

Dominion Energy Ohio UWUA Local G555

Additional Information **Summary Plan Description**

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ADDITIONAL INFORMATION

The purpose of this document is to provide you with general information regarding the administration of the different Benefit Plans and your rights as applicable under various laws and regulations. Details on rights and procedures for specific plans may be found in those respective documents.

EMPLOYER IDENTIFICATION NUMBER

The “employer” for purposes of the plans is:

Dominion Energy, Inc.
120 Tredegar Street
Richmond, Virginia 23219
804.819.2000

Its Employer Identification Number is 54-1229715.

OFFICIAL PLAN ADMINISTRATION

The benefit plans described in this document have specific names and numbers assigned to them. They also have specific “plan years” under which they operate, as well as specific types of administration and specific trustees who oversee the operation of plan funds.

The health and welfare benefit coverages provided by Dominion Energy, namely medical benefits, dental benefits, vision benefits, flexible spending accounts, life insurance, dependent life insurance, long-term disability coverage, and accidental death and dismemberment coverage, are filed with government agencies under one controlling Plan document. Other plans, such as the Pension Plan and Savings Plan are filed as separate benefit plans. The Adoption Assistance and Education Assistance are separate programs offered by Dominion Energy that do not require government reporting.

The chart that appears at the end of this section provides important administrative information about all the plans.

PLAN SPONSOR/ADMINISTRATOR

The official Plan Sponsor is Dominion Energy, Inc. and the Plan Administrator for all benefits plans is Dominion Energy Services, Inc. The address and phone number for both companies is as follows:

120 Tredegar Street
Richmond, Virginia 23219
804.819.2000

The Plan Administrator has full discretionary authority over the operation and interpretation of the Plans. Determinations made by the Plan Administrator are final and binding on all participants and beneficiaries, subject to the Plans’ claims procedures and the requirements of applicable law. The Plan Administrator may delegate its

responsibilities to third parties as it deems appropriate for the efficient administration of the Plans. Dominion Energy Ohio shall be liable for any actions or omissions of the plan administrator in connection with the Plans to the same extent as if Dominion Energy Ohio were the Plan Administrator.

UNION

The plans described in this handbook are maintained through a collective bargaining agreement entered into between Dominion Energy Ohio and The Gas Workers Union, Local G555, Utility Workers Union of America, AFL-CIO. You may obtain a copy of the applicable collective bargaining agreement from your Union representative.

FUNDING FOR THE PLANS

The following section describes the means by which the various Benefit Plans are funded.

PENSION PLAN

The Pension Plan is a defined benefit pension plan. Retirement benefits are calculated using a specific formula that is based on your age, earnings, years of service and estimated Primary Social Security benefit.

Dominion Energy will make contributions to the Plan trustee for each year that the Pension Plan is in operation and contributions are required. To accumulate the assets needed to provide you with a benefit, estimates or assumptions are made about your pay, service and life expectancy. Estimates are also made about the future of the economy and the future value of assets already in the Pension Plan. These assumptions are gathered, processed and analyzed by an actuary hired by Dominion Energy. The actuary then recommends the amount of contribution needed to fund your benefits.

SAVINGS PLAN

The Savings Plan is a defined contribution plan. It is designed to encourage retirement savings. There is no specific contribution formula under the Plan, although you have a range of pay contribution percentages from which to choose. Dominion Energy's contributions depend on *your* contributions to the Plan and your years of service. A specific retirement benefit is not guaranteed.

The Savings Plan is funded through contributions by you and Dominion Energy. Contributions are placed in investment funds according to directions made by you.

Dominion Energy's contributions to the Savings Plan are paid to the trustee on the condition that the Plan is qualified under IRS Code Section 401(a) and is in compliance with IRS Code Section 401(k). If the Plan is not qualified, Dominion Energy's contributions to your account may be returned. Also, if Dominion Energy's contribution to your account is too large due to an error, the excess amount may be returned to Dominion Energy. Except for these limited circumstances, contributions or other Savings Plan assets cannot be returned to Dominion Energy.

MEDICAL, DENTAL AND VISION PLANS

The Medical, Dental and Vision Plans are self-funded. This means that claims and administration fees for the Plans are paid by contributions from you and Dominion

Energy. Dominion Energy contributes a significant share of the cost. You pay your share through payroll contributions, deductibles and copayments.

Your payroll contributions are pre-tax deductions for the coverage levels of You Only, You + Child(ren), You + Spouse, and You + Family. Pre-tax means your contributions are automatically deducted from your pay before Social Security, federal and, in most cases, state taxes are deducted from your paycheck. Your contributions for Domestic Partner coverage are deducted on an after-tax basis and are in addition to your pre-tax contributions.

The cost of the Plans and your payroll contributions are based on actuarial estimates. The amount of your contributions depends on which Plan(s) you select and your coverage level (You Only, You + Child(ren), etc.). Contributions may be adjusted on an annual basis to reflect changes in the cost of coverage.

FLEXIBLE SPENDING ACCOUNTS

You make pre-tax payroll contributions for your benefits under the Flexible Spending Accounts. The amount of your contributions depends on the amount of coverage you select for the year.

HEALTH SAVINGS ACCOUNT

Your Health Savings Account (HSA) is a personal savings account that you own and control. It is not part of any Dominion Energy medical plan, nor is it subject to ERISA. If eligible, you can make pre-tax payroll contributions to your HSA, and Dominion Energy also makes contributions to your HSA. Dominion Energy does not administer your HSA.

LIFE INSURANCE PLANS

Your Employee Life Insurance and AD&D is paid by Dominion Energy and insured through MetLife.

You pay the full cost of coverage for Supplemental Life and Dependent (Spouse and Child) Life Insurance. These Plans are insured through MetLife.

BUSINESS TRAVEL ACCIDENT PLAN

Your Business Travel Accident coverage is paid by Dominion Energy and insured through Zurich American Insurance Company.

LONG-TERM DISABILITY PLAN

The Long-Term Disability Plan is self-funded by Dominion Energy and administered through Unum. Your coverage of up to 50% of your annual base salary is paid by Dominion Energy. You pay the full cost for additional coverage of up to 60% or 70% total coverage on a pre-tax basis or you can purchase coverage of 65% of your annual base salary and pay the full cost on an after-tax basis.

EDUCATION ASSISTANCE

Dominion Energy pays the full cost of this Program.

ADOPTION ASSISTANCE

Dominion Energy pays the full cost of this Program.

RETIREE HEALTH AND WELFARE PLAN

The Retiree Health and Welfare Plan provides life insurance and medical benefits to eligible retirees. Retiree life insurance benefits are insured by MetLife. Retiree medical benefits are self-funded by Dominion Energy.

DISABILITY AND SURVIVORS MEDICAL PLAN

The Disability and Survivors Medical Plan is self-funded by Dominion Energy. This means that claims and administration fees for the plan are paid by contributions from you and Dominion Energy.

CRITICAL ILLNESS & ACCIDENT INDEMNITY

Critical Illness & Accident Indemnity insurance coverage is paid for entirely by employees. Coverage is insured by MetLife and provided under a group policy issued to Dominion Energy. An individual certificate is issued to each employee covered under the group policy. Dominion Energy makes no contributions toward this coverage.

CHANGING OR TERMINATING THE PLANS

Except as set forth in the following paragraph, no changes affecting benefits provided under the Plans may be made without the written consent of the Executive Committee of the Union.

Dominion Energy reserves the right to amend the Plans and revise the Summary Plan Descriptions at any future date, without the consent of the Executive Committee of the Union for the following reasons: (1) to make nondiscretionary changes that are required to comply with federal and state laws, regulations and official regulatory guidance of general applicability,(2) to make changes in the organizations engaged to administer the plans, or (3) to update contact names, phone numbers, physical addresses, internet addresses or similar information. In the event of any such change, Dominion Energy shall provide written notice of the change to the Executive Committee of the Union within thirty (30) days before the effective date of the change, or as soon as practicable thereafter.

SAVINGS PLAN

In the case of a complete or partial termination of the Savings Plan, affected participants will have a fully vested and non-forfeitable right to their account balances. Your account balance will be paid to you in accordance with the termination provisions of the Savings Plan. The exact form of payment may be set by law; if there is a choice, the Plan Administrator will decide the type and timing of payment.

PENSION PLAN

In the case of a complete or partial termination of the Pension Plan, affected participants will have a vested and non-forfeitable right to the accrued benefits they have earned. The amount of your benefit, if any, will depend on Plan assets, the terms of the Plan and the benefit guarantee of the Pension Benefit Guaranty Corporation (PBGC). Plan assets will be shared among Plan participants and beneficiaries according to ERISA in a prescribed order. If the Plan is fully funded, you will receive your full accrued benefit.

Once your retirement benefit has been determined, it will be paid to you in accordance with the termination provisions of the Pension Plan. The exact form of payment may be set by law. If there is a choice, the Plan Administrator will decide the type and timing of payment.

THE PENSION BENEFIT GUARANTY CORPORATION

The Pension Benefit Guaranty Corporation (PBGC), a federal insurance agency, insures the benefits guaranteed under defined benefit retirement plans. It does not provide termination insurance for other types of plans (such as our Savings Plan, Medical Plans, Dental Plan, Life Insurance Plans, Vision Plan, Long-Term Disability Plan, Flexible Spending Accounts, Retiree Health and Welfare Plan or Disability and Survivors Medical Plan).

Your pension benefits under the Pension Plan are insured by the PBGC. If the Pension Plan terminates (ends) without enough money to pay all benefits, the PBGC will step in to pay pension benefits. Most people receive all of the pension benefits they would have received under the Pension Plan, but some people may lose certain benefits.

The PBGC guarantee generally covers: (1) normal and early retirement benefits; (2) disability benefits if you become disabled before the Pension Plan terminates; and (3) certain benefits for your survivors.

The PBGC guarantee generally does not cover: (1) Benefits greater than the maximum guaranteed amount set by law for the year in which the Pension Plan terminates; (2) some or all of benefit increases and new benefits based on Pension Plan provisions that have been in place for fewer than 5 years at the time the Pension Plan terminates; (3) benefits that are not vested because you have not worked long enough for Dominion Energy; (4) benefits for which you have not met all of the requirements at the time the Pension Plan terminates; (5) certain early retirement payments (such as supplemental benefits that stop when you become eligible for Social Security) that result in an early retirement monthly benefit greater than your monthly benefit at the Pension Plan's normal retirement age; and (6) non-pension benefits, such as health insurance, life insurance, certain death benefits, vacation pay, and severance pay.

Even if certain of your benefits are not guaranteed, you still may receive some of those benefits from the PBGC depending on how much money the Pension Plan has and on how much the PBGC collects from employers.

For more information about the PBGC and the benefits it guarantees, ask the Pension Plan administrator or contact the PBGC Technical Assistance Division, 1200 K Street N.W., Suite 930, Washington, D.C. 20005-4026 or call 202-326-4000 (not a toll-free number). TTY/TDD users may call the federal relay service toll-free at 1-800-877-8339 and ask to be connected to 202-326-4000.

You may also contact the PBGC's Customer Contact Center at:

PO Box 151750
Alexandria, VA 22315-1750
Toll-free: 1-800-400-7242

Additional information about the PBGC pension insurance program is available through the PBGC website on the Internet at <http://www.pbgc.gov>.

“TOP-HEAVY” RULES

Under the tax laws, the Pension and Savings Plans are required to contain provisions that will become operative if they should ever become “top-heavy” sometime in the future.

A plan is considered top-heavy if 60% or more of the value of all the benefits in the plan could be allocated to a small group of highly-paid employees. It is very unlikely that these plans will ever become top-heavy.

QUALIFIED DOMESTIC RELATIONS ORDERS

A Qualified Domestic Relations Order is a legal judgment, decree or order that recognizes the rights of an alternate payee under the Pension or Savings Plans with respect to child or other dependent support, alimony or marital property rights. For example, if you become divorced, a portion of your benefit under the Pension or Savings Plans may be assigned to someone else to satisfy a legal obligation you may have to a former spouse, child or other dependent.

There are specific requirements the domestic relations order must meet to be recognized by the Plan Administrator, and specific procedures regarding the amount and timing of payments. Information about these requirements and procedures is available without charge by contacting the Plan Administrator. If the Plan Administrator receives such an order relating to your benefit under the Pension or Savings Plan, the Plan Administrator will notify you.

QUALIFIED MEDICAL CHILD SUPPORT ORDERS

A Qualified Medical Child Support Order is a legal judgment, decree, or order that directs a welfare benefit plan (e.g., medical, dental and vision) to cover a child or children of a participant.

For example, if you become legally separated or divorced, you may be ordered to obtain coverage for your child(ren) under the Medical Plan to satisfy your legal obligations.

There are specific requirements that a Qualified Medical Child Support Order must meet to be recognized by the Plan Administrator. Information about these requirements and the process the plan will follow to determine if an order is valid is available without charge by contacting the Plan Administrator. If the Plan Administrator receives such an order relating to one of your children, the Plan Administrator will notify you.

The Plan will comply with the requirements of a qualified medical child support order pursuant to Section 609 of ERISA.

YOUR RIGHTS UNDER COMPANY PLANS

As provided for under the Employee Retirement Income Security Act of 1974 (ERISA), you have certain rights relative to your participation in Dominion Energy’s Benefit Plans. Descriptions of these rights follow. Additional details concerning your rights under individual benefit plans can be found in those respective documents.

CLAIM DENIALS AND APPEALS

Each Summary Plan Description document contains specific procedures for filing and appealing claims under the benefit plan it describes. Please refer to a particular document for detailed information on filing claims and appeals for the respective benefit plan, which will include information concerning any voluntary levels of appeal that are available under the particular benefit. You will be required to follow the appropriate mandatory claims and appeal procedures before you may institute legal action against the Plan relating to a claim for benefits. You will not be required to follow any appeal processes noted as voluntary in the applicable Summary Plan Description.

LEGAL ACTION

If you decide to take legal action related to a claim for benefits or your rights under a plan, the agent to receive legal process is the Plan Administrator. Process should be delivered to:

CT Corporation System
4701 Cox Road, Suite 301
Glen Allen, VA 23060

Trustees of the Pension Plan and Savings Plan also may receive service of legal process for those respective plans.

YOUR EXCLUSIVE BENEFIT

The benefits provided by Dominion Energy's plans are intended for the exclusive use of you and your dependents, beneficiaries, or survivors. These benefits may not be assigned, sold, transferred, or pledged by you, or attached or seized by creditors except as permitted by law. For instance, if you are divorced, benefit payments from the Pension Plan or Savings Plan may be made to your divorced spouse, to your child, or other dependent only in response to a Qualified Domestic Relations Order (QDRO).

YOUR RIGHTS PROTECTED

As a participant in these plans, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all plan participants are entitled to the following rights and protections:

- You may examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites, all documents governing the Plan, including insurance contracts and a copy of the latest annual report (Form 5500 series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- You may obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and copies of the latest annual report (Form 5500 series) and updated summary plan description. The administrator may charge a reasonable fee for the copies.
- You may receive a summary of the plans' annual financial report, if applicable. The Plan Administrator is generally required by law to furnish each participant with a copy of the summary annual report, depending on the type of plan.
- You may obtain a statement telling you whether you have a right to receive a pension at normal retirement age (age 65) under the Pension Plan and if so, what your benefits would be at normal retirement age if you stop working now. If you do not have a right to a pension, the statement will tell you how many more years you have to work to get a right to a pension. This statement must be requested in writing and is

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not required to be given more than once every 12 months. The Plan Administrator must provide the statement free of charge.

- You may continue coverage for yourself, your spouse or dependents if there is a loss of coverage under the Medical, Dental, Vision or Health Flexible Spending Account Plans as a result of a qualifying event. You or your dependents may have to pay for such coverage. Review this document and the documents governing the respective plans on the rules governing your COBRA continuation coverage rights.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plans. The people who operate your plans, called "fiduciaries" of the plans, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA.

If your claim for a benefit is denied in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Please refer to the claims and appeal procedures outlined in the Summary Plan Description for each plan for an explanation of the procedures and timelines applicable to such plan. You must fully exhaust a plan's claims and appeal process before you may pursue your claim in court.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the Plan Administrator and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, after you have exhausted the plan's claims and appeal procedures, you may file suit in a state or federal court.

In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court.

If it should happen that Plan fiduciaries misuse the Plans' money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees if, for example, it finds your claim is frivolous.

If you have any questions about your Plan, you should contact the Plan Administrator or the Dominion Energy Benefit Center at 1-877-434-6996. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining Plan documents from the Plan Administrator, you should contact the nearest Area Office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210. You may also obtain certain publications about

your rights and responsibilities under ERISA by calling EBSA toll-free at 866-444-EBSA(3272). You may also contact EBSA online at www.dol.gov.ebsa.

Note that if this handbook or other materials related to the plans are not consistent with the formal plan documents (including trust agreements and insurance contracts), the provisions of the formal documents will govern. Also, if you notice an error in this handbook or in any other material related to the plans, please notify the Dominion Energy Benefit Center at 1-877-434-6996 immediately.

BENEFIT STATEMENT

Once a year you may request (if you do not already receive) a statement of your benefit under the Pension and Savings Plans from Dominion Energy. If you have not yet earned a benefit, the statement will indicate how many more years are needed until you will earn a benefit.

NO GUARANTEE OF EMPLOYMENT

Your participation in these plans is not to be interpreted as a guarantee of employment. Any employee-employer matter will be carried out to the same extent as if the plans did not exist.

COBRA

This section contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Medical, Dental, Vision or Healthcare Flexible Spending Account Plans. This section generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. When you become eligible for COBRA you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed in the next section. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your covered spouse or domestic partner, and your covered dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event.

Generally, COBRA continuation coverage is the same as the coverage in which you were enrolled immediately prior to the qualifying event. However, if coverage under the plan is changed for similarly situated active employees under the Plan, the same changes will be made for individuals on COBRA continuation coverage.

WHO ARE QUALIFIED BENEFICIARIES?

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced; or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse or domestic partner of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse/domestic partner dies (also refer to “Survivor Medical Benefit” in the “Medical” Summary Plan Description document);
- Your spouse/domestic partner’s hours of employment are reduced;
- Your spouse/domestic partner’s employment ends for any reason other than his or her gross misconduct;
- Your spouse/domestic partner becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced (final decree must have been granted) from your spouse or you terminate your domestic partner relationship.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee dies (also refer to “Survivor Medical Benefit” in the “Medical” Summary Plan Description document);
- The parent-employee’s hours of employment are reduced;
- The parent-employee’s employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced (final decree must have been granted); or
- The child stops being eligible for coverage under the plan as a “dependent child.”

The option to elect continued coverage under COBRA will not be extended in cases of discharge for gross misconduct, consistent with applicable law.

Subject to the provisions of the Plans regarding the addition of new dependents (such as Open Enrollment and Qualifying Life Event rules), coverage may also be provided for any dependent a covered employee (or former employee) acquires during a period of COBRA continuation coverage. If the new dependent is a child born to or placed for adoption with the covered employee during a COBRA continuation period, that new child will be treated as a qualified beneficiary. Other new dependents, such as new spouses, do not have independent rights as qualified beneficiaries (such as the right to extended coverage due to a second qualifying event).

WHEN IS COBRA COVERAGE MADE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the COBRA Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee’s becoming entitled to Medicare benefits (under Part A,

Part B, or both), Dominion Energy will notify the COBRA Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce of the employee and spouse, termination of a domestic partner relationship or a dependent child's losing eligibility for coverage as a dependent child), you must notify the COBRA Administrator within 60 days after the qualifying event occurs, or, if later, within 60 days after the date the coverage would otherwise end due to the qualifying event. You must provide this notice to the COBRA Administrator at the address listed at the end of this section. **If you do not provide this notice within the applicable 60-day period, your spouse or domestic partner and dependents will lose their eligibility for COBRA continuation coverage.**

Once the COBRA Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries.

HOW LONG IS COBRA COVERAGE PROVIDED?

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employee's divorce or termination of a domestic partner relationship, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months.

When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse or domestic partner and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension

If you or anyone in your family covered under the Plan is determined by the Social Security Administration (SSA) to be disabled and you notify the COBRA Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage.

To be eligible for the 11-month extension, you or a family member must provide notice to the COBRA Administrator within 60 days of the SSA disability determination, and in no event later than the end of the first 18-month period of continuation coverage. This notice should be provided to the COBRA Administrator at the address listed at the end of this notice. **If you do not provide this notice within the time frames described above, you, your spouse and dependents will lose the right to the 11-month extension.**

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You must also provide notice within 30 days of any subsequent SSA determination that the disabled individual is no longer disabled.

Second Qualifying Event Extension

If your family experiences another qualifying event while receiving 18 or 29 months of COBRA continuation coverage, the spouse, domestic partner and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a total maximum of 36 months of continuation coverage, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse, domestic partner and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), gets divorced or terminates a domestic partner relationship, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse, domestic partner or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

To be eligible for the extension due to a second qualifying event, you or a family member must provide notice to the COBRA Administrator within 60 days of the second qualifying event. This notice should be provided to the COBRA Administrator at the address listed at the end of this notice. **If you do not provide this notice within 60 days, your spouse or domestic partner and dependents will lose the right to the extension.**

Special Rules for Healthcare FSA Coverage

Notwithstanding the above rules, coverage under a Healthcare Flexible Spending Account may be continued only through the end of the calendar year in which the initial qualifying event occurs. Further, you need not be offered COBRA continuation at all if, at the time of the qualifying event, you have already received more in reimbursements than you have contributed to your Healthcare FSA for the year.

Early Termination of COBRA Coverage

In certain circumstances, COBRA continuation coverage may end before the expiration of the applicable continuation periods described above. COBRA continuation coverage for an individual will end on the earliest of the following:

- The end of the applicable 18-, 29- or 36-month period or, in the case of the Healthcare FSA, the end of the calendar year in which the qualifying event occurred.
- The date an election is made to drop coverage. Once coverage is dropped, it cannot be reinstated.
- The date Dominion Energy discontinues the Plan. However, if Dominion Energy sponsors another plan, coverage may be continued under the other plan.
- The date any required premiums are not paid when due (subject to any applicable grace period).
- The date after the date of the election that an individual becomes covered under another group health plan. However, continued coverage for a particular illness or injury will not terminate until such time that the individual is no longer affected by a pre-existing condition exclusion or limitation under such other group health plan.
- The date after the date of the election that the individual becomes entitled to benefits under Medicare. However, for administrative reasons, only Medical and Healthcare FSA coverage will end; Dominion Energy allows Dental and Vision coverage to continue for the remainder of the original coverage period.

- The month that begins more than 30 days after the date of a final determination by the Social Security Administration that the individual whose disability gave rise to a 29-month continuation period is no longer disabled.
- For any covered non-qualified beneficiaries (i.e., new dependents other than newborn or newly-adopted children who are added to your COBRA coverage after your initial enrollment in COBRA), the date the employee's COBRA continuation period ends.

HOW MUCH DOES COBRA CONTINUATION COVERAGE COST?

Under the Plan, qualified beneficiaries must pay for COBRA continuation coverage. The cost of COBRA continuation coverage is normally 102% of the full cost to the Plan of the continued coverage (including both the employer's and employee's contributions).

If coverage is being continued for 29 months on account of disability, the cost of COBRA coverage during the 19th through 29th months is 150% of the full cost to the Plan of the continued coverage. The 150% rate applies to all family members participating in the same coverage option as the disabled individual. Family members participating in a different coverage option than the disabled individual (e.g. a family member who independently selected single coverage while the rest of the family chose family coverage) will continue under the 102% rate. However, if a second qualifying event occurs during the first 18 months of coverage, the premium during the 19th through 36th months will remain at 102%. If a second qualifying event occurs during the 19th through 29th months of coverage, then the premium rate will be 150% for the 19th through 36th months.

Premium amounts are subject to annual adjustment. The Dominion Energy Benefit Center (contact information shown below) can provide you with specific information about the cost of COBRA coverage and payment methods.

WHEN ARE COBRA PAYMENTS DUE?

The first payment for COBRA coverage is due within 45 days of the date you elect to continue coverage. The first payment must cover each full month from the date coverage is lost through the month in which the first payment is made. Thus, the first payment could be for as much as four months of coverage, depending on when you received your election materials and how quickly you returned your election form. Payments for subsequent months are due on the first day of each month, subject to a 30-day grace period. Payments will be considered made on the date they are sent to the Dominion Energy Benefit Center based on the postmark.

If you make a timely but incorrect payment in an amount that is not significantly less than your payments due, you will be notified of the amount of the deficiency. You will have 30 days from the date of the notice to pay the full amount owed.

WHAT ARE COBRA'S ELECTION REQUIREMENTS?

Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. You must elect to continue coverage within 60 days of either the date coverage would terminate or the date notification of your COBRA election rights is provided, whichever is later. If no election is made within the applicable 60-day period, you, your spouse or domestic partner and dependents will lose your COBRA rights.

Certain workers who lose their jobs due to foreign trade or competition and become eligible for trade adjustment assistance (TAA) under the Trade Act of 1974 may be given a second 60-day COBRA election period. If you did not make your COBRA election within your first 60-day election period and you are later determined to be TAA-eligible, you will have a second 60-day election period, beginning on the first of the month in which you are determined to be TAA-eligible, to elect COBRA coverage, provided that your election is made with 6 months of your initial loss of coverage. Your COBRA coverage in such case will begin no earlier than the beginning of your second 60-day election period.

OTHER COVERAGE OPTIONS

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

CONVERSION PRIVILEGES

At the end of the 18-, 29- or 36-month period, you may be able to convert your medical coverage to an individual policy if you apply within 31 days after the end of the month in which coverage ended. Dependent children who no longer qualify for the Dominion Energy medical plan may also convert their coverage to an individual policy if they do not wish to purchase COBRA continuation coverage or after their COBRA continuation coverage has ended. The coverage will be different from the Dominion Energy medical plan and required plan premiums will be paid directly to the insurer or claims administrator.

Please contact Anthem for additional information on conversion privileges.

There are no conversion privileges for dental or vision coverage, or for the Healthcare Flexible Spending Account.

IF YOU HAVE QUESTIONS

Questions concerning your COBRA continuation coverage rights should be addressed to the COBRA Administrator at the address and phone number shown below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website, www.dol.gov/ebsa.)

KEEP YOUR PLAN INFORMED OF ADDRESS CHANGES

In order to protect your family's rights, you should keep Dominion Energy and the COBRA Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the COBRA Administrator.

COBRA CONTACT INFORMATION

Dominion Energy Services, Inc. is the COBRA Administrator and is responsible for administering COBRA coverage. Notices and inquiries to the COBRA Administrator should be addressed to the following:

ADDITIONAL INFORMATION

Dominion Energy, Inc.
The Dominion Energy HelpLine
P.O. Box 26666
Richmond, Virginia 23261

Phone: (804) 771-4636
Tie line: 8-736-4636
Toll-free: 1-877-947-4636

The COBRA Administrator has delegated certain COBRA administrative functions, such as enrollment processing and premium payment administration, to the Dominion Energy Benefit Center, P.O. Box 1495, Lincolnshire, IL 60069-1495 (phone 1-877-434-6996).

FMLA

Employees may be eligible for leave under the Family and Medical Leave Act (FMLA) if they have completed 12 months of service **and** worked at least 1,250 hours during the 12-month period immediately before the leave. Employees may be granted up to a maximum of 12 weeks of leave in a 12-month period beginning with the start of the first leave.

This leave may be taken:

- Following the birth of your child and/or to care for your newborn child (within the first 12 months of the child's life);
- Following the adoption or foster care of a child (within the first 12 months of adoption or foster placement);
- To provide medically necessary care for either yourself or for your spouse, child or parent;
- To care for your spouse, child or parent who is a covered military service member with a serious injury or illness; or
- For certain absences necessary because your spouse, child or parent is a covered military service member on active duty or is called or ordered to active duty in support of certain military operations.

Please see the Family and Medical Leave policy on DomNet or contact the Dominion Energy HelpLine at 1-877-947-4636 for more details.

USERRA

A Participant who is absent from employment with the Plan Sponsor on account of being in "uniformed service," as that term is defined by the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA), shall continue participation in the Plan for as long as that Participant is entitled to re-employment rights under USERRA.

Please see the Military Leave policy on DomNet or contact the Dominion Energy HelpLine at 1-877-947-4636 for more details.

HIPAA

PRE-EXISTING CONDITIONS

The Health Insurance Portability and Accountability Act (HIPAA), enacted in 1996, limits circumstances that would exclude coverage. Under HIPAA, no medical plan can have

enrollment restrictions based on health status-related factors. This means that a health care plan cannot require evidence of insurability and cannot exclude individuals who cannot pass a physical exam.

PRIVACY OF HEALTH INFORMATION

The group health plans sponsored by Dominion Energy are subject to federal regulations under the Health Insurance Portability and Accountability Act (HIPAA) regarding the privacy of an individual's health information held by such plans. These regulations apply to the Medical, Dental, Vision and Healthcare Flexible Spending Account plans offered by Dominion Energy. These regulations do not apply to Dominion Energy with respect to employment matters or matters other than group health plan administration, nor do they apply to any other benefits plans sponsored by Dominion Energy.

In general, the HIPAA privacy regulations establish guidelines for and limits upon the group health plans' use and disclosure of your individual health information held by the plans. The plans have implemented privacy policies and procedures to ensure the privacy of your health information, as required under the regulations. In addition, Dominion Energy has amended its plan documents to ensure that employees of Dominion Energy who receive or have access to health information from the group health plans protect the privacy of that information, as required by the regulations.

The group health plans subject to the HIPAA privacy regulations have prepared a Notice of Privacy Practices that describes the manner in which your health information may be used and disclosed by the group health plans and explains your legal rights under the regulations. All of the group health plans sponsored by Dominion Energy jointly maintain this Notice of Privacy Practices. You may request a copy of the plans' Notice of Privacy Practices by contacting the Dominion Energy HelpLine at 1-877-947-4636. In addition, if you have a complaint, such as where you feel your privacy rights have been violated, you may contact Dominion Energy's Compliance Line at 1-800-628-1798.

ADDITIONAL INFORMATION

OFFICIAL PLAN INFORMATION

Name of Plan	Plan No.	Plan Year Ends	Group Contract Number	Type of Administration	Trustee
Dominion Energy Ohio Union Flexible Benefits Plan	510	Dec. 31	—	Administered through Dominion Energy's Benefits Manager and the Administrative Benefit Committee.	—
• Medical Plan	"	"	01013, 01016	Administered through contracts with Anthem Blue Cross Blue Shield and Express Scripts. Dominion Energy pays administrative fees to Anthem and to Express Scripts who pay benefits according to the terms of the contract.	—
• Dental Plan	"	"	83816	Administered through a contract with MetLife. Dominion Energy pays the administrative fee to MetLife who pays benefits according to the terms of the contract.	—
• Vision Plan	"	"	00711	Administered through a contract with EyeMed Vision Care. Dominion Energy pays an administrative fee to EyeMed who pays benefits according to the terms of the contract.	—
• Employee Life Insurance	"	"	26369	Insured and administered through a contract with MetLife. Dominion Energy pays the premiums to MetLife who pays benefits according to the terms of the contract.	—
• Dependent Life Insurance	"	"	94117	Insured and administered through a contract with MetLife. Dominion Energy pays the premiums to MetLife who pays benefits according to the terms of the contract.	—
• Accidental Death & Dismemberment	"	"	26369	Insured and administered through a contract with MetLife. Dominion Energy pays the premiums to MetLife who pays benefits according to the terms of the contract.	—
• Long-Term Disability	"	"	205075	Administered through a contract with Unum. Dominion Energy pays a monthly fee and an annual retainer fee to Unum who pays benefits according to the terms of the contract.	—
• Flexible Spending Accounts	"	"	115914	Administered through a contract with PayFlex who makes reimbursements to employees according to the terms of the contract.	—
• Critical Illness & Accident Indemnity	"	"		Insured and administered through a contract with MetLife who pays benefits	—

ADDITIONAL INFORMATION

				according to the terms of the contract.	
Dominion Energy Ohio Union Retiree Health and Welfare Plan	951	Dec 31		Administered through contracts with Anthem Blue Cross Blue Shield, Express Scripts, and Aon Hewitt. Dominion Energy pays administrative fees to Anthem and to Express Scripts who pay benefits according to the terms of the contract.	—
Dominion Energy Disability and Survivors Medical Plan	580	Dec. 31	01013 01016	Administered through contracts with Anthem Blue Cross Blue Shield and Express Scripts. Dominion Energy pays administrative fees to Anthem and to Express Scripts who pay benefits according to the terms of the contract.	—
Business Travel Accident	504"	Dec. 31	GTU 4380577	Insured and administered through a contract with Zurich American Insurance Company. Dominion Energy pays the premiums to Zurich who pays benefits according to the terms of the contract.	----
Dominion Energy Ohio Union Savings Plan	028	Dec. 31	—	Administered through Dominion Energy's Benefits group and the Administrative Benefit Committee.	The Northern Trust Company 50 South LaSalle Street Chicago, IL 60603
Dominion Energy Ohio Union Pension Plan	016	Dec. 31	—	Administered through Dominion Energy's Benefits group and the Administrative Benefit Committee.	The Northern Trust Company 50 South LaSalle Street Chicago, IL 60603
Education Assistance Program		Dec. 31	—	Administered through Dominion Energy's Benefits group and the Administrative Benefit Committee.	—
Adoption Assistance		Dec. 31	—	Administered through Dominion Energy's Benefits group and the Administrative Benefit Committee.	—
Note: All above Plans are offered to eligible employees of Dominion Energy Ohio.					