED SERVICES

As of January 1, 2025, Covered Services are as follows:

SERVICE	IN-NETWORK	OUT-OF-NETWORK
Comprehensive Vision Examination	$0 Copayment	Up to $45
Frames	Up to $150 allowance	Up to $66
Standard Plastic Lenses:		
• Single Vision	$0 Copayment	Up to $40
• Bifocal	$0 Copayment	Up to $56
• Trifocal	$0 Copayment	Up to $84
• Lenticular	$0 Copayment	Up to $84
Lens Options:		
• Polycarbonate Lenses – Standard (for covered Dependent children under age 19)	$40 Copayment Adults and $0 Copayment Children under 19	$0 adult and Up to $32 children under 19
• UV Treatment	$0 Copayment	Up to $12
• Tint (solid or gradient)	$0 Copayment	Up to $12
• Scratch Coating - Standard	$0 Copayment	Up to $12
• Progressive Lenses – Standard (add on to Bifocal)	$0 Copayment	Up to $108
• Progressive Lenses – Premium (add on to Bifocal)	Tier 1: $20 Copayment Tier 2: $30 Copayment Tier 3: $45 Copayment Tier 4: $0 Copayment *plus* 80% of charge, *less* applicable $120allowance	Up to $108 Up to $108 Up to $108 Up to $108
Contact Lenses (only one option available per Benefit Frequency)		
• Conventional	Up to $150 allowance plus 15% off balance over allowance	Up to $102
• Disposable	$0 Copay, $150 allowance	Up to $120
• Medically Necessary	$0 Copayment, paid in full	Up to $210

SERVICE	BENEFIT FREQUENCY
Examination	Once every 12 months
Lenses or Contact Lenses	Once every 12 months

Frame	Once every 12 months