2026-2027

Employee Benefits

TAS™
Modular Solutions

2 Table of Contents

We all work together to make TAS Energy a success, and our teamwork extends to your benefits. Your health and wellbeing are important to us, so we provide benefit options to make you and your family's lives better. Together, let's invest in you. Read over this guide for details on your 2026-2027 benefits from A to Z. If you have questions, we're here to help you.

Scan for Your Plans!

Scan with your smartphone to access enrollment materials online anytime.

See **page 42** for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to TAS Energy, Inc. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

3 Eligibility and Enrollment

TAS Energy's benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of TAS Energy who is regularly scheduled to work at least 30 hours a week, you are eligible to participate in **medical, dental, vision, life and disability plans, and additional benefits**.

If you are a part-time employee of TAS Energy who is regularly scheduled to work at least 20 hours a week, you are eligible to participate in **medical, dental, vision, FSA/HSA, and Pet Insurance**.

Coverage Dates

Most of your elections are effective the first of the month following 30 days of employment. Benefits cannot be changed until the next enrollment period unless you experience a Qualifying Life Event.

Dependents

Dependents eligible for coverage include:

- Your legal spouse (or common-law spouse where recognized).
- Your domestic partner.
- Children under the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility is required upon enrollment.

Domestic Partnership

A Domestic Partner is an unmarried person of the same or opposite sex with whom the covered Employee shares a committed relationship, is jointly responsible for the other's welfare and financial obligations, is at least 18 years of age, is not related by blood, maintains the same residence and is not married or legally separated from anyone else.

For your Domestic Partner to qualify as a Dependent, you and your partner must complete an affidavit declaring that you and your partner:

- Are in a relationship of mutual support, caring, and commitment and are responsible for each other's welfare;
- Have maintained this relationship for the past six months and intend to do so indefinitely;
- Have shared a primary residence for the past six months and intend to do so indefinitely;
- Are not married to anyone else and do not have other Domestic Partners;
- Are financially interdependent.

A Domestic Partner certification is required to be completed and filed with the Plan at the time of the enrollment of the Domestic Partner is requested.

Now's the Time to Enroll!

What are Qualifying Life Events?

You can update your benefits when you start a new job or during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Any changes related to Medicare, Medicaid, or CHIPs allow for 60 days to request changes. Your change in coverage must be consistent with your change in status.

A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)

A change in a spouse's employment status (resulting in a loss or gain of coverage)

A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility

Entitlement to Medicare or Medicaid

Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)

Death in the family (leading to change in dependents or loss of coverage)

Turning 26 and losing coverage through a parent's plan

Changes in address or location that may affect coverage

Eligibility for coverage through the Marketplace (Healthcare.gov)

A change in your legal marital status (marriage, divorce, or legal separation)

Reach out to TAS Energy's Human Resources with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

5 Where to Enroll

New this year, we will utilize Workday for benefits management and Open Enrollment.

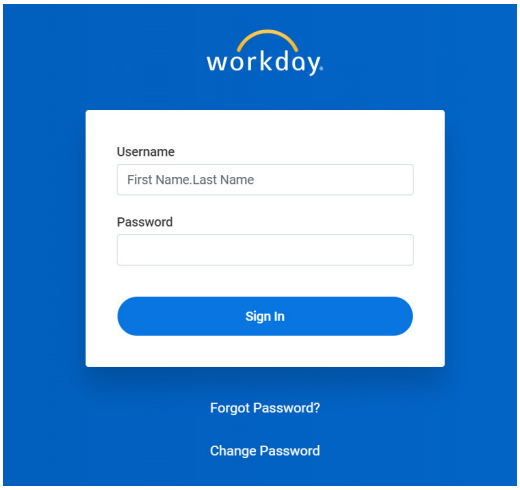
You can access Workday at https://www.myworkday.com/comfortsystemsusa/d/home.htmld.

Logging in to Workday

You will need to select the Sign In option to sign in with a username and password.

Username: FirstName.LastName
Password: TASoEWD#2026

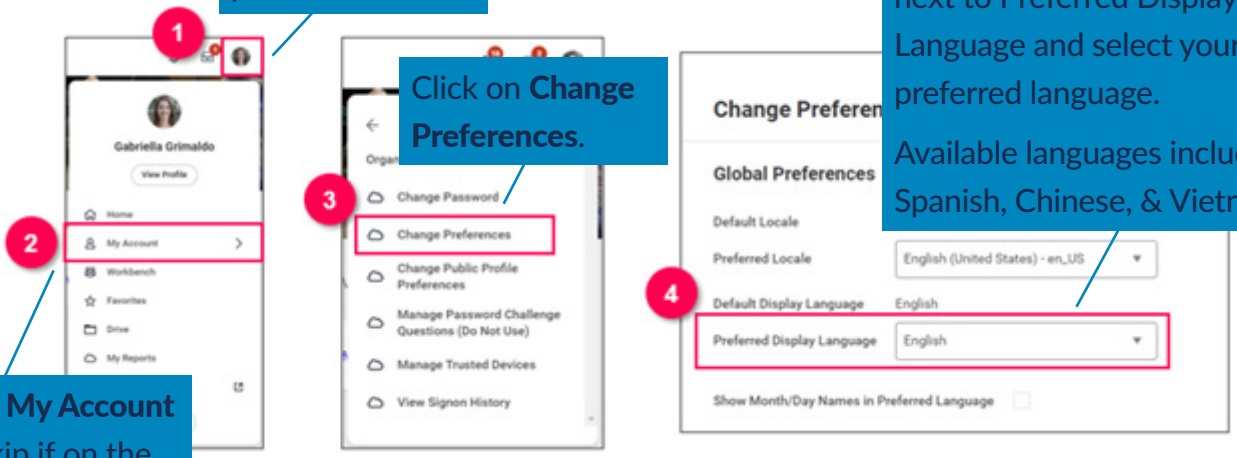
This is the typical username format, but there could be some differences. Contact HR if you have questions around your username or password.



Workday will automatically lock your account for 30 mins after five (5) unsuccessful sign in attempts. To regain access to your account, click on Forgot Password to request a one-time use link for resetting your password. Workday limits users to five (5) password reset requests in a 24-hour period. If you continue to have issues, please reach out to your HR Department.

Change Your Display Language

To view your benefit information in another language, log in to Workday and follow these steps:



Click on your profile icon

Click on **Change Preferences**.

Click on the drop-down menu next to Preferred Display Language and select your preferred language.

Available languages include Spanish, Chinese, & Vietnamese.

Click on **My Account** (note: skip if on the mobile app).

Log out and then log back in for the changes to take effect.

6 Workday Mobile

With Workday's mobile app, you can access all of your benefits information and enroll in benefits on the go!

Download the Mobile App

FOR ANDROID USERS	FOR IPAD/IPHONE USERS
To install Workday Mobile on your Android device, scan the QR code. If this does not work, search for Workday in the Google Play store.	To install Workday Mobile on your iOS device, scan the QR code. If this does not work, search for Workday in the App Store.

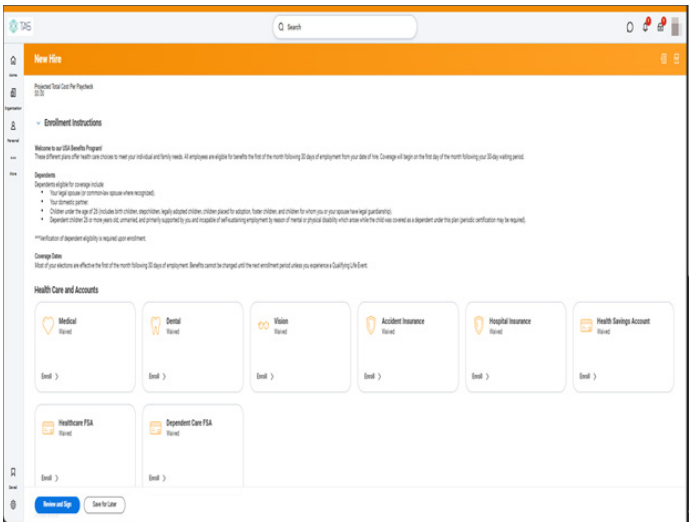
GET IT ON Google Play

Download on the App Store

By using the QR code above, you should not need to enter an Organization ID. If the QR code didn't work or you didn't use it, you will need to enter an Organization ID. The ID to use is: comfortsystemusa.

Enrolling in Benefits

1. Navigate to your inbox and locate the Change Benefits for Open Enrollment or Benefit Change – New Hire task.
2. Click Let's Get Started.
3. The enrollment page is broken up into three sections:
   a. Health Care and Accounts
   b. Insurance and Retirement
   c. Additional Benefits



7 Ready for Open Enrollment?

TAS Energy covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, which reduces the amount you're required to pay taxes on. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the more you'll pay up-front for it.

Open Enrollment Action Items

Update your personal information.

Confirm your mailing address and phone number are up to date.

Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions (i.e., will their costs go up or down?).

Review available plans' deductibles.

Think you may have more medical needs than usual this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower premiums.

Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.

Check your networks.

Receiving care by in-network providers often saves you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.

8 Medical Benefits

Medical benefits are provided through BCBS of TX. Consider the physician networks, premiums, and out-of-pocket costs for each plan when making a selection. Keep in mind your choice is effective for the entire 2026-2027 plan year unless you have a Qualifying Life Event.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your contributions.

Full-Time Employees

	HDHP		PPO		HMO	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
BI-WEEKLY CONTRIBUTIONS						
EMPLOYEE ONLY	$64.67	$87.75	$89.38	$112.45	$74.64	$97.72
EMPLOYEE + SPOUSE	$142.28	$165.36	$196.63	$219.71	$164.21	$187.28
EMPLOYEE + CHILD(REN)	$119.65	$142.73	$165.35	$188.42	$138.07	$161.15
EMPLOYEE + FAMILY	$206.95	$230.03	$286.01	$309.09	$238.84	$261.92
WEEKLY CONTRIBUTIONS						
EMPLOYEE ONLY	$32.33	$43.87	$44.69	$56.23	$37.32	$48.86
EMPLOYEE + SPOUSE	$71.14	$82.68	$98.32	$109.85	$82.10	$93.64
EMPLOYEE + CHILD(REN)	$59.83	$71.37	$82.67	$94.21	$69.03	$80.57
EMPLOYEE + FAMILY	$103.48	$115.02	$143.01	$154.54	$119.42	$130.96

Part-Time Employees

	HDHP		PPO		HMO	
	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO	NON-TOBACCO	TOBACCO
BI-WEEKLY CONTRIBUTIONS						
EMPLOYEE ONLY	$64.67	$87.75	$89.38	$112.45	$74.64	$97.72
EMPLOYEE + SPOUSE	$275.99	$299.07	$338.84	$361.92	$312.74	$335.82
EMPLOYEE + CHILD(REN)	$232.08	$255.15	$284.93	$308.01	$262.98	$286.06
EMPLOYEE + FAMILY	$401.43	$424.51	$492.86	$515.94	$454.90	$477.98
WEEKLY CONTRIBUTIONS						
EMPLOYEE ONLY	$32.33	$43.87	$44.69	$56.23	$37.32	$48.86
EMPLOYEE + SPOUSE	$138.00	$149.53	$169.42	$180.96	$156.37	$167.91
EMPLOYEE + CHILD(REN)	$116.04	$127.58	$142.46	$154.00	$131.49	$143.03
EMPLOYEE + FAMILY	$200.72	$212.25	$246.43	$257.97	$227.45	$238.99

How to Find a Provider

Visit www.bcbstx.com or call Customer Care at 800-521-2227 for a list of BCBS of TX network providers.

BlueCross BlueShield of Texas

Medical Plan Summary

This chart summarizes the 2026-2027 medical coverage provided by **BCBS of TX**. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations.

	HDHP		PPO		HMO
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
ANNUAL DEDUCTIBLE					
INDIVIDUAL	$3,400	$6,000	$500	$5,000	$1,000
FAMILY	$6,000	$12,000	$1,000	$10,000	$2,000
COINSURANCE (PLAN PAYS)	100%*	50%*	80%*	50%*	100%*
ANNUAL OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)					
INDIVIDUAL	$4,000	$8,000	$3,500	$10,000	$3,500
FAMILY	$8,000	$16,000	$7,000	$20,000	$7,000
COPAYS/COINSURANCE					
PREVENTIVE CARE	100%	50%*	100%	50%*	100%
PRIMARY CARE	100%*	50%*	$25 copay	50%*	$10 copay
SPECIALIST SERVICES	100%*	50%*	$50 copay	50%*	$30 copay
URGENT CARE	100%*	50%*	$75 copay	50%*	$50 copay
DIAGNOSTIC CARE	100%*	50%*	100%*	50%*	100%*
EMERGENCY ROOM	100%*	100%*	$250 copay +20%*	$250 copay +20%*	$500 copay*

*After deductible

Note

Keep healthcare costs down by seeing the right provider for your situation.

See page 13 for more information.

10 Tobacco User Additional Premium

In an effort to promote healthy life choices and discourage the use of tobacco products, TAS Energy has a Tobacco User Additional Premium of $50 per month.

What Is the Definition of a "Tobacco User"?

A tobacco user is any employee who either tests positive for cotinine in their pre-employment screening or who currently uses or has used any tobacco product an average of more than four times per month within the past six months. This does not include the tobacco use of any of the employee's dependents.

What You Need to Know

Employees who opt in for medical coverage will be required to submit a Tobacco-Use Affidavit.

- New Hires will be tested for cotinine in their pre-employment screening.
- New Hires must verify their status by signing a Tobacco-Use Affidavit during the initial benefits enrollment period.
- If an employee fails to sign the Tobacco-Use Affidavit, then they will be considered a tobacco user.

Need Help?

Your HealthyGuidance Tobacco Cessation Program offers the support you need to stop using tobacco and to improve your health and the health of your loved ones. Certified tobacco counselors provide:

- One-on-one telephone counseling
- Individualized assistance plan
- Techniques and strategies to quit tobacco use for good

We are Here When You Need Us

Call: 888-270-9025

Online: guidanceresources.com

App: GuidanceResources Now

Web ID: CSUSA

Promoting Healthy Choices

For tobacco users interested in eliminating the Tobacco User Additional Premium:

- The premium can be removed by completing five tobacco coaching calls conducted by ComPsych's HealthyGuidance Tobacco Cessation Program during the calendar year in which the premium is being applied.
- The premium will be removed after the Benefits Department receives a report from ComPsych identifying those participants who have completed 5 tobacco coaching calls. Removal of the premium will occur as soon as administratively practicable after receiving the report.
- If an employee quits through any other method, then he or she will need to contact ComPsych for certification. ComPsych will report this completion, and the additional premium will be removed for the rest of the plan year.
- Premiums will be adjusted on the first possible pay period following verification of completion.

An employee who intentionally falsifies his/her nontobacco use will be immediately subject to the premium upon TAS learning of the falsification and may face termination of employment and/or termination of the medical plan.

11 Out-of-Pocket Costs

These are the types of payments you're responsible for:

Copay

The fixed amount you pay for healthcare services at the time you receive them.

Coinsurance

Your percentage of the cost of a covered service. If your office visit is $100 and your coinsurance is 20% (and you've met your deductible but not your out-of-pocket maximum), your payment would be $20.

Deductible

The amount you must pay for covered services before your insurance begins paying its portion/coinsurance.

Out-of-Pocket Maximum

The most you will pay during the plan year before your insurance begins to pay 100% of the allowed amount.

12 Preventive Care

Routine checkups and screenings are considered preventive, so they're often paid at 100% by your insurance. Some common covered services include:

- **Wellness visits, physicals, and standard immunizations**
- **Screenings for blood pressure, cancer, cholesterol, depression, obesity, and diabetes**
- **Pediatric screenings for hearing, vision, obesity, and developmental disorders**
- **Anemia screenings, breastfeeding support, and pumps for pregnant and nursing women**
- **Iron supplements (for infants at risk for anemia)**

It's important to take advantage of these covered services. But remember that diagnostic care to identify health risks is covered according to plan benefits, even if done during a preventive care visit. So, if your doctor finds a new condition or potential risk during your appointment, the services may be billed as diagnostic medicine and result in some out-of-pocket costs. Read over your benefit summary to see what specific preventive services are provided to you.

What vaccines are covered 100% under preventive care?

Many vaccines are covered under preventive care when delivered by a doctor or provider in your plan's network. These include chickenpox, flu, shingles and tetanus. For a full list, visit www.healthcare.gov/preventive-care-adults/.

13 Where to Go for Care

You're feeling sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new prescription, but the pharmacy is closed. Or you're on vacation and are under the weather. Instead of rushing to the emergency room or relying on questionable information from the internet, consider all of your site-of-care options.

Nurse Line

When to Use
You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

Types of Care*
Answers to questions regarding:

- Symptoms
- Self-care/home treatments
- Medications and side effects
- When to seek care

Costs and Time Considerations**
- Usually available 24 hours a day, 7 days a week
- Typically free as part of your medical insurance

Telemedicine ($)

When to Use
You need care for minor illnesses and ailments but would prefer not to leave home. These services are available by phone and online (via webcam).

Types of Care*
- Cold & flu symptoms
- Bronchitis
- Urinary tract infection
- Sinus problems

Costs and Time Considerations**
- Usually a first-time consultation fee and a flat fee or copay for any visit thereafter
- Typically immediate access to care
- Prescriptions through telemedicine or virtual visits not allowed in all states

Primary Care Center ($)

When to Use
You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

Types of Care*
- Routine checkups
- Immunizations
- Preventive services
- Managing your general health

Costs and Time Considerations**
- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Short wait time with scheduled appointment

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Urgent Care Center ($$)

When to Use
You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

Types of Care*
- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns

Costs and Time Considerations**
- Copay and/or coinsurance usually higher than an office visit
- Walk-in patients welcome, but urgency determines order seen and wait time

Emergency Room ($$$)

When to Use
You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

Types of Care*
- Heavy bleeding
- Chest pain
- Major burns
- Severe head injury

Costs and Time Considerations**
- Often requires a much higher copay and/or coinsurance
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first
- Ambulance charges, if applicable, will be separate and may not be in-network

*This is a sample list of services and may not be all inclusive.
**Costs and time information represent averages only and are not tied to a specific condition or treatment.

Do Your Homework
What may seem like an urgent care center might actually be a standalone ER. These facilities come with a higher price tag, so ask for clarification if the word “emergency” appears in the company name.

15 Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through **BCBS of TX**. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at www.bcbstx.com or by calling the Customer Care number on your ID card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, or Non-Preferred.

	HDHP		PPO		HMO
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK
RETAIL RX (30-DAY SUPPLY)					
GENERIC	$10 copay*	50%*	$10 copay	$10 copay + 20%	$10 copay
PREFERRED	$35 copay*	50%*	$30 copay	$30 copay + 20%	$30 copay
NON-PREFERRED	$60 copay*	50%*	$60 copay	$60 copay + 20%	$50 copay
MAIL ORDER RX (90-DAY SUPPLY)					
GENERIC	$25 copay*	Not covered	$25 copay	Not covered	$25 copay
PREFERRED	$87.50 copay*	Not covered	$75 copay	Not covered	$75 copay
NON-PREFERRED	$150 copay*	Not covered	$150 copay	Not covered	$150 copay

*After deductible

BlueCross BlueShield of Texas

Note

Apps and prescription discount programs such as GoodRx, Amazon Prime Rx Savings, Optum Perks, and Cost Plus Drug Company let you compare prices of prescription drugs and find possible discounts.

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they are held to the same rigid FDA standards. But **generic versions cost 80% to 85% less on average than the brand-name equivalent**. To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Lowering Medication Costs

How do prescription discount programs work? These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription may not count toward your deductible or out-of-pocket maximum under the benefit plan.

GoodRx is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80% on generics. **Optum Perks** also provides coupons for medications and a searchable database for drug cost comparison at participating pharmacies near you. The Optum Perks member card, which can be used at more than 64,000 pharmacies, is free to use and requires no personal data. Another discount option is the **Amazon Prime Rx Savings** discount card, which is included with an Amazon Prime membership and is administered by InsideRx. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies. **Cost Plus Drug Company** is a web-based pharmacy that claims to keep costs low by buying directly from the manufacturer. It currently only offers a certain selection of medications and accepts a handful of prescription insurance providers, but it may be worth checking the price difference between Cost Plus and your regular pharmacy.

17 Health Savings Account

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in an HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

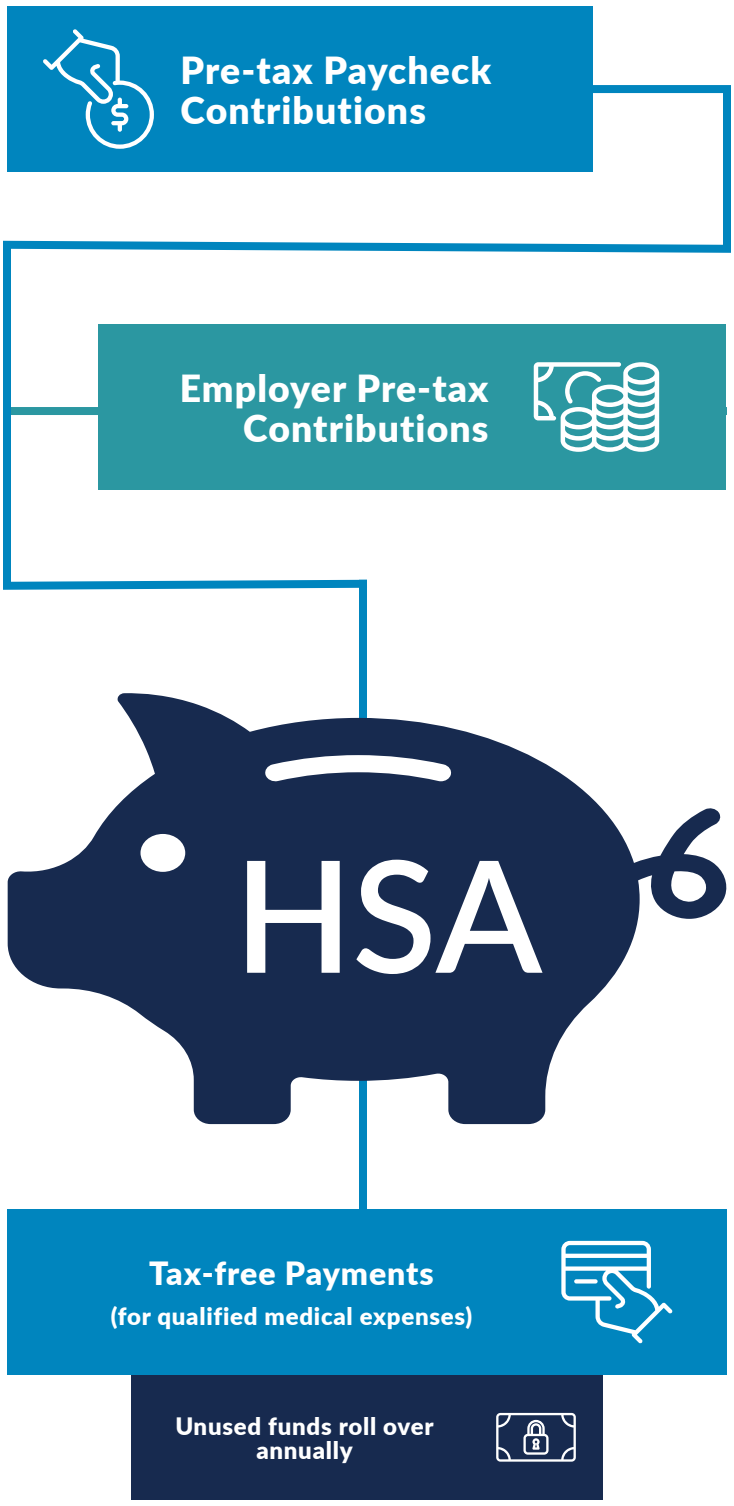
HSA Bank will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You or your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)



Note

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax-free after retirement.

You Own Your HSA

Your HSA is a personal bank account that you own and manage. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

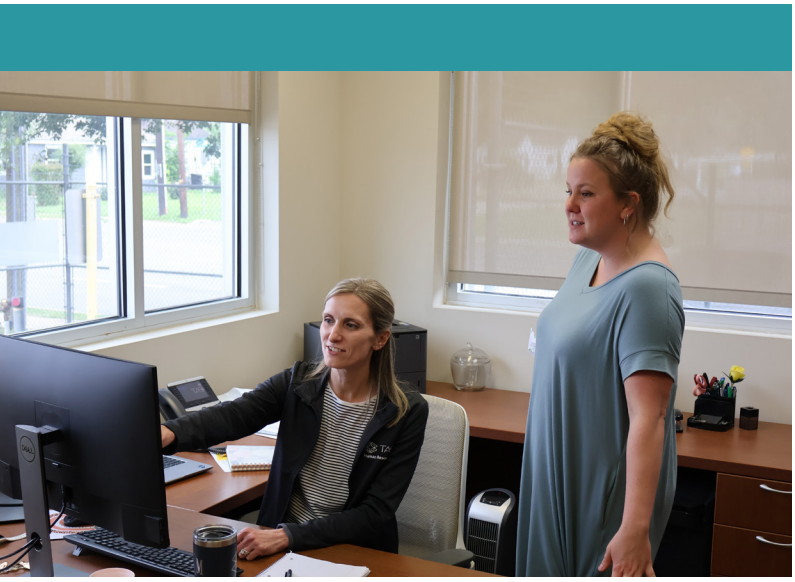
How to Enroll

To enroll in TAS Energy's HSA, you must elect the HDHP with TAS Energy. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. TAS Energy will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with HSA Bank. **The money in your HSA (including interest and investment earnings) grows tax-free.** When the funds are used for qualified medical expenses, they are spent tax-free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.



HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2026-2027, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	$4,400
FAMILY	$8,750
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

TAS Energy provides an HSA employer contribution that will be deposited on an annual basis.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	$400
EMPLOYEE + SPOUSE OR CHILD(REN)	$600
FAMILY	$800
PART-TIME	$400

HSA contributions over the IRS annual contribution limits ($4,400 for individual coverage and $8,750 for family coverage for 2026) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

The TAS Energy HSA is established with HSA Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact Human Resources or visit www.hsabank.com.

hsabank™

*State income taxes are also waived on HSA contributions in almost all states.

19 Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to $3,400 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Limited Use Flexible Spending Account

A Limited Use Flexible Spending Account (LUFSA) with **HSA Bank** works with a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. The contribution limit is $3,400.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to $5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 13 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent daycare expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or daycare provider
- Before- and after-school care
- Day camp
- In-house dependent daycare

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

hsabank™

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact **HSA Bank** with reimbursement questions. If you need to submit a receipt, HSA Bank will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2026-2027 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must "use it or lose it" — any unused funds will be forfeited.
- You cannot change your FSA election in the middle of the plan year without a Qualifying Life Event.
- Those considered highly compensated employees (family gross earnings were $160,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

Grace Period

- Our Company offers a grace period for FSA spending. You have 2½ months after the plan year ends on June 30, 2027 to incur additional expenses and submit them for reimbursement. Therefore, any remaining balance in the previous plan year that ended June 30, 2027 will be used to pay that grace period expense even though the service was provided in the NEW plan year.

Note

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.

21 FSA vs HSA

Flexible Spending Accounts		Health Savings Accounts
Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	OWNERSHIP	You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.
You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	ELIGIBILITY & ENROLLMENT	You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.
FSA contributions are tax-free via payroll deduction. Funds are spent tax-free when used for qualified expenses.	TAXATION	HSA contributions are tax-free; the account grows tax-free; and funds are spent tax-free on qualified expenses.
You can contribute up to $3,400 in 2026-2027 to an FSA. This amount may be increased annually.	CONTRIBUTIONS	Both you and your employer can contribute up to $4,400 in 2026-2027 (up to $8,750 for families). Ages 55+ can make an annual $1,000 "catch-up" HSA contribution.
Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	PAYMENT	Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.
Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5-month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount.	ROLLOVER OR GRACE PERIOD	HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.
Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.	QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.
Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care) and Limited Use FSA (used to pay for eligible dental and vision expenses).	OTHER TYPES	N/A

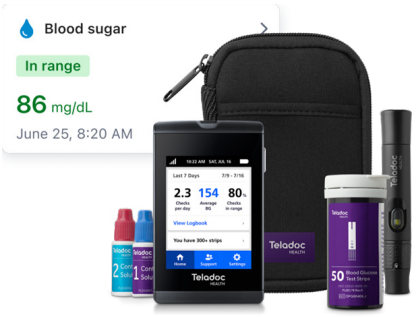
Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

22 Additional BCBS of TX Programs

If you are enrolled in the TAS Energy Medical Plans, you and your dependents have access to additional programs through BCBS of TX that can assist in helping manage certain chronic conditions that you might be faced with.

Teladoc

The Teladoc Diabetes program provides you with a connected blood glucose meter, unlimited strips, and coaching, as well as an easy-to-use mobile app that tracks your readings and gives you a personalized report. This program helps you conveniently manage your diabetes and stay up to date on the best ways to stay well.



Here's what you get when you join the Teladoc Diabetes program:

- **Unlimited Strips:** Get as many strips as you need, in addition to a free blood glucose monitor, at no extra charge.
- **Tips to Help You Stay on Track:** Receive useful information that will help you manage your blood sugar and feel your best.
- **Coaching When You Need It Most:** Teladoc coaches are there to support you in your journey to better health.
- **Safety and Security:** Your information is safe with Teladoc. View and access your records anytime. Share it with your doctors if and when you want to.

Join Today! Visit TeladocHealth.com/Register/BCBSTX-HEALTH or call 800-835-2362 and use registration code: BCBSTX-HEALTH.

Omada

Omada® helps members lower blood pressure and lose weight with one-on-one personal coaching, support from a specialist, and the tools needed to make long-lasting health changes. The best part: the program — up to a $1,400 value — is no cost to you if you're eligible to join.

Here's what you get when you join the Omada Hypertension program:

- Blood pressure monitor
- Smart scale (if clinically eligibly)
- A personal health coach and a clinical specialist
- A personalized care plan
- Weekly lessons
- Tools for managing stress
- Online peer group and communities

To learn more, visit omadahealth.com/bcbstx-htn.

Wondr

Wondr is a weight-loss program that is clinically proven to help you lose weight, sleep better, stress less, and so much more. We'll teach you simple skills that are based on behavioral science, so you can enjoy your favorite foods and feel better than ever — at no cost to you.

- **Not a diet:** No points, plans or restrictions
- **A digital weight loss program:** Entirely digital and offers on-demand master classes
- **Science-based & clinically proven:** Born from behavioral science

To learn more, visit wondrhealth.com/BCBSTX.

Hinge Health

With Hinge Health, you can relieve joint and muscle pain with personalized exercise therapy at no cost to you. Reduce your back and joint pain in just 15 minutes a day. You must be enrolled in the TAS Medical Plans to be eligible for this benefit.

- Virtual sessions anytime, anywhere
- Unlimited 1-on-1 health coaching
- Motion tracking technology for instant form correction

Be on the lookout for additional information on the Hinge Health program.

24 Dental Benefits

BlueCross BlueShield of Texas

Like brushing and flossing, visiting your dentist is an essential part of your oral health. TAS Energy offers affordable plan options from BCBS of TX for routine care and beyond. New this year, the DPPO plan will provide orthodontic coverage for both adults and children.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

	DPPO		MAC	
	BI-WEEKLY	WEEKLY	BI-WEEKLY	WEEKLY
FULL-TIME EMPLOYEES				
EMPLOYEE ONLY	$7.66	$3.83	$3.31	$1.65
EMPLOYEE + SPOUSE	$15.69	$7.84	$6.19	$3.09
EMPLOYEE + CHILD(REN)	$18.35	$9.17	$5.63	$2.81
EMPLOYEE + FAMILY	$27.45	$13.73	$8.08	$4.04
PART-TIME EMPLOYEES				
EMPLOYEE ONLY	$7.66	$3.83	$3.31	$1.65
EMPLOYEE + SPOUSE	$19.52	$9.76	$7.70	$3.85
EMPLOYEE + CHILD(REN)	$22.83	$11.42	$7.00	$3.50
EMPLOYEE + FAMILY	$34.16	$17.08	$10.05	$5.02

Dental Plan Summary

This chart summarizes the dental coverage provided by **BCBS of TX** for 2026-2027.

	IN-NETWORK	IN-NETWORK
ANNUAL DEDUCTIBLE		
INDIVIDUAL	$50	$50
FAMILY	$150	$150
ANNUAL MAXIMUM		
PER PERSON	$1,500	$1,000
COVERED SERVICES		
PREVENTIVE SERVICES Oral Exams, Routine Cleanings, Bitewing X-rays, Fluoride Applications, Sealants, Space Maintainers, Panoramic X-rays	100%*	90%
BASIC SERVICES Full Mouth X-rays, Fillings, Oral Surgery, Simple Extractions	80%*	60%*
MAJOR SERVICES Oral Surgery, Complex Extractions, Denture Adjustments and Repairs, Root Canal Therapy, Periodontics, Crowns, Dentures, Bridges	50%*	30%*
ORTHODONTICS	50%*	Not covered
ORTHODONTIC LIFETIME MAXIMUM	$1,500	Not covered

*After deductible

Stay in Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit BCBS of TX at www.bcbstx.com.

25 Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through NVA.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your premium.

	VISION PLAN	
	BI-WEEKLY	WEEKLY
FULL-TIME AND PART-TIME EMPLOYEES		
EMPLOYEE ONLY	$2.99	$1.49
EMPLOYEE + 1	$5.52	$2.76
EMPLOYEE + FAMILY	$8.36	$4.18

Vision Plan Summary

This chart summarizes the vision coverage provided by **NVA** for 2026-2027.

	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
EXAMS			
COPAY	$10 copay	Up to $40	12 months
LENSES			
SINGLE VISION	$10 copay	Up to $40	12 months
BIFOCAL	$10 copay	Up to $60	
TRIFOCAL	$10 copay	Up to $80	
CONTACTS (IN ADDITION TO GLASSES)			
FITTING AND EVALUATION*	Covered 100%	N/A	12 months
ELECTIVE	$130 + 15% off balance over $130	Up to $130	
MEDICALLY NECESSARY**	Covered 100%	Up to $200	
FRAMES			
ALLOWANCE	$130 + 20% off the balance over $130	Up to $130	12 months

*Fitting and Evaluation fee applied to contact lens allowance.
**Pre-approval from NVA required.

Note

Lasik Coverage: 15% off standard pricing; 5% off promotional pricing

26 Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection for your loved ones in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

TAS Energy provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through **Lincoln Financial Group**, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is 1x Annual Earnings, up to $250,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Lincoln Financial Group insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact Human Resources or your own legal counsel with any questions.

Voluntary Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Voluntary Life and AD&D insurance. Premiums are paid through payroll deductions.

VOLUNTARY EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	Increments of $10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$500,000, from $20,000, up to $500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED*	For amounts over $300,000 & late entrants
VOLUNTARY SPOUSE LIFE/AD&D	
COVERAGE AMOUNT	Increments of $5,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$150,000, from $5,000, up to $150,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED*	For amounts over $50,000 & late entrants
VOLUNTARY CHILD LIFE/AD&D	
COVERAGE AMOUNT	Increments of $1,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$1,000 to $10,000 (Birth to 6 months only eligible for $1,000)
EVIDENCE OF INSURABILITY (EOI) REQUIRED	None

*Evidence of Insurability (EOI) is a process in which you provide information on the condition of your health or your dependent's health to get certain types of insurance coverage. For Life and AD&D insurance, EOI is required for any amount elected over the guarantee issue amounts.

Note: Employee's may choose to increase their current elections by two levels during Open Enrollment.

Lincoln Financial℠

Note

A late entrant is anyone who did not choose to elect coverage during their initial eligibility election period. If you choose to add coverage during open enrollment, you will be required to complete EOI.

VOLUNTARY LIFE/AD&D INSURANCE	
RATES/$1,000	
AGE (AS OF JULY 1, 2026)	EMPLOYEE/SPOUSE
0-24	$0.115
25-29	$0.125
30-34	$0.140
35-39	$0.155
40-44	$0.225
45-49	$0.315
50-54	$0.465
55-59	$0.785
60-64	$1.385
65-69	$2.245
70+	$3.265

VOLUNTARY CHILD LIFE/AD&D INSURANCE	
PREMIUM RATES – $1,000	
Birth - 26	$0.24

TO CALCULATE HOW MUCH YOUR VOLUNTARY LIFE/AD&D COVERAGE WILL COST:

$	÷ 1,000 =	$		x Age Based Rate =	$
Benefit Elected					Monthly Premium

29 Income Protection

You and your loved ones depend on your regular income. That's why TAS Energy offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury or illness. A portion of your income is protected until you can return to work or you reach retirement age.

Basic Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for a short time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

WEEKLY MAXIMUM BENEFIT	$1,500
ELIMINATION PERIOD	14 days
MAXIMUM BENEFIT PERIOD	11 weeks

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Basic Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available at no cost. This insurance replaces 60% of your income if you become partially or totally disabled for an extended time. Certain exclusions, along with pre-existing condition limitations, may apply. See your plan documents or Human Resources for details.

MONTHLY MAXIMUM BENEFIT	$10,000
ELIMINATION PERIOD	90 days
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner.

30 Supplemental Health Benefits

TAS Energy offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including readying for any unexpected expenses. Accident coverage through **BCBS of TX** provides benefits for you and your covered family member for expenses related to an accidental injury. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

ACCIDENT COVERAGE

BRIEF SUMMARY OF BENEFITS*	
INITIAL CARE (ER/UC/PCP)	$150/$150/$50
HOSPITAL ADMISSION/ CONFINEMENT	$1,200 + $250/day
ICU ADMISSION/CONFINEMENT	$2,000 + $500/day
OPEN FRACTURES	Up to $5,000
OPEN DISLOCATIONS	Up to $4,000
AMBULANCE (AIR/GROUND)	$1,500/$200
BURNS	Up to $12,500
COMA	$12,500
CONCUSSION	$150
MAJOR DIAGNOSTIC EXAM	$200
APPLIANCES	Up to $125
PHYSICAL THERAPY	$35
ACCIDENT FOLLOW-UP TREATMENT	$50
TENDON/LIGAMENT SURGICAL REPAIR	$625
X-RAY	$50
WELLNESS BENEFIT (payable for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	$50

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

	BI-WEEKLY	WEEKLY
CONTRIBUTIONS		
EMPLOYEE ONLY	$5.32	$2.66
EMPLOYEE + SPOUSE	$8.80	$4.40
EMPLOYEE + CHILD(REN)	$10.26	$5.13
EMPLOYEE + FAMILY	$15.92	$7.96

BlueCross BlueShield of Texas

Critical Illness Coverage

Critical Illness coverage through **BCBS of TX** pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like. Examples include helping pay for expenses not covered by your medical plan, lost wages, childcare, travel, home healthcare costs, or any of your regular household expenses.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions).
- Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion; however, your date of diagnosis must be on or after the effective date of your policy for benefits to be paid.

CONTRIBUTIONS
(PER $1,000 OF COVERAGE)

AGE BAND	EMPLOYEE		SPOUSE	
	NON-TOBACCO	TOBACCO USER	NON-TOBACCO	TOBACCO USER
< 30	$0.407	$0.439	$0.626	$0.657
30-39	$0.561	$0.686	$0.792	$0.918
40-49	$1.074	$1.658	$1.344	$1.929
50-59	$2.297	$4.272	$2.590	$4.564
60-64	$3.866	$7.991	$4.159	$8.284
65+	$5.141	$11.013	$5.593	$11.465
CHILD	$0.240			

GUARANTEE ISSUE BENEFIT OPTIONS	
EMPLOYEE	$5,000/$10,000/$15,000/$20,000
SPOUSE	50% of Employee Amount
CHILD(REN)	50% of Employee Amount

PLAN BENEFITS*	
BENIGN BRAIN TUMOR	100%
CANCER (INVASIVE)	100%
CANCER (NON-INVASIVE)	25%
COMA	100%
MAJOR HEART SURGERY	25%
HEART ATTACK	100%
LOSS OF HEARING/SIGHT/ SPEECH	100%
MAJOR ORGAN TRANSPLANT	100%
PARALYSIS	100%
STROKE	100%
WELLNESS BENEFIT (payable for each covered family member who completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	$50 (EE and SP only)

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

BlueCross BlueShield of Texas

Hospital Indemnity Coverage

Hospital Indemnity coverage through **BCBS of TX** pays you cash benefits directly if you are admitted to the hospital or an Intensive Care Unit (ICU) for a covered stay. You can use the benefits to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

Plan Highlights

- Guaranteed Issue Coverage (no medical questions).
- Pre-Existing Conditions: This plan does NOT have a pre-existing condition exclusion. Benefits are payable for hospitalizations that occur on or after the effective date of your policy.

BlueCross BlueShield of Texas

CORE HOSPITAL BENEFITS*	
HOSPITAL ADMISSION	$1,000
HOSPITAL CONFINEMENT	$100 per day
MAXIMUM DAYS PAYABLE	30 days
HOSPITAL ICU ADMISSION	$2,000
HOSPITAL ICU CONFINEMENT	$100 per day
MAXIMUM DAYS PAYABLE	10 days
NEWBORN CONFINEMENT BENEFIT	$50 per day
MAXIMUM DAYS PAYABLE	3 days

*This list is a summary. Please refer to plan documents for a comprehensive list of covered benefits.

CONTRIBUTIONS	BI-WEEKLY	WEEKLY
EMPLOYEE ONLY	$5.92	$2.96
EMPLOYEE + SPOUSE	$12.37	$6.19
EMPLOYEE + CHILD(REN)	$11.18	$5.59
EMPLOYEE + FAMILY	$19.03	$9.52

33 Retirement Planning

No matter what point of your career you're in, it's never a bad time to think about your future and save for retirement.

We have several ways for you to save through the TAS Energy 401(k) Plan. In addition to pre-tax contributions, the Roth 401(k) feature serves as another valuable resource for growing your retirement savings and provides some extra flexibility when it comes to contributing to the plan. Based on your age, income, and expected income in retirement, there may be advantages to Roth contributions relative to pre-tax contributions.

After all, there's more than one way to reach the future you deserve.

PLAN AT A GLANCE	
PLAN NAME	TAS Energy 401(k) Plan
RECORDKEEPER	Empower
WEBSITE	www.empowermyretirement.com
ELIGIBILITY	On the first day of the month following or coinciding with your date of hire
COMPANY MATCH	TAS Energy will match $0.50 for every dollar on the first 5% you save. The Company's matching contributions will be calculated and funded to your 401(k) account in accordance with your payroll schedule. Comfort Systems USA provides an additional $125 per quarter match for anyone actively contributing at the end of each quarter.

All About 401(k)

This employer-sponsored retirement account can help your future self by saving money — tax-free — from your paycheck. The sooner you participate in a 401(k), the more time your assets have to grow.

Eligible employees can invest for retirement while receiving tax advantages. Administrative services are provided by **Empower**.

EMPOWER RETIREMENT™

Pre-tax vs. Roth 401(k): What's the difference?

If you contribute to your 401(k) pre-tax, your contributions are taken out before taxes each pay period, which will lower your annual taxable income. Pre-tax contributions grow on a tax-deferred basis and you won't pay taxes on these dollars until a distribution is taken at retirement. If you choose the available Roth 401(k), contributions are deducted from your paycheck after taxes — so although you are paying taxes on those dollars now, you won't pay taxes when you withdraw during retirement.

Contributing to the Plan

As a participant in the 401(k) Plan, you are able to save for retirement to help you achieve your retirement goals. The IRS limits the amount you can save annually, but if you are over age 50, you can contribute even more to the plan through catch-up contributions.

The annual IRS limit for 2026-2027 is $24,500.

If you are age 50 or older this year and you already contribute the maximum allowed to your 401(k) account, you may also make a "catch-up contribution." This additional deposit accelerates your progress toward your retirement goals. The maximum catch-up contribution is $8,000 for 2026-2027 — for a combined total contribution allowance of $32,500.

The years you turn ages 60, 61, 62, and 63, you can save an additional amount up to $11,250. **Note: The standard catch-up limit resumes the year you turn age 64.**

Not sure if you're getting close to the annual contribution limit? Our payroll system tracks how much you've contributed. If you started at the company mid-year, let the Payroll Department know how much you contributed at your previous employer so that can be factored in and you won't be subject to penalties for overcontributing.

How Much Should I Save?

Industry standards suggest saving at least 12% to 15% of your income, including TAS Energy's generous matching contribution of $0.50 for every dollar on the first 5% of your pay that you save, and the additional $125 per quarter if you are actively contributing. If you can't afford to save that much, make sure to save up to the matching amount so you don't leave free money behind.

Consolidating Your Retirement Savings

If you have an existing qualified retirement plan (pre-tax) with a previous employer, you may transfer that account into the plan any time. Contact Empower at 877-778-2100 for details.

Regardless of which retirement account you choose or how much you contribute, remember to think of it as a long-term strategy. Dipping into the account early will jeopardize the quality of your retirement and you may be subject to early withdrawal penalties from the IRS.

Changing or Stopping Your Contributions

You may change the amount of your contributions any time. Changes are effective as soon as administratively feasible and remain in effect until you modify them. You may also discontinue your contributions and start them again at any time.

Investing in the Plan

It's up to you how to invest the assets. The TAS Energy 401(k) plan offers a selection of investment options for you to choose from. You may change your investment choices any time. For more details, visit www.empowermyretirement.com.

Vesting

Vesting refers to how much of your 401(k) funds you can take with you if or when you leave TAS Energy. With our vesting schedule, each year you'll own a greater percentage of the company's matching contributions. When you're fully vested, you'll own 100% of the contributions. You always own and are fully vested in the contributions you personally make to your 401(k).

Benefits of 401(k)

Tax Savings

In a 401(k), you don't owe taxes annually on interest, dividends, or profits earned.

Flexibility

You can change the amount of your contributions any time.

TAS Energy Match

Your retirement savings grows faster with the Company's match!

Processing Your Contribution Options

Before you determine which road or combination of roads may be right for you, you'll need to consider a few important factors, including when you want to pay taxes. Let's take a closer look.

FACTOR	PRETAX 401(K)	ROTH 401(K)
Contributions	Money is taken out of your paycheck before you pay taxes. Any income growth occurs on a tax-deferred basis.	Money is taken out of your paycheck after you pay taxes.
Your taxable income and take-home pay	You lower your current taxable income during the year the contributions are made. You have more take-home pay than you would if you had made Roth 401(k) contributions.	You do not lower your current taxable income during the year contributions are made; your take-home pay is lower compared with making pretax contributions.
Taxation at time of distribution	Contributions and any earnings are taxed as ordinary income at distribution.	Contributions have already been taxed, so those will be distributed tax-free. Any earnings are also distributed tax-free when you take a qualified distribution.
Consider this before making a decision	This option may be for you if you plan to be in a lower income tax bracket during retirement and want to take advantage of the tax break on your current income.	This option may be for you if you plan to be in the same or higher income tax bracket during retirement and can afford to pay taxes on contributions now to get tax-free potential earnings in the future. The potential for a tax-free distribution of any investment earnings should also be considered. The more time you have to invest, the greater your potential investment earnings may be.
Investments	You can invest in any of the funds in the plan regardless of which contribution option(s) you choose.	

36 Additional Benefits

TAS Energy wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Employee Assistance Program

Through CompPsych and Comfort Systems, we offer free and confidential assistance for employees and their families to help deal with emotional, interpersonal, financial, legal, and/or substance abuse problems. This is available to employees and their dependents even if not enrolled in the medical plans.

Paid Time Off

Ready for a family summer vacation? Or just need some time off to rest, relax, or get things done around the house? TAS Energy knows the importance of work/life balance. Our Paid Time Off (PTO) policy provides you with flexible time off that can be used for vacation, personal or family illness, doctor appointments, school, volunteerism, and other activities of your choice.

What Your PTO Looks Like*

VACATION DAYS	YEARS OF EMPLOYMENT
2 weeks	0-2.99 years
3 weeks	3-5.99 years
4 weeks	6+ years

*Note the maximum annual carryover is 80 hours

Sick Time

Employees are provided 6 days per year. You may continue to accumulate sick days until you reach a total of 240 hours.

Paid Holidays

TAS Energy provides 10 paid holidays per year.

Professional Development

TAS Energy will pay for obtaining licenses and organizational fees related to your position. For more information, contact the HR Department or your manager.

Gym Membership

TAS will reimburse $20/month for your membership. Contact Flor for further details.

Legal Program

We offer a pre-paid legal plan through LegalShield. LegalShield provides affordable access to assistance for unexpected legal questions that arise every day, giving you 24/7 access to quality law firms for covered personal situations. Some examples of situations this could assist you with include real estate, divorce advice, speeding tickets, and will preparation.

ID Theft Insurance

LegalShield also offers an Identity Theft Plan.

- Credit Report & Personal Credit Score
- Continuous Monitory with Safety Alerts
- Identity Consolation & Restoration Services

Cost of Legal Shield Coverage:

- Legal Plan Only - $15.95/month for family
- Legal + Identity Theft Plan - $25.90/month for Employee & Spouse
- Legal + Identity Theft Plan - $26.90/month for Family

Travel Assistance

With the Travel Assistance Program, offered through Lincoln Financial, toll-free emergency assistance is available to you and your dependents 24 hours a day, seven days a week, when traveling 100 or more miles from your primary home.

LifeKeys

TAS Energy is here for you during your grief. Our Beneficiary Assist Program through Lincoln Financial Group provides assistance with the emotional, financial, and legal issues that arise after the loss of a loved one. This program is offered at no cost to beneficiaries of the Group Life or Accident plans. Call 855-891-3684 to access loss counseling and financial/legal professionals on a confidential basis. Services include:

- Unlimited phone contact for grief counseling, financial planning, and legal advice up to one year from the date of claim approval
- Assessment and action planning to develop an individualized course of action
- Up to a designated number of face-to-face sessions, or equivalent professional time, for any combination of emotional, financial, or legal counseling
- Referrals to additional resources to support specific situations like long-term grief counseling or complex probate and estate planning

24/7 Nurseline

Staffed by registered nurses, the 24/7 Nurseline provides answers to general health questions and guides you to your primary care physician, urgent care center, the ER, or other case as necessary.

Pet Insurance

Save up to 20% on Spot Pet Insurance! Coverage includes accidents, illnesses, cancer, and wellness. Spot offers flexible plans for any budget. Customize your annual limit, deductible, and reimbursement rate to make your pet and wallet happy.

Reimbursement Percentage — 90%, 80%, or 70% of your covered vet bill.

Deductible — select $100, $250, $500, $750, or $1,000.

- No networks
- Submit claims easily online, by fax, or by mail
- Get your payouts fast by direct deposit or check
- Sign up in minutes with direct payment anytime on any device using the custom link and code below

Unleash More With Spot

- Spot Perks: special discounts on pet products and services from your favorite brands
- 24/7 Pet Telehealth Line

www.spotpet.link/tas

Priority Code: EB_TAS

For more information about your benefits, please contact Flor Roman at froman@tas.com

38 Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and a designated number of face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with TAS Energy. You may access information, benefits, educational materials, and more by phone at 855-891-3684 or online at www.guidanceresources.com.

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plan covers behavioral and mental health services at 80% per visit. Via video or telephone, you can receive confidential 1-on-1 counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. See plan documents for specifics on coverage for inpatient and outpatient services.

ComPsych®
— The GuidanceResources Company® —

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

The Big Five of Emotional Wellness

Practice mindfulness.

Practice deep breathing, take a walk, enjoy nature, and stay present in each moment.

Strengthen social connections.

Reach out to a friend or family member daily — even if it's just a call or text.

Get quality sleep.

Keep a consistent sleep schedule and limit electronic use before bed.

Improve your outlook.

Treat people with kindness, including yourself.

Deal with your stress in healthy ways.

Think positively, exercise regularly, and set priorities.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.

988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.

Crisis Text Line

Text "HOME" to 741741

Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

War Vet Call Center

Veterans and their families call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Note

According to the Centers for Disease Control, nearly 22% of adults received help for mental health in 2021.

40 Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA –** A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.
- **Limited Use FSA –** Designed to complement a Health Savings Account, a Limited Use FSA allows for reimbursement of eligible dental and vision expenses.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in an HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.

High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control when it comes to healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Minimum Essential Coverage plan – Covers 100% of the cost of certain preventive services, when delivered by a network provider. Helps cover the costs of certain medical expenses incurred due to an accident or sickness at a specified benefit amount for a limited number of days per year.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.
- **Non-Participating –** Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs –** Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered. These medications are usually required to be filled at a specific pharmacy.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to guide employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice From TAS Energy, Inc. About Your Prescription Drug Coverage and Medicare Under the BCBS HDHP, PPO, and HMO Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with TAS Energy, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. TAS Energy, Inc. has determined that the prescription drug coverage offered by the BCBS HDHP, PPO, and HMO plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage If You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current TAS Energy, Inc. coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with TAS Energy, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through TAS Energy, Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227).
  TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	July 1, 2026
Name of Entity/Sender:	TAS Energy, Inc.
Contact—Position/Office:	Human Resources
Address:	6110 Cullen Blvd. Houston, TX 77021
Phone Number:	713-877-8700

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact Human Resources at 713-877-8700.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact Human Resources at 713-877-8700.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact Human Resources at 713-877-8700.

44 Important Contacts

Medical
BCBS of TX
800-521-2227
www.bcbstx.com
Policy #: 595972

Pharmacy
BCBS of TX (Prime Therapeutics)
877-794-3574
www.myprime.com
Policy #: 295972

24/7 Nurseline
BCBS of TX
800-581-0393
www.bcbstx.com
Policy #: 295972

Dental
BCBS of TX
800-521-2227
www.bcbstx.com
Policy #: 295972

Vision
NVA
800-672-7723
www.e-nva.com
Policy #: 8438

Health Savings Account
HSA Bank
855-731-5220
www.hsabank.com

Flexible Spending Accounts
HSA Bank
855-731-5220
www.hsabank.com

Life and AD&D
Lincoln Financial Group
800-423-2765
www.lincolnfinancial.com
Basic Life Policy #: 000010275797-00000;
Voluntary Life Policy #: 000400275756-00000;
Voluntary AD&D Policy #: 000403008419-00000

Disability
Lincoln Financial Group
800-423-2765
www.lincolnfinancial.com
STD Policy #:
000010275755-00000;
LTD Policy #:
000010275754-00000

Retirement
Empower
877-778-2100
www.empowermyretirement.com

Employee Assistance Program
ComPsych
855-891-3684
www.www.guidanceresources.com
Policy #/Web ID: CSUSA

LifeKeys Beneficiary Resource Services
Lincoln Financial Group
855-891-3684
www.guidanceresources.com
First-time users: enter web ID: LifeKeys

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)
BCBS of TX
877-442-4207
www.service.ancillary.bcbstx.com

Paid Time Off
Peter Conover
pconover@tas.com

Legal Services
LegalShield
800-654-7757
www.legalshield.com
Policy #: TAS Energy

Pet Insurance
Spot Pet Insurance
800-905-1595
www.spotpet.link/tas
Priority Code: EB_TAS

Travel Resource Services
Lincoln Financial Group
866-525-1955
MyOnCallportal.com
ID#: LFGTravel123

TAS Energy Human Resources
6110 Cullen Blvd.
Houston, TX 77021
713-877-8700

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Modular Solutions