



**UNION-REPRESENTED EMPLOYEES
UWUA, LOCAL G-555**

2026 BENEFITS GUIDE

Contacts

Benefit	Administrator	Reasons to Contact	Phone Number	Website or E-mail Address
Dominion Energy Benefit Center	Alight Solutions	Questions about your benefits	1-877-434-6996	Your Benefits Resources (YBR) digital.alight.com/dominionenergy
Dominion Energy HelpLine	Dominion Energy	- Address changes - Employee name changes - Marital status changes - Request benefit forms	1-877-947-4636 (804) 771-4636 (tie line) 8-736-4636	helpline@dominionenergy.com
Accident Insurance*	MetLife	- Questions about your coverage - Making a claim	1-800-GetMet8 1-800-438-6388	www.metlife.com/mybenefits
Alight Health Pros	Alight Solutions	- Questions about your health, dental, or vision plan - Help finding top rated care professionals	1-866-217-6257	digital.alight.com/dominionenergy DominionEnergyHealthPro@alight.com
Auto/Home Insurance*	Mercer Choice Auto and Home	Auto and home policies with group discounts	1-855-401-6605	www.dominionenergyautohome.com
COBRA	Dominion Energy Benefit Center	COBRA enrollment	1-877-434-6996	N/A
Critical Illness*	MetLife	- Questions about your coverage - Making a claim	1-800-GetMet8 1-800-438-6388	www.metlife.com/mybenefits
Credit Union	Dominion Energy Credit Union	Enbridge employees and their immediate family who already have a Dominion Energy Credit Union account can continue to take advantage of competitive rates and convenient personal banking. Membership is a lifetime benefit.	1-800-268-6928	DominionEnergyCU.org mycu@dominionenergy.com
Dental	MetLife	Dental claims and network providers	1-800-942-0854	www.metlife.com/mybenefits
Discounts	LifeMart provided by LifeCare	Access to hundreds of discounts on items such as child care, electronics, entertainment, fitness, retail, dining and travel	N/A	www.discountmember.lifecare.com Registration code: Dominion
Employee Assistance Program Life Resource Center	Carelon Behavioral Health	- Personal concerns for employees and immediate families - Emotional well-being - Legal and financial concerns - Child care, adult care and parenting	1-877-366-9355 (1-877-DOM-WELL)	www.achievesolutions.net/dominion
Flexible Spending Accounts (FSAs)	Inspira Financial	Healthcare and Day Care FSA coverage and claim payments	1-844-729-3539	www.inspirafinancial.com
Health Savings Accounts (HSAs)	Inspira Financial	- Check HSA balance - Questions about account	1-844-729-3539	www.inspirafinancial.com
Hospital Indemnity Insurance*	MetLife	Questions about your coverage and claims	1-800-GetMet8 1-800-438-6388	www.metlife.com/mybenefits
Identity Theft*	Allstate Identity Protection	- Credit monitoring reports - Identity theft restoration	1-800-789-2720	www.myAIP.com
Legal Insurance*	MetLife Legal Plans	Access to attorneys to assist you with comprehensive legal needs such as family law, financial, and real estate concerns	1-800-821-6400	legalplans.com
Life Insurance	MetLife	- Enrollment and coverage questions - Statement of Health	Dominion Energy Benefit Center 1-877-434-6996	Your Benefits Resources (YBR) digital.alight.com/dominionenergy
Long-Term Disability	Unum	Enrollment and coverage questions	Dominion Energy Benefit Center 1-877-434-6996	N/A
Medical	Anthem	Medical claims, covered services and network providers	1-800-348-1966	www.anthem.com
	Anthem NurseLine	Registered nurses assist with your health questions	1-866-545-3507	www.anthem.com
Medical Condition Management	Anthem MyHealth Advantage	Help with managing medical conditions, checkups and medications	1-800-348-1966	N/A
Medical Resources	Anthem Building Healthy Families	Registered nurses assist with your pregnancy-related questions	1-800-828-5891	www.anthem.com
Pet Insurance*	Nationwide	Insurance protection for most pets	1-877-738-7874	www.petinsurance.com/dominionenergy
Prescription Drugs	Anthem	Specialty claims	1-800-348-1966	www.anthem.com
	Express Scripts	Claims, network providers and covered medications	1-866-282-0547	www.express-scripts.com
	Rx Savings Solutions	For help finding the lowest cost drug options under your Express Scripts prescription plan	1-800-268-4476	www.myrxss.com
Pension	Enbridge Pension Service Center	Questions regarding your pension benefit	1-866-228-0289	digital.alight.com/enbridge
Retirement Medical & Insurance	Dominion Energy Benefit Center	Questions regarding retirement, retiree medical, and retiree life insurance	1-877-434-6996	Your Benefits Resources (YBR) digital.alight.com/dominionenergy
Savings Plan	Voya	All Savings Plan questions	1-855-334-4863	enbridge401k.voya.com
Vision	EyeMed	Vision claims and covered services	1-855-273-4537	www.eyemedvisioncare.com
Wellness	WebMD Health Services	Well On Your Way wellness program including the medical premium credit and health coaching	1-866-280-1090	webmdhealth.com/dominionenergy

* Voluntary Benefits

Guide to Your 2026 Benefits

Enbridge's benefits program offers attractive, competitive benefit options that allow you to customize your benefits package to best meet your needs and budget.

It's up to you to take the time to review your choices by:

- Thinking carefully about what you need and want
- Exploring and comparing your options, and
- Considering your financial resources—what you are willing or able to spend—as you would with any other important buying decision.

This guide is designed to help you make good choices. It includes:

- An overview of the Enbridge benefit options you can select
- Information about other decision-making tools and resources available to you, and
- Tips to help you be a better healthcare consumer.

Before enrolling, thoroughly review this guide and explore the other tools and resources available. Take time to identify the best benefit choices for you and your family.

Note:

As Enbridge is under a transition services agreement with Dominion Energy, you will complete your 2026 Open Enrollment and/or make benefit changes on Your Benefits Resources (YBR). If you need help using YBR or have questions, call the Dominion Energy Benefit Center at 1-877-434-6996. Your 2026 benefit elections will be effective from January 1, 2026, through the date you transition to post-TSA Enbridge benefits—unless you experience a qualifying life event (such as marriage, divorce, birth, or adoption).

There may be changes to the benefit programs and vendors mentioned in this letter once the TSA period ends.

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You Can Make a Difference

Whether you're enrolling as part of annual Open Enrollment or as a new employee at Enbridge, your benefit choices are important. IRS regulations concerning changes to a pre-tax plan are very strict. Some life events may allow you to change your coverage during the calendar year, but remember that your change generally must be made within 31 days of the event (in some cases, you may have up to 60 days). See page 4 for more information.

What's New for 2026

You Have Choices to Make About:

- Medical coverage
- Dental coverage
- Vision coverage
- Health Savings Account (HSA) with medical plan Option A
- Healthcare Flexible Spending Account (FSA) with medical plan Options B and C
- Day Care Flexible Spending Account (FSA)
- Long-term disability insurance
- Employee life insurance
- Dependent life insurance

The Enbridge medical plan will include three options in 2026—A, B, and C—each with updated deductibles and out-of-pocket maximums.



New Virtual Primary Care (VPC)

- Anthem members will have access to Virtual Primary Care through the SydneySM Health app. Connect with providers for check-ups, preventive care and more.

See page 5 for details.

Health Savings Account (HSA) Contribution Limits

- Individual annual maximum will increase to \$4,400 from \$4,300.
- Family annual maximum will increase to \$8,750 from \$8,550.

See page 17 for details.

Flexible Spending Account (FSA) Contribution Limit

- Healthcare Flexible Spending Account annual maximum will increase to \$3,300 from \$3,200.

See page 18 for details.

Day Care Flexible Spending Account (FSA) Contribution Limit

- Day Care Flexible Spending Account annual maximum will increase to \$7,500 from \$5,000.

See page 20 for details.

The FSA dollar amount you elect for 2026 will only apply during your time on Enbridge's TSA benefit plans. Once you move to Enbridge's post-TSA benefit plans, you must make new elections—**existing balances will not carry over**. Coverage and claims deadlines may also change. Please be aware of IRS calendar year maximums, which apply across both plans.

Adoption Assistance Reimbursement Limit

- Annual maximum will increase to \$17,280 from \$16,810. See page 24 for details.

Voluntary Benefits Changes and Enhancements

- **Accident and Hospital Indemnity Insurance:** Due to new state regulations, these plans will no longer offer a health screening benefit. Critical illness insurance will continue to pay a \$75 screening benefit per person.
- **Accident Insurance:** Benefits payable for many covered services—including ER care, medical testing, fracture repair, and physician follow up—will increase.
- **Hospital Indemnity Insurance:** Benefits payable for many covered services—including hospital and ICU admissions and confinements—will double.

See page 24 for details.

New Auto and Home Insurance Vendor

- Auto and Home insurance will be offered through Mercer Choice Auto and Home.

See page 24 for details.

Free Will Preparation Services

- Basic Life Insurance now includes access to free will preparation services through MetLife Legal Plans—even if you're not enrolled in a separate MetLife Legal Plan! Call MetLife Legal Plans at 1-800-821-6400 to learn more.

Eligibility and Enrollment

Eligibility

You are eligible for these benefits as a union-represented Enbridge employee.

Dependents

You may also enroll eligible dependents to plans in which you are actively enrolled. Only the following individuals may be enrolled in the plan as your dependent(s):

- Your **spouse**, the person to whom you are legally married under applicable law and for whom you can provide proof of marriage such as a valid government issued marriage certificate.
- Your **children**, regardless of marital status (defined as your natural children, legally adopted children, children placed with you for legal adoption, foster children and stepchildren, i.e., the children of your current legal spouse) who are under age 26. Children under age 26 who are serving in the military are also eligible.
- Your **disabled children**, age 26 or older, provided:
 - They became disabled before age 26; and
 - They qualify as your dependent for tax purposes (i.e. you can claim them as a dependent on your federal income tax return for the year),* and either;
 - They were already enrolled in the plan at the time they became disabled;
 - For a newly-hired employee with a child who is already disabled, they are enrolled immediately upon your employment; or
 - They lost coverage under another group health plan and are added at Open Enrollment or with a Qualifying Life Event.

For this purpose, “disabled” means permanently and totally disabled by Social Security Administration standards, which generally means that the child is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death or to last for at least 12 months. Employees may be required from time to time to provide proof of the child’s continuing disability.

- Your **legal ward** under age 26 for whom you are appointed **legal guardian or legal custodian**, provided that the individual qualifies as your dependent for tax purposes.*

* It is your responsibility to ensure that your disabled child, age 26 or older, or legal ward under age 26 qualifies as your dependent for tax purposes before enrolling or continuing to enroll them in the Plan. For a detailed explanation of the requirements for tax dependent status, see IRS Publication 17, Your Federal Income Tax, available at www.irs.gov.

Children of domestic partners are eligible for child life insurance and voluntary benefits only. They cannot be covered under the medical, dental and vision plans unless they are otherwise eligible to be covered as your dependents under the plan. The child of your domestic partner is not considered your “stepchild” for purposes of the plan.

Domestic Partners

You also may enroll your domestic partner on an after-tax basis. Domestic partners are eligible for medical, dental, vision and spouse/domestic partner life insurance, and you pay the full cost of coverage for your domestic partner. There is no Enbridge subsidy toward the cost of this coverage. You may cover a domestic partner if both you and your domestic partner:

- Are age 18 or older
- Have resided with each other for at least six months before the effective date of coverage and intend for the relationship to be of unlimited duration
- Are not married to anyone else or involved in another domestic partner relationship
- Share financial responsibilities through joint ownership or lease responsibilities of your residence, and/or have named each other as beneficiaries under life insurance policies or wills
- Are not related by blood to such a degree that marriage would be prohibited under applicable state law; **and**
- Are competent to make contracts (i.e., are not considered incompetent because of physical or mental disability).

Any dependents added to benefits are subject to verification.

Coverage Dates

The Enbridge coverage options you select for 2026 will be in effect for the entire calendar year, as long as you remain employed by Enbridge in an eligible category.

Coverage for benefits begins on:

- Your employment date
- January 1 for annual Open Enrollment changes, or
- A Qualifying Life Event change date.

Making Benefit Changes During the Year

You may make changes in your coverage only during Open Enrollment, unless you have a Qualifying Life Event. Changes must be consistent with the Qualifying Life Event.

Here are Some Examples of Qualifying Life Events:

- Marriage or divorce
- Birth or adoption
- Satisfying or ceasing to satisfy dependent eligibility requirements
- Death of a dependent
- Changes in employment status that cause a gain or loss of eligibility under your Enbridge coverage, or your spouse's or domestic partner's employer coverage
- Transfer from a union-represented position to non-union position or vice versa.

Mid-Year Special Enrollees

If you are eligible to enroll a dependent in the medical plan mid-year due to a Qualifying Life Event, you will also have the opportunity to select a different medical plan option, if your Qualifying Life Event is one of the following:

- Child's birth, adoption, or placement with you for adoption
- Marriage
- Loss of eligibility for dependent's previous group health coverage or other coverage
- Loss of employer contribution toward dependent's previous group health coverage.

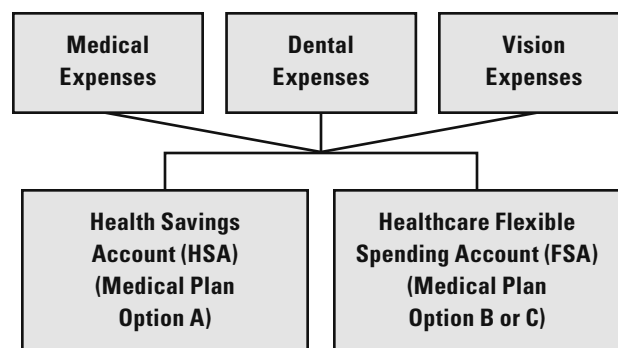
Important Notice When Making Changes

When you have a Qualifying Life Event, you must contact the Dominion Energy Benefit Center at 1-877-434-6996 **within 31* days of the event**. If your event does not allow a benefit change, you must wait until the next annual Open Enrollment or another Qualifying Life Event to make a change to your benefits. If you make changes to your 2025 benefits due to a qualifying life event after you have made your 2026 Open Enrollment elections, your life event election won't automatically carry over to 2026. You must contact the Dominion Energy Benefit Center immediately to update your 2026 elections.

* The enrollment period to add dependent children is 60 days in the event of the birth, adoption or placement for adoption of your dependent children. The enrollment period to enroll yourself and dependents is also 60 days in the event of eligibility for premium assistance under the plan through a state children's health insurance program (CHIP); or the termination of Medicaid or CHIP coverage due to loss of eligibility. The 31-day period remains in effect for all other qualifying life events. See the Summary Plan Description (SPD) for more information.

Good Healthcare Choices Start with You

Making the best choices begins by evaluating your medical, dental and vision options. You should also keep in mind that using the Healthcare Flexible Spending Account or Health Savings Account can save you money by providing a tax advantage when you use the account to pay for eligible expenses that the medical, dental and vision plans don't cover. The time you spend thinking through how to use these options to your advantage can pay off over time. It's all part of finding what fits—selecting options that can work best for you.



As you decide on medical, dental and vision coverage, consider participating in the HSA or the Healthcare FSA and taking advantage of the tax advantages they offer. The HSA is available only if you choose medical plan Option A; the Healthcare FSA is available only if you choose medical plan Options B or C, or waive medical coverage.

Go Enroll

You have two ways to access Your Benefits Resources (YBR):

- Directly from **HR Home** once you've logged on to your work computer. From the HR Home frontpage, select the **Your Benefits Resources** link under the **Health & Benefits** tab to access your YBR account via single sign-on.
- Via the Internet at **digital.alight.com/dominionenergy**. You will need to enter your YBR user ID and password each time to access your account.

First-Time YBR User?

You'll need to register. Click on **New User?** and follow the prompts to create your own user ID and password.

Forgot Your User ID or Password?

Click on **Forgot User ID or Password?** and follow the prompts to confirm your identity. You can choose to receive an access code by text, email or phone. You can also request a temporary password be sent to you by email or U.S. Mail. For personal assistance, call the Dominion Energy Benefit Center at **1-877-434-6996**.

Questions?

Call the Dominion Energy Benefit Center at **1-877-434-6996** (1-646-254-3478 outside the U.S.). Representatives are available Monday through Friday from 8:00 a.m. to 5:00 p.m. Eastern Time.

Medical Coverage

New for 2026

Beginning January 1, active employees and dependents enrolled in an Anthem medical plan will have access to Virtual Primary Care (VPC) through the Anthem Sydney Health app. This expansion of your existing LiveHealth Online benefit, gives you even more ways to access care. VPC lets you connect with a dedicated primary care provider from anywhere, using any computer or mobile device. From preventive care to chronic condition management and more, VPC is a convenient way to manage your health on your schedule. Download the free Sydney Health app on the Apple App Store or Google Play.

To help protect you and your family against significant costs in the event of injury or illness, Enbridge offers three medical plan options, along with tools to support the process of choosing the right option for you. For 2026, the medical plan options will be A, B, and C.

The options are alike in important ways—they all:

- Cover the same services and supplies, including preventive care coverage to help you stay well
- Include a Condition Management program to help you manage medical conditions, checkups and medications
- Have Anthem process medical claims, using the same dedicated customer service team
- Provide you with access to a trained registered nurse and recorded health information through Anthem's 24/7 NurseLine, and
- Have no lifetime dollar limit.

The options differ from each other in terms of:

- Deductibles, copayments and out-of-pocket maximums
- Prescription drug administration and plan designs
- Contribution rates deducted from your pay, and
- Pre-tax accounts—Option A comes with an HSA, while Options B and C allow you to have an FSA.

Review Your Choices—What a Difference Managing Your Healthcare Makes

Managing your health and your medical care costs involves three major components:

- Taking care of yourself—everything from diet and exercise to preventive care that can help detect and treat emerging health issues early
- Selecting the right medical plan option—based on the criteria important to you, ranging from
 - the amount and kind of care you and your dependents may need
 - whether you use in-network or out-of-network providers
 - the right balance between what it costs when you buy coverage (your contribution rate) and what you have to spend when you need care (your deductibles and copayments, for example)
- Understanding how the option you've selected works so you can use your plan benefits well

You generally are not eligible for an HSA, and therefore cannot enroll in Option A if you have other health coverage that pays for medical expenses such as Medicare Part A and/or B, Medicaid, Tricare, a Healthcare Flexible Spending Account (FSA), a Health Reimbursement Arrangement (HRA), or coverage under a spouse's plan, including an FSA or HRA through your spouse's employer. If you enroll in Option A and have other coverage, you could be subject to IRS penalties.

Medical Premium Credit

You and your spouse or domestic partner can each earn up to a \$400 annual medical premium credit if you are enrolled in a Enbridge medical plan and complete your wellness requirements by your deadline.

All requirements must be COMPLETED, RECEIVED, REVIEWED AND ACCEPTED by the applicable deadline. Visit **[Webmdhealth.com/dominionenergy](https://webmdhealth.com/dominionenergy)** for details.

Please note: You may not receive the full medical premium credit in 2026. The credit applies only while you are under the Transition Services Agreement (TSA).



An Overview of Your Medical Plan

This chart shows how key features of the three medical plan options compare. For information on how a specific medical service is covered, refer to the Summary Plan Description. For your contribution rates for each option, please refer to Your Benefits Resources (YBR) from HR Home.

Plan Features	Option A		Option B		Option C																	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network																
Annual Medical Deductible* - Employee only coverage - Employee and dependent coverage (including domestic partners) - Per person - Per family	\$2,250		\$1,290		\$630																	
	N/A*		\$1,290		\$630																	
	\$4,500*		\$2,580		\$1,260																	
Participant Copayment (what you pay after the deductible for covered care): - Medical care and services, including mental health and chiropractic** - Office visits, including mental health and chiropractic** (see page 8 for preventive care coverage) - LiveHealth Online (covered only where consultation/prescription is allowed)	20%	40%	20%	40%	20%	40%																
	20%	40%	20%	40%	20%	40%																
	20%	40%	20%	40%	20%	40%																
Annual Medical Out-of-Pocket Maximums*** - Employee only coverage - Employee and dependent coverage (including domestic partners) - Per person - Per family	\$5,280	\$10,560	\$5,100	\$8,930	\$2,550	\$4,460																
	\$7,520*	\$15,030*	\$5,100	\$8,930	\$2,550	\$4,460																
	\$10,560*	\$21,120*	\$10,200	\$17,860	\$5,100	\$8,920																
Emergency Room Copayment waived if admitted to hospital	After the deductible you pay 20%	After the deductible you pay 40%	You pay a \$100 copay per visit plus 20% of the remaining charge after the deductible under Options B and C.																			
In-Network Preventive Care Services	The plan pays 100%, the deductible does not apply.																					
Prescription Drug Coverage	- Includes retail and home delivery. - After you meet your medical deductible, you will pay 20% for covered prescriptions. - After you reach the medical out-of-pocket maximum, the plan pays 100% for covered prescriptions for the remainder of the calendar year.		- After you meet \$89 per person annual prescription deductible, you pay:<table><tr><td>At a retail pharmacy</td><td>for up to a 34-day supply</td></tr><tr><td>Generic</td><td>20%, \$5 minimum</td></tr><tr><td>Formulary brand</td><td>25%, \$20 minimum</td></tr><tr><td>Non-formulary brand</td><td>35%, \$35 minimum</td></tr><tr><td>Through home delivery</td><td>for up to a 35- to 90-day supply</td></tr><tr><td>Generic</td><td>20%, \$10 minimum</td></tr><tr><td>Formulary brand</td><td>25%, \$40 minimum</td></tr><tr><td>Non-formulary brand</td><td>35%, \$70 minimum</td></tr></table> - After your covered out-of-pocket costs reach the \$1,120 annual per person prescription drug out-of-pocket maximum, the plan pays 100% of that person's covered prescription costs for the remainder of the calendar year. - All specialty drugs must be filled by Accredo, Express Scripts' specialty pharmacy. Specialty drugs are dispensed for up to a 34-day supply and are subject to the retail pharmacy copayment.				At a retail pharmacy	for up to a 34-day supply	Generic	20%, \$5 minimum	Formulary brand	25%, \$20 minimum	Non-formulary brand	35%, \$35 minimum	Through home delivery	for up to a 35- to 90-day supply	Generic	20%, \$10 minimum	Formulary brand	25%, \$40 minimum	Non-formulary brand	35%, \$70 minimum
At a retail pharmacy	for up to a 34-day supply																					
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Through home delivery	for up to a 35- to 90-day supply																					
Generic	20%, \$10 minimum																					
Formulary brand	25%, \$40 minimum																					
Non-formulary brand	35%, \$70 minimum																					
Health Savings Account (HSA) Available	Yes—funded by Enbridge contributions and voluntary pre-tax contributions from you		No																			
Healthcare Flexible Spending Account (FSA) Available	No		Yes—funded by voluntary pre-tax contributions from you																			
Healthcare Reimbursement Arrangement (HRA)	No		Yes—funded by Enbridge																			
Lifetime Maximum Benefit	No lifetime dollar limit																					

* If you select Option A and enroll your dependents, you must meet the family deductible before any expenses are paid for services other than covered preventive care. If an individual meets the \$7,520 out-of-pocket maximum, the plan pays 100% for that individual. Other family members will need to meet the remaining portion of the family out-of-pocket maximum of \$10,560 before the plan pays 100% for all family members.

** Chiropractic is a maximum benefit of 20 visits per person per year.

*** Your actual financial responsibility for medical expenses could be greater than the annual out-of-pocket maximum. Non-covered services, out-of-network provider charges above the plan allowance, and amounts above plan limits do not count toward the out-of-pocket maximum and you will always be responsible for those expenses, regardless of whether you have met your out-of-pocket maximum.

A Brief Definition of Terms

Brand-name drugs – drugs that are manufactured and marketed under a product name by a pharmaceutical company.

Copayment – your share of the cost for covered services. This can be a percentage of the cost or a specific dollar amount.

Deductible – the amount you pay for covered services each calendar year before most plan benefits begin, unless the plan pays for the service with no deductible (such as for some preventive care).

Formulary – under Options B and C, a preferred list of FDA-approved prescription drugs and supplies developed by Express Scripts Pharmacy and Therapeutics Committee. The Committee is an independent group of pharmacists and physicians from a broad range of medical specialties.

Drugs and supplies are included in the formulary based on their clinical and cost effectiveness. Formulary drugs are used as a guide for determining the amount of your copayment for each prescription, with drugs on the formulary typically available at a lower copayment. Your doctor can use this list to choose medications for you while helping you save money.

Generalist vs. specialist – generalists include family, general practice, internal medicine, OB/GYN or pediatric physicians; all other providers are considered specialists—including chiropractors and occupational/physical therapists.

Generic drugs – drugs that have the same chemical components as brand-name drugs and meet the same quality and safety standards.

Out-of-pocket maximum – the most you have to pay in deductibles and copayments for covered services during the calendar year; after you have paid this much in deductibles and copayments, the plan pays 100% for covered services for the remainder of the calendar year.

Using In-Network Providers Makes a Difference

Even when you're waiting to meet the deductible, using in-network providers gives you the advantage of discounted network costs. For out-of-network providers, you're paying the full cost of care and only amounts up to allowable costs count toward your deductible.

Condition Management

Anthem's MyHealth Advantage provides participants with a personalized summary to help manage existing health conditions and suggestions to improve overall health and avoid potential health issues. This free program is available to all employees and their dependents enrolled in a medical plan. MyHealth Advantage reviews your health status and assists in managing medications, routine tests and checkups. Anthem will contact you if you meet program criteria.

Reconstructive Surgery After a Mastectomy

The Women's Health and Cancer Rights Act of 1998 requires all group health plans to provide medical and surgical benefits following a mastectomy—and to communicate this coverage to plan participants. All Enbridge medical plan options provide coverage for these services, including reconstructive breast surgery needed after a mastectomy, prostheses and treatment of any physical complications of the mastectomy. These services are covered in the same way as other surgery or services under each medical option.

Newborns' and Mothers' Health Protection Act (Newborns' Act)

The Newborns' and Mothers' Health Protection Act (Newborns' Act) includes important protection for mothers and their newborn children with regard to the length of the hospital stay following childbirth. The Newborns' Act requires that group health plans that offer maternity coverage pay for at least a 48-hour hospital stay following childbirth (96-hour stay in the case of Caesarean section).

Blue Distinction Centers of Excellence

The Anthem Blue Distinction Centers of Excellence (BDC) and Blue Distinction Centers Plus (BDC+) program is a referral program that directs you to medical facilities proven to provide excellent care specifically for these conditions: inpatient knee and hip replacements, spinal surgery and organ transplants. These medical facilities have a track record of better outcomes and faster recovery time. And, you may qualify for a reduced copay if you use a BDC/BDC+ facility. Contact Anthem Customer Service at 1-800-348-1966 to find a facility in your area that would qualify for the BDC/BDC+ incentive.

**The Way a Doctor
Files a Claim Can
Make a Difference**

If a preventive care visit, other than an annual mammogram or colorectal screening, ends up with a doctor identifying and/or providing medical care treatment for a condition—for example, your child is sick the day of a scheduled routine check-up—the claim will be processed under your medical benefits rather than preventive care benefits.*

A Closer Look at Preventive Care

All three medical plan options emphasize the importance of preventive care and overall wellness. That’s because exams and tests can help identify problems early. When you and your family members take advantage of the plan’s preventive care benefits through regular exams and other wellness services, you can keep more serious problems from developing. This can save time, money and worry—and most importantly—help you feel your best.

All medical plan options offer the same preventive care benefits—without having to meet the deductible—as long as you use a network provider. Note: Covered vaccines may be purchased in- or out-of-network under both Anthem and Express Scripts. Preventive care services for covered members include:

Service	Copayment	Additional Information
• Annual checkup office visit • Annual gynecological exam and Pap test • Annual prostate exam and PSA test for men • Annual mammogram for women* • Annual colorectal cancer screening* • Routine tests, lab and x-ray services associated with an annual check-up, gynecological or prostate exam	\$0	
Immunizations	\$0	Covers immunizations to prevent or reduce the risk of conditions such as tetanus, flu and HPV. Some immunizations require prior approval. Covered vaccines may be purchased in or out-of-network under both Anthem and Express Scripts. Note: You need to file a paper claim with Anthem for out-of-network services.
• Women’s contraceptives, sterilization procedures, and counseling. Coverage includes contraceptive devices such as diaphragms, intra uterine devices (IUDs), and implants. • Breastfeeding support, supplies, and counseling. Benefits for breast pumps are limited to one pump per pregnancy. • Gestational diabetes screening	\$0	

** The plan will pay for one mammogram and colorectal screening each calendar year—even if your doctor determines there is a medical condition.*

Colonoscopies and other colon cancer screenings are covered starting at age 45.

In addition, the plan covers all of the in-network preventive care benefits recommended by the U.S. Preventive Services Taskforce. A full list of these benefits is available here:

www.healthcare.gov/coverage/preventive-care-benefits

You do not pay any out-of-pocket costs for these preventive care benefits.

If you are uncertain as to whether or not a particular service will be covered under the plan’s preventive care program, please confirm with Anthem Customer Service at 1-800-348-1966 prior to having the service performed.

Prescription Drug Coverage

Your prescription drug benefits depend on which medical option you select—Option A prescription benefits are different than those for Options B and C. Here's a summary:

Prescription Drug Coverage Overview

Option A	Options B and C																
- You use your combined medical and pharmacy ID card at participating pharmacies - After you meet your medical deductible, you will pay 20% for covered prescriptions - After you reach the medical out-of-pocket maximum, the plan pays 100% for covered prescriptions for the rest of the calendar year.	- You use your separate Express Scripts ID card at participating pharmacies - After you meet the \$89 per person annual prescription deductible, you pay: <table border="1"> <tr> <th>At a retail pharmacy</th><th>for up to a 34-day supply</th></tr> <tr> <td>Generic</td><td>20%, \$5 minimum</td></tr> <tr> <td>Formulary brand</td><td>25%, \$20 minimum</td></tr> <tr> <td>Non-formulary brand</td><td>35%, \$35 minimum</td></tr> <tr> <th>Through home delivery</th><th>for up to a 35- to 90-day supply</th></tr> <tr> <td>Generic</td><td>20%, \$10 minimum</td></tr> <tr> <td>Formulary brand</td><td>25%, \$40 minimum</td></tr> <tr> <td>Non-formulary brand</td><td>35%, \$70 minimum</td></tr> </table> - After your covered out-of-pocket costs reach the \$1,120 annual per person prescription drug out-of-pocket maximum, the plan pays 100% of that person's covered prescription costs for the rest of the calendar year. There is no family out-of-pocket maximum; the out-of-pocket maximum applies to each covered person.	At a retail pharmacy	for up to a 34-day supply	Generic	20%, \$5 minimum	Formulary brand	25%, \$20 minimum	Non-formulary brand	35%, \$35 minimum	Through home delivery	for up to a 35- to 90-day supply	Generic	20%, \$10 minimum	Formulary brand	25%, \$40 minimum	Non-formulary brand	35%, \$70 minimum
At a retail pharmacy	for up to a 34-day supply																
Generic	20%, \$5 minimum																
Formulary brand	25%, \$20 minimum																
Non-formulary brand	35%, \$35 minimum																
Through home delivery	for up to a 35- to 90-day supply																
Generic	20%, \$10 minimum																
Formulary brand	25%, \$40 minimum																
Non-formulary brand	35%, \$70 minimum																

If You Move to Another Option

If you are currently enrolled in Option A and enroll in Options B or C for next year (or vice versa), you must comply with the new option's prior authorization, step therapy and quantity limit requirements for all drugs, including those you are taking this year.



What's a Formulary?

Under Options B and C, a formulary is a preferred list of FDA-approved prescription drugs and supplies developed by Express Scripts Pharmacy and Therapeutics Committee. The Committee is an independent group of pharmacists and physicians from a broad range of medical specialties.

Drugs and supplies are included in the formulary based on their clinical effectiveness and cost-effectiveness. Formulary drugs are used as a guide for determining the amount of your copayment for each prescription, with drugs on the formulary typically available at a lower copayment. Your doctor can use this list to choose medications for you while helping you and Enbridge save money. You can find out if your medication is on the formulary by calling Express Scripts at 1-866-282-0547 or by visiting their website at www.express-scripts.com.

What are Specialty Drugs?

Specialty drugs are complex medications for specific conditions such as multiple sclerosis, rheumatoid arthritis, blood disorders and hepatitis C. They usually require special storage and handling and may not be readily available at your local retail pharmacy. Specialty drugs must be filled through Accredo, Express Scripts' specialty pharmacy.



For Questions About...

Prescription drug benefits, covered medications or in-network pharmacies

Contact

For Option A: Anthem at 1-800-348-1966 (claims) and Express Scripts at 1-866-282-0547 or online at www.express-scripts.com (covered medications and in-network pharmacies)

For Option B or C: Express Scripts at 1-866-282-0547, or online at www.express-scripts.com.

Prescription Drug Provisions for All Options

Prior Authorization and Quantity Limits

Prior review and approval is required for certain medications and/or quantities of medications before payment is authorized. A list of medications requiring prior authorization is available by visiting the Express Scripts website.

Network Pharmacies

When you use a pharmacy in the network to fill a covered prescription, show your ID card to buy up to a 34-day supply of medication for Options B or C or a 60-day supply for Option A. You do not have to submit claim forms.

Out-of-Network Pharmacies

With all three medical plan options, you may use pharmacies outside the network, but if you do, you must:

- Pay for the prescription at the time it is dispensed
- File a claim with Anthem if you are in Option A or Express Scripts if you are in Options B or C. The plan will pay the allowable charge after your deductible and copayment. You will be responsible for the difference between the billed amount and the allowable charge

Home Delivery Program

You can use home delivery to purchase covered prescription drugs to treat an ongoing medical condition, such as high blood pressure or diabetes, by asking your doctor to write a 35- to 90-day prescription. Your prescription will be mailed directly to your home. You should generally receive it within 14 days from Express Scripts' receipt of the prescription.

Rx Savings Solutions

Rx Savings Solutions helps members on the Enbridge medical plan easily find the lowest price options for prescription drugs. Express Scripts will continue to administer the prescription drug benefit under the medical plan and the Rx Savings Solutions program will complement what is already in place with Express Scripts. Participation in Rx Savings Solutions is voluntary. To activate your account, visit www.myrxss.com or call 1-800-268-4476.

A Pharmacy on Your Phone

Express Scripts members can conveniently manage their prescription medications anywhere they go thanks to a mobile application and mobile-optimized website available for smart phones. The mobile site and app allow members to start Home Delivery, order refills, check an order's status, find drug information or even locate a retail pharmacy.

The mobile app, called Express Rx, is available on the iPhone and Android and takes advantage of smart phone GPS capabilities, which creates an interactive map showing the closest retail pharmacies. The mobile app can be downloaded for free from your smart phone's App Store.

Managing High Drug Costs Through "Step Therapy"

With all three medical plan options, it's important to understand "step therapy" for your prescription drugs and how it works.

Using a step therapy approach helps you manage your prescription costs. Step therapy looks at alternatives to certain brand name medications that often work just as effectively, such as

- generic drugs
- other brand name drugs.

Using step therapy can save you and Enbridge money.

Review Your Choices—Medical, Prescription Drug and Healthcare Accounts Things to Consider

As you think about your medical options:

- Think about what kind of medical services you expect to use in the year ahead. Use claims information to help you predict expenses. Claims information is available on the Anthem and/or Express Scripts websites. See page 12 for details.
- Use the online tools available at Your Benefits Resources (YBR) digital.alight.com/dominionenergy—to help you make smart choices.
- Consider other coverage you may have—for example, through your spouse's employer.
- Don't forget to look at the Health Savings Account (HSA) and the Healthcare Flexible Spending Account (FSA).
 - With medical plan Option A: You can use the Health Savings Account for eligible medical costs not reimbursed by Option A—or you can use it for dental or vision expenses, or save it for the future, since you can carry forward any unused money in your HSA from year to year. If you're not likely to meet a medical plan deductible during the year, it might make sense to choose Option A with its lower contribution rate and put money aside in the HSA. The savings are available during the year if there's a need, and if there's money left over at the end of the year, you can save it for the future.
 - With medical plan Options B or C: You can use the Healthcare Flexible Spending Account (FSA) to reimburse yourself in pre-tax dollars for eligible healthcare expenses.

Comparing the Medical Options

The three options cover all the same types of medical care—including the same preventive care benefits. There are six key differences to keep in mind as you select an option for the year ahead.

	Under Option A	Under Options B and C
Who can enroll	Any eligible employee and eligible dependents who are not covered by another medical plan, for example, through a spouse's employer.	Any eligible employee and eligible dependents.
Deductibles	If you cover yourself and any dependents, you must meet the family annual deductible before the plan covers any individual family member's expenses. Both medical and prescription expenses apply to your deductible.	There are individual and family annual medical deductibles. The plan begins to pay expenses for an individual when: • They meet the individual deductible, or • The family's combined expenses meet the family deductible.
Prescription drugs	• After you meet your medical deductible, you will pay 20% for covered prescriptions. • After you reach the medical out-of-pocket maximum, the plan pays 100% for covered prescriptions for the remainder of the calendar year.	• Covered after you meet the prescription drug annual deductible of \$89 per person. • Copayment percentages based on type of drug: generic, formulary brand or non-formulary brand. • After \$1,120 per person prescription drug out-of-pocket maximum is reached, plan pays 100% of person's covered drugs for the remainder of calendar year. • All specialty drugs must be filled through Accredo, Express Scripts' specialty pharmacy.
Medical out-of-pocket maximum	If you cover yourself and any dependents, you must meet the family annual out-of-pocket maximum before the plan pays covered expenses at 100%.	There are individual and family annual out-of-pocket maximums. The plan begins to pay covered expenses for an individual at 100% when: • They meet the individual out-of-pocket maximum, or • The family's combined expenses meet the family out-of-pocket maximum.
Tax-free accounts for healthcare expenses	Health Savings Account (HSA)—administered by Inspira Financial • Automatic Enbridge contribution and an opportunity to contribute yourself—for combined contribution up to: – \$4,400 a year if you have employee only or employee and domestic partner coverage – \$8,750 a year if you cover yourself and dependents • You decide how much to contribute but you may change your contribution amount during the year • Unused dollars can be carried forward year-to-year • If you retire or leave Enbridge, you may take the HSA balance with you • You may pay for eligible expenses using an HSA debit card, up to the amount in your account at any point in time • You cannot use the HSA for domestic partner expenses unless your domestic partner qualifies as your tax dependent under IRS rules.	Healthcare Flexible Spending Account (FSA)—administered by Inspira Financial • No Enbridge contribution • You have the opportunity to contribute up to \$3,300 each year • You decide how much to contribute • You lose any contributions not used for eligible healthcare expenses during calendar year and grace period • If you leave Enbridge, you may use your remaining FSA account balance – for services incurred through the end of your last month at Enbridge – for services incurred the remainder of the calendar year by continuing your FSA coverage through COBRA • See page 18 for reimbursement options. • You cannot use the FSA for domestic partner expenses unless your domestic partner qualifies as your tax dependent under IRS rules. <i>Please note: The FSA dollar amount you elect for 2026 will only apply during your time on Enbridge's TSA benefit plans. Once you move to Enbridge's post-TSA benefit plans, you must make new elections—existing balances will not carry over. Coverage and claims deadlines may also change. Please be aware of IRS calendar year maximums, which apply across both plans.</i>
Health Reimbursement Arrangement (HRA)	Not available if you enroll in Option A because of government rules that apply to Health Savings Accounts.	You will have available to you \$2,100 deposited by Enbridge in 2026 into an HRA administered by your union if you are an active employee on January 1, 2026. If you are hired after January 1, 2026, and before July 1, 2026, \$1,050 will be deposited by Enbridge into an HRA for you in July 2026.

Tools and Resources

Enbridge not only gives you benefit choices, but also access to tools and resources to help you make the best choices for you and your family. Here are brief descriptions of the tools and resources available to you at no cost.

Which Option is Best for Me?

As you decide how much you want to pay for your medical coverage, think about balancing two costs:

- Your cost of coverage—that is, the fixed contributions that come out of your paycheck, and
- Your deductibles and copayments—what you spend when you see the doctor, receive medical care, or buy a prescription.

Do the Math

Generally, the higher your contribution rate, the lower your cost when you receive care—and vice versa. Sometimes, you may be paying more in contributions than you need to spend. It's a decision for you to make, based on your situation and your comfort level. Use the online **DecisionDirect** tool on YBR to help you decide.

Only you can determine the best medical plan option for you. Here are some things to consider:

- Do you want your contribution rate for medical to be as low as possible each pay period because you're relatively healthy and don't expect to have high out-of-pocket costs for medical care?

or

- Would you prefer a higher contribution rate to have lower deductibles and copayments because you expect to use medical services often?

and

- How much do you expect to need to cover your out-of-pocket costs through a pre-tax healthcare account? If you think you'll need more than you and Enbridge can contribute to the Health Savings Account (HSA), you may want to consider medical plan Options B or C.

Anthem Building Healthy Families

This program offers personalized, digital and telephonic support for employees through Anthem's Sydney Health app. Members will have access to pre-pregnancy, maternity, and post-partum care as well as parenting support. This convenient app offers interactive trackers, 24/7 access, personalized content and risk stratification so that members get the support they need, when they need it. Live Family Care Coaches available to pregnant members for added support.

Anthem Support

Download the **Sydney Health** app on the App Store or Google Play or go to **www.anthem.com** where you can:

- Review your claim history. Note that not all claims are available online and that you may only get a 24-month summary.
- Access the national PPO provider directory.
- Obtain general health and wellness information on a broad range of subjects.
- Compare hospital quality, using the Estimate Your Cost tool that documents specialty care services, complication rates, patient safety standards and more to help you decide which hospital will provide you with the best and most cost-effective care.

Or call 1-800-348-1966.

Anthem 24/7 NurseLine

Health concerns don't follow a 9 to 5 weekday schedule. That's why you can call the **24/7 NurseLine** any time to speak with a registered nurse who is trained to help you make informed decisions about your health situation.

Or you can call and listen to recorded messages about hundreds of health topics by accessing the AudioHealth Library.

For confidential health information, call 1-866-545-3507.

Express Scripts Website

Go to **www.express-scripts.com** where you can:

- Learn about medications, including a drug's intended purpose, potential side effects and drug/food interactions.
- You will need the member ID number on your prescription drug card to register to use the site to:
 - Get details about your prescription drug coverage, including copay amounts and the plan formulary.
 - Order prescriptions and refills online and check the status of the order.
 - Review your prescription history.
 - Check prices of drugs and find out if there is a generic equivalent to any brand name your doctor has prescribed.
 - Check to see if a drug requires prior authorization or step therapy.

Or call 1-866-282-0547.

Family Care Benefits

Enbridge's suite of Family Care Benefits includes:

Bump Box—New parent gift boxes, through Bump Boxes, are available to employees welcoming a new child into their family, either by birth or through adoption.

Two box options, offering a variety of contents, will be available to eligible employees upon request and shipped to their home within approximately two weeks. While there is no upfront cost to the employee when they choose this benefit, the box value is taxable to the employee.

For initial sign-up, please register at <https://bumpboxes.com/signup/dominionenergy>.

MilkShip (through LifeCare)—Breastfeeding is a wonderful experience, but it can be challenging, especially when you have to travel. With MilkShip, employees who breastfeed and travel domestically for work can safely ship their breast milk home with an easy-to-use, secure kit delivered directly to their destination.

To request a MilkShip kit, call 1-800-638-8019 to speak to a lactation consultant.

Enbridge will not offer Bump Box or MilkShip after the TSA period ends.

Health Pro

Health Pro is available to you at no cost, to guide you in making the right healthcare decisions for you and your family.

Call Health Pro at **1-866-217-6257** or email **MyHealthPro@alight.com** if you:

- Have questions about the differences between medical plan options and which might be best for you.
- Need an accredited in-network doctor or specialist accepting new patients for medical, dental or vision services.
- Want to know how a procedure or service is covered under your medical, prescription, dental or vision plan.
- Need to know if preauthorization is required for a medical service.
- Need a facility recommendation for a specific disease or diagnosis such as cancer, behavioral health or substance abuse, physical therapy or rehabilitation.

LiveHealth Online

LiveHealth Online lets you see a doctor without appointments, waiting rooms or high costs. Through live video, doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed (as legally permitted in certain states). Doctors are available 24 hours a day, seven days a week, 365 days a year.

Best of all LiveHealth Online doctor visits are covered by your Enbridge health plan so it costs just \$59 until you reach your deductible, then the visit is covered at the copayment level on your plan. You just need the LiveHealth Online app or a computer with a webcam to see a doctor.

LiveHealth Online Psychology works the same way as LiveHealth Online and allows you to talk with a licensed psychologist or therapist online. Visits start at \$95 until you reach your deductible and then they are covered at the copayment level on your plan.

To use LiveHealth Online Psychology, log in to **www.livehealthonline.com** and select "LiveHealth Online Psychology." Then choose a psychologist or therapist. Generally, you can see a therapist within four days. You must be at least 18 years old to see a therapist online.

Note: Employees can use the LiveHealth Online app on their Enbridge-issued devices as long as they have a non-Enbridge Wi-Fi connection.

Alight Mobile

The Alight Mobile app allows Enbridge plan participants to access their benefits information on Your Benefits Resources (YBR) from any mobile device. Whether checking retirement eligibility or your benefit plan enrollments, Alight Mobile allows for quick access to all your benefit information. Download the Alight Mobile app from your app store, enter the company name, Enbridge, read and accept Terms and Conditions, enter your username and password that you created to log onto **digital.alight.com/dominionenergy**. Please note that this is different than your Enbridge credentials.



For Questions About...

Contact

Medical plan options, HSAs, contribution rates and plan features	Dominion Energy Benefit Center at 1-877-434-6996.
Covered services and to see if a doctor, hospital or provider is in the network	Anthem at 1-800-348-1966 or go online to www.anthem.com

Dental Coverage

Enbridge offers a dental plan administered by MetLife that covers:

- Diagnostic and preventive care, such as exams, cleanings and x-rays, and
- Basic restorative and major services, such as fillings, crowns and dentures.

How the Plan Works

Under the standard Enbridge dental benefit, you and your family members can go to any dentist. For services under the network dental benefit you must use a MetLife participating dentist.

You may present your dental ID card or a dental claim form to your provider at the time of service. Claim forms are available by calling the Dominion Energy HelpLine at 1-877-947-4636.

Pre-Treatment Approval from MetLife Makes a Difference

If you expect a course of dental treatment to cost more than \$100, have your dentist submit a pre-treatment estimate to MetLife for approval before that treatment is scheduled. That way, you'll know in advance what the plan will pay and what your share of the cost will be.

Review Your Choices—Things to Consider

As you decide whether to enroll for dental coverage:

- If your spouse has coverage elsewhere, compare it to the dental coverage available at Enbridge.
- Consider what kind of dental services you expect to use in the year ahead.
- Don't forget the Healthcare FSA. If you choose medical plan Options B or C, or waive medical coverage, you can use the Healthcare FSA to reimburse yourself in pre-tax dollars for eligible dental costs not reimbursed by the dental plan, such as copayments and deductibles. Even if you don't think you need to buy dental coverage because your expenses are small, you might want to put money in the Healthcare FSA for restorative services, for example, so you get the tax break. You can also use the Healthcare FSA to reimburse yourself for eligible expenses that exceed the plan maximum. Use the online Healthcare FSA Estimator available at Your Benefit Resources (YBR) digital.alight.com/dominionenergy to calculate how much you could save in taxes.
- If you select medical plan Option A, you could use your Health Savings Account to pay for eligible dental costs the dental plan doesn't reimburse. It's up to you.

An Overview of Your Dental Plan

Plan Features	Standard Benefit		Network Benefit
Annual deductible	\$25 per person; \$75 per family		
Annual benefit maximum (all services except orthodontia)	\$1,500 per person		
Covered Expenses Preventive Services • 2 exams per calendar year • 2 cleanings per calendar year • Complete x-rays every 36 months • Supplementary bitewing X-rays covered every six months for children under age 19 and once per year for adults • Fluoride treatments • Sealants for children under age 19 (once in a lifetime, permanent molars only) • Space maintainers	100% R&C*, no deductible	100% of network negotiated cost, no deductible	
Restorative Services • Fillings, including amalgam (silver) and composite (white) fillings • Extractions • Root canals • Gum treatment • Night guard • Anesthesia: only IV sedation	80% R&C*, after deductible	90% of network negotiated cost after the deductible	
Prosthodontics • Crowns, inlays and onlays • Implants • Installation and repair of bridgework • Installation and repair of dentures • Anesthesia: only IV sedation	50% R&C*, after deductible	60% of network negotiated cost after the deductible	
Orthodontics (braces to straighten teeth) • Covered for employees, spouses/domestic partners and dependent children up to age 26	50% R&C*	60% of network negotiated cost	
	up to a \$2,000 lifetime benefit		

* Any charges above reasonable and customary (R&C) are your responsibility. R&C cost is the amount considered to be reasonable in your geographic area for the same service, as determined by MetLife.



For Questions About Dental Coverage or Claims:

Contact MetLife at 1-800-942-0854 or go online to www.metlife.com/mybenefits and select company name **Dominion Energy**.



Vision Coverage

The vision plan allows you to improve your health through a routine eye exam, while saving you money on your eye care purchases. EyeMed's vision program complements your entire health and wellness package by giving you affordable eye care along with convenience.

The plan is available through thousands of provider locations participating in the **EyeMed SELECT network, which includes LensCrafters, Pearle Vision, America's Best, Target Optical and MyEyeDr**, plus thousands of private practitioners. As always, you continue to have the option of using the Enbridge out-of-network reimbursement plan, if you choose.

Coverage for treating your eyes for medical conditions such as eye infection, injury or glaucoma is provided through the medical plan, not the vision plan.

How the Plan Works

You may use an EyeMed Vision Care provider or the provider of your choice.

Refer to the EyeMed website to determine if your provider is in-network.

How to Find and Use In-Network Providers

- To find a provider via the Web, go to **www.eyemedvisioncare.com** and click on "Find an eye doctor." Choose "Select Network" and then enter your zip code and click "SEARCH BY ZIP."
- To find a provider by phone, call 1-855-273-4537.
- Contact the network provider of your choice, identify yourself as an Enbridge employee or dependent, and schedule an appointment.
- You will need to present the employee's ID number, along with the name and date of birth of the covered dependent needing services.

The provider's office will verify eligibility for services. No claim forms are required.

How to Use Out-of-Network Providers

If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim form. Claim forms are available by calling the Dominion Energy Helpline at 1-877-947-4636. Return the completed claim form and itemized receipts to:

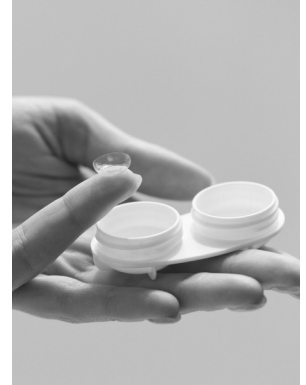
EyeMed Vision Care
Attn: OON Claims
PO Box 8504
Mason, OH 45040-7111

Reimbursement of Services

Vision care services for exams, lenses, and frames are available once each calendar year. For example, if you were reimbursed for an exam, lenses and frames on July 15, 2025, effective January 1, 2026 you will again be eligible for an exam, lenses and new pair of frames.

Additional EyeMed Features:

- Eye Care Supplies**—Receive 20% off retail price for eye care supplies such as cleaning cloths and solutions purchased at network providers (not valid on doctor's services or contact lenses).
- Laser Vision Correction**—Save 15% off the retail price or 5% off the promotional price for LASIK or PRK procedures.
- Replacement Contact Lens Purchases**—Visit www.eyemedcontacts.com to order replacement contact lenses for shipment to your home at less than retail price.



Review Your Choices—Things to Consider

As you think about your vision plan:

- Consider your eye care needs and what kind of vision services you expect to use in the year ahead.
- Add up your expected vision expenses and the coverage cost for the year to determine what your overall cost is likely to be.
- If you select medical plan Options B or C, evaluate whether the Healthcare FSA may be another option to help with vision expenses for you and your family. Do you anticipate vision expenses that are not covered by the vision plan such as Lasik surgery?
- Use the online Healthcare FSA estimator available at Your Benefit Resources (YBR) **digital.alight.com/dominionenergy** to calculate how much you could save in taxes.
- If you select medical plan Option A, you could use your Health Savings Account to pay for eligible vision costs the vision plan doesn't reimburse.



For Questions About Vision Coverage or Claims:

Contact EyeMed at 1-855-273-4537 or online at www.eyemedvisioncare.com

An Overview of Your Vision Plan

Plan Features	In-Network Member Cost	Out-of-Network Member Reimbursement
Exam with Dilatation as Necessary	\$0 Copay	Member reimbursement up to \$55
Retinal Imaging Benefit	Member cost up to \$39	N/A
Contact Lens Fit and Follow-up: Standard Premium	Member cost up to \$40 10% off retail price	N/A N/A
Frames:	\$0 Copay, \$135 Allowance; 20% off balance over \$135	Member reimbursement up to \$65
Standard Plastic Lenses: Single Vision Bifocal Trifocal Lenticular Standard Progressive Lens Premium* Progressive Lens Tier 1 Tier 2 Tier 3 Tier 4	\$0 Copay \$0 Copay \$0 Copay \$0 Copay \$50 Copay \$76-\$88 \$76 \$82 \$88 \$50 Copay, 80% of charge less \$120 Allowance	Member reimbursement: Up to \$60 Up to \$80 Up to \$100 Up to \$120 Up to \$80 Up to \$80 Up to \$80 Up to \$80 Up to \$80
Lens Options (paid by the member and added to the base price of the lens): UV Coating Oversize (Upcharge) Tint (Solid and Gradient) Standard Scratch-Resistance Standard Polycarbonate – Adults Standard Polycarbonate – Children under 19 Standard Anti-Reflective Polarized Photochromatic/Transitions Plastic Premium* Anti-Reflective Tier 1 Tier 2 Tier 3 Glass Grey#3 (Rx Sun) Blended Intermediate Photochromatic Glass High Index Other Add-Ons and Services	\$12 \$0 \$0 \$15 \$30 \$0 \$35 \$75 \$65 \$48-\$60 \$48 \$48 \$60 \$0 \$20 \$30 \$20 \$55 20% off retail price	N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A
Contact Lenses instead of Eyeglass Lenses (allowance covers materials only): Conventional Disposables Medically Necessary	\$0 Copay, \$135 Allowance; 15% off balance over \$135 \$0 Copay, \$135 Allowance; plus balance over \$135 \$0 Copay, Paid-in-Full	Member reimbursement: Up to \$100 Up to \$100 Up to \$100
LASIK and PRK Vision Correction Procedures:	15% off retail price OR 5% off promotional price	N/A
Additional Pairs:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Frequency: Exam Frames Standard Plastic Lenses or Contact Lenses	Once every calendar year Once every calendar year Once every calendar year	

Additional Purchases and Out-of-Pocket Discount:

Members will receive a 20% discount on remaining balance at Participating Providers beyond plan coverage; the discount does not apply to EyeMed's Providers' professional services or disposable contact lenses. Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.

Benefits are not provided for services or materials arising from: Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; Medical and/or surgical treatment of the eye, eyes or supporting structures; Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear; Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; Plano (non-prescription) lenses and/or contact lenses; Non-prescription sunglasses; Two pair of glasses in lieu of bifocals; Services or materials provided by any other group benefit plan providing vision care; Certain brand name Vision Materials in which the manufacturer imposes a no-discount policy; or Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the Insured Person are within 31 days from the date of such order. Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available.

Benefits may not be combined with any discount, promotional offering, or other group benefit plans. Standard/Premium Progressive Lens not covered—fund as a Bifocal Lens. Standard Progressive Lens covered—fund Premium Progressive as a Standard.

* Premium progressives and premium anti-reflective designations are subject to annual review by EyeMed's Medical director and are subject to change based on market conditions.

Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.

Health Savings Account

How the Health Savings Account Works

A Health Savings Account (HSA) is like a personal savings account, designed to help individuals save for future health expenses on a tax-free basis. If you enroll in Option A:

- Enbridge will make a pre-tax contribution to your HSA by January 31, and you may add your own pre-tax contributions. You decide how much you want to contribute from your pre-tax pay. You may change your contribution amount anytime during the year.
- There are some fees associated with the account; see “About Inspira Financial Fees” for more information.
- You own your HSA and decide how you save, invest, or spend your money. You may use the dollars in your HSA to pay for eligible out-of-pocket healthcare costs tax-free. For example, this includes medical expenses before you meet your deductible, medical copayments, or other eligible out-of-pocket healthcare costs for vision and dental care.
- You are responsible for making sure you use the HSA for eligible expenses and can provide proof of those expenses if the IRS requests them. It’s important to make sure you save copies of receipts for expenses paid through your HSA.
- If you enroll in Option A mid-year, Enbridge’s contribution to your HSA will be prorated over the remaining months of the year.

Coverage	Health Savings Account (HSA)		
	Enbridge contributions	You can add:	Total contributions (from Enbridge and you)
Employee only or employee + domestic partner coverage	Up to \$500 per year	Up to \$3,900 per year	Up to \$4,400 per year
Family coverage (employee + dependents)	Up to \$1,000 per year	Up to \$7,750 per year	Up to \$8,750 per year

You may use the money in your HSA:

- To pay for expenses you have while meeting your deductible
- Or to pay copayments
- Or to pay for other healthcare expenses, such as dental and vision expenses not paid by any plan but allowed by the IRS
- Or as a way to save for the future, letting contributions add up tax free to cover future healthcare costs.

Features of the HSA

- **No “use it or lose it” to worry about.** Unlike the Healthcare Flexible Spending Account (FSA), remaining HSA funds carry over from year to year. You may also use future years’ contributions to cover this year’s expenses. For example: You have \$1,500 in expenses this year, but only have \$1,200 available in your account. If you re-enroll in Option A, you can use next year’s contributions to your account to reimburse yourself the \$300 difference from this year.
- **Account balances earn interest.**
- **Account balance “carry forward” allows you to save for future healthcare expenses.** You can even take the account into retirement to pay retiree healthcare costs. Your balance will continue to grow and earnings are tax-free. At age 65, you will have the ability to use your HSA funds for any purpose on a taxable basis. This makes funding your HSA a great way to save for retirement.
- You can research investment options by contacting Inspira Financial at www.inspirafinancial.com for details.
- **Even if you change medical options in the future, you can still use the money in your HSA.** You may contribute to the HSA only while you’re enrolled in

Option A, but you can use it to cover eligible healthcare expenses later even if you are enrolled in another medical plan option.

- **You may also withdraw money for other reasons,** but you are responsible for any applicable fees and tax penalties.
- **You can take your HSA with you if you leave Enbridge,** and draw on it as needed to cover eligible healthcare expenses, or roll your HSA balance into another HSA. If you leave your HSA at Inspira Financial, fees are subject to change.
- **You may change your contribution amount any time during the year. Changes are effective the first of the month following the change.**
- **You cannot use your HSA for domestic partner expenses unless your domestic partner qualifies as your tax dependent under IRS rules.**
- **HSA participants age 55 of older who are not enrolled in Medicare are eligible to make an additional \$1,000 “catch-up” contribution.** To elect an HSA “catch-up” contribution, you must contact the Dominion Energy Benefit Center at 1-877-434-6996.

You are not eligible to receive Health Reimbursement Arrangement (HRA) funds if you enroll in Option A because of government rules that apply to Health Savings Accounts.

Do You Have Other Medical Coverage?

You generally are not eligible for an HSA, and therefore cannot enroll in Option A if you have other health coverage that pays for medical expenses such as Medicare Part A and/or B, Medicaid, Tricare, a Healthcare Flexible Spending Account (FSA), a Health Reimbursement Arrangement (HRA), or coverage under a spouse’s plan, including an FSA or HRA through your spouse’s employer. If you enroll in Option A and have other coverage, you could be subject to IRS penalties.

Switching to Option A for 2026?

Because of federal rules, if you have a balance in your Healthcare FSA on December 31, 2025, and you choose Option A for 2026, you cannot contribute to your HSA or receive Enbridge’s contribution to your HSA until after the Healthcare FSA grace period has expired. As a result, your and Enbridge’s HSA contributions will not begin until April 2026. You’ll be able to use your remaining Healthcare FSA balance for any eligible expenses incurred through March 15, 2026.

About Inspira Financial Fees

Enbridge will pay the monthly maintenance fee as long as you are enrolled in Option A as an active employee.

You are responsible for any fees related to withdrawing money voluntarily closing your HSA account—which includes a \$25 closure fee.

For additional information on Inspira Financial fees, go to www.inspirafinancial.com.

Address Changes

You must make any changes to your address in The HUB as it’s sources the information we send to our benefit carriers. The address associated with your HSA must be a street address—P.O. boxes are not accepted.

Please note that HSA elections do not carry over from year to year. If you wish to contribute each year, you must re-enroll during Open Enrollment for coverage to be effective on January 1.

Healthcare Flexible Spending Account

The FSA dollar amount you elect for 2026 will only apply during your time on Enbridge’s TSA benefit plans. Once you move to Enbridge’s post-TSA benefit plans, you must make new elections—existing balances will not carry over. Coverage and claims deadlines may also change. Please be aware of IRS calendar year maximums, which apply across both plans.

Make sure to save copies of receipts that you submit for the FSA. Inspira Financial requires receipts for reimbursement; it’s your responsibility to keep them.

The Healthcare Flexible Spending Account (FSA) is available if you select medical plan Options B or C, or waive medical coverage through Enbridge.

You can use the Healthcare FSA to set aside pre-tax dollars from your paychecks to pay for eligible out-of-pocket healthcare expenses that will not be reimbursed by a Enbridge benefit plan or from any other source.

You can set aside from \$120 to \$3,300 a year in the Healthcare FSA for eligible expenses, including prescription drugs, and other medical, dental and vision expenses. From the time you start participating for the year, the Healthcare FSA will reimburse you up to the total amount that you have chosen to contribute for the year, regardless of the actual balance in your account.

If you select medical plan Option A, you cannot participate in a Healthcare FSA. The FSA is not available to cover domestic partner expenses unless your domestic partner qualifies as your dependent for tax purposes.

Please note that FSA elections do not carry over from year to year. If you wish to contribute each year, you must re-enroll during Open Enrollment for coverage to be effective on January 1.

Eligible Expenses	Expenses That Are Not Eligible
Examples of expenses that can be reimbursed: • Medical, vision and dental expenses • Deductibles • Copayments • Adult and children’s orthodontia • Over-the-counter medications (including feminine care products) • Chiropractic visits not covered by the medical plan • Saline solution and contact lenses cleaners • Procedures or expenses that are medically necessary and not covered by a medical plan, such as orthotics and hearing aids • Doctor prescribed weight loss programs • Lasik surgery • Fees for smoking cessation • Acupuncture	The IRS lists these non-eligible expenses: • Cosmetic procedures • Personal health or life insurance premiums • Your contribution rates (payroll deductions) for medical, dental and vision coverage • Procedures or expenses not medically necessary • Fees for health clubs or gyms • Fees for weight loss programs not prescribed by a doctor

For more information, go to the IRS website at www.irs.gov and choose Publication 502, Medical and Dental Expenses.

Claiming Your Healthcare FSA Benefits

You can be reimbursed from your Healthcare FSA up to your total annual contribution election, even if you don’t have this amount in your account. Below are your options:

Inspira Financial FSA Debit Card

You can pay for eligible healthcare expenses at the time of service with your FSA Debit Card which will deduct money from your healthcare FSA.

Inspira Financial Reimbursement Account Claim Form

You can complete the Reimbursement Account Claim Form and mail or fax it to Inspira Financial.

Inspira Financial App

You can use the Inspira Financial app to upload receipts to Inspira Financial. The app also provides real-time access to account balances, claims processed and transaction details for your FSA.

Online Submission

You can upload your claims online by logging on to Inspira Financial’s website

at www.inspirafinancial.com. If your claim was processed by the insurance carrier, you will need to upload your Explanation of Benefits statement. If your claim wasn’t processed by the insurance carrier and you have a receipt for services rendered, you will need to upload your receipt with the information below:

- Provider of service
- Date and cost of the service; and
- Type of service or medical supply.

You may choose to have your reimbursement:

- Sent to you in a check, or
- Directly deposited into your checking or savings account.

To select direct deposit, complete an FSA Inspira Financial Direct Deposit Authorization form available by calling the Dominion Energy HelpLine at 1-877-947-4636. You may also enroll online at www.inspirafinancial.com. The direct deposit option carries over automatically from year to year. Completed forms should be sent directly to Inspira Financial.

Grace Period & Claims Deadline Reminders

- Incur eligible health-care expenses—until March 15, 2027
- File 2026 Healthcare FSA claims for reimbursement—by April 30, 2027

Claims incurred through the grace period and postmarked by April 30 can be processed for reimbursement using the prior plan year's FSA balance.



Health Reimbursement Account

If you are an active employee on January 1, 2026 and you enroll in medical plan Option B or C, you will have \$2,100 available to you in 2026, deposited by Enbridge in a Health Reimbursement Arrangement (HRA) administered by the Utility Workers Union of America (UWUA) National Health and Welfare Fund. The money in your account can be used to reimburse you for qualified out-of-pocket expenses incurred by you or a covered dependent on or after January 1, 2026. Active employees hired after January 1, 2026 and before July 1, 2026, will have \$1,050 deposited by Enbridge in an HRA in July. **Remember, if you set aside pre-tax dollars into a Flexible Spending Account (FSA), you must first exhaust all the money in your FSA before being eligible for reimbursement from your HRA.**

All questions regarding your HRA should be directed to:

Utility Workers Union of America National Health and Welfare Plan
TIC International Corporation
6525 Centurion Drive
Lansing, MI 48917-9275
(517) 321-7502
(800) 920-8116.

Review Your Choices—Things to Consider

When deciding if the Healthcare FSA makes sense for you, consider:

- What are you likely to spend in copayments or deductibles for doctor visits and other medical and dental services?
- Do you or your family members take prescription medications?
- Will you have more than preventive dental expenses in the coming year? Do your children need braces?
- Do you have to purchase glasses or get a new prescription this year?

Use the online tools available at Your Benefits Resources (YBR) digital.alight.com/dominionenergy to help you determine how much you are likely to spend for care during the coming year under the Enbridge plans you are choosing. Your expenses for this year can be a good starting point for estimating next year's out-of-pocket expenses.

Remember to plan carefully:

- You cannot change your Healthcare FSA contribution during the year unless you experience a qualifying life event.
- You should use all the funds in your account by March 15 of the following year, which includes the grace period. For example, if after December 2026 you have funds remaining in your 2026 Healthcare FSA account, you can incur expenses until March 15, 2027.
- If you have a balance in your Healthcare FSA on December 31, 2025, and you choose medical plan Option A for 2026, you cannot contribute to your HSA or receive Enbridge's contribution to your HSA until after the Healthcare FSA grace period has expired. As a result, your HSA contributions will not begin until April 2026.
- Contributions and expenses cannot be transferred between your Healthcare FSA and your Day Care FSA.
- Estimate carefully. Any money left in your 2026 Healthcare FSA after the claim filing deadline—April 30, 2027—will be forfeited based on IRS regulations. Make sure to use all dollars you set aside for the year.

Day Care Flexible Spending Account

The FSA dollar amount you elect for 2026 will only apply during your time on Enbridge’s TSA benefit plans. Once you move to Enbridge’s post-TSA benefit plans, you must make new elections—existing balances will not carry over. Coverage and claims deadlines may also change. Please be aware of IRS calendar year maximums, which apply across both plans.

You can use a Day Care Flexible Spending Account (FSA) for eligible child or adult day care expenses while you and your spouse work or your spouse goes to school full-time. Your eligible dependents include:

Dependent Children

Your children under age 13 who have the same principal residence as you for more than half the calendar year and who do not provide more than half of their own support for the calendar year. “Children” includes your children, adopted children, children placed with you for adoption, foster children and stepchildren (i.e., the children of your current legal spouse), as well as your sibling or stepsibling or any descendant of any individual named above.

Disabled Dependents

Your spouse or any other dependents (defined below), regardless of age, who are physically or mentally incapable of caring for themselves, including:

- Your unmarried child (or descendant of your child), brother, sister, stepbrother or stepsister (or descendant of any such person) who:

- Has the same principal residence as you do for more than half the calendar year; and
- Does not provide over half of their own support for the calendar year.
- Your brother, sister, stepbrother, stepsister, father, mother, ancestor of your father or mother, stepfather, stepmother, niece or nephew, aunt or uncle, son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law who:
 - Has the same principal residence as you for more than half the calendar year;
 - Receives over half of their support for the calendar year from you; and
 - Is not anyone else’s dependent child for tax purposes.

Under IRS rules, to be reimbursed through your FSA, care must be provided by a person for whom you have a Social Security number, or a day care facility with a Taxpayer Identification number.

The minimum contribution is \$120 per year.

Grace Period & Claims Deadline Reminders

- Incur eligible day care expenses—until March 15, 2027
- File 2026 Day Care FSA claims for reimbursement—by April 30, 2027

Claims incurred through the grace period and postmarked by April 30 can be processed for reimbursement using the prior plan year’s FSA balance.

Please note that FSA elections do not carry over from year to year. If you wish to contribute each year, you must re-enroll during Open Enrollment for coverage to be effective on January 1.

Based on Your Tax Status...	You Can Set Aside...
If single or married filing jointly	Up to \$7,500
If married filing jointly and your spouse’s employer offers a dependent care account	Up to \$7,500 in total to the two accounts
If your spouse earns less than \$5,000 per year	Up to the amount of your spouse’s earned income
If married filing separate returns	Up to \$3,750

For more information, go to the IRS website at www.irs.gov and choose Publication 503, Child and Dependent Care Credit.

Review Your Choices—Things to Consider

In thinking through whether the Day Care FSA works for you, consider:

- You cannot change your Day Care FSA contribution during the year unless you experience a qualifying life event.
- Whether you have eligible dependents who need day care or before/after-school care.
- Whether any of your children will reach age 13 during the year and no longer be considered eligible dependents for the Flexible Spending Account.
- The tax break you get on reimbursed dollars when you use the account to pay for expenses you would have to pay anyway.
- Estimate carefully. Any money left over in your 2026 Day Care FSA after the claim filing deadline—April 30, 2027—will be forfeited, based on IRS regulations.

- Money in the Day Care FSA cannot be used for dependent healthcare expenses.
- What works best for you—the Day Care FSA or the dependent care tax credit provided by federal law. It’s important to keep in mind that you cannot take the tax credit for any amounts that are reimbursed through the Day Care FSA. In some cases, the tax credit may provide more savings than a Flexible Spending Account.

Day Care FSA	Dependent Care Tax Credit
You decide in advance how much to set aside for the coming year.	You wait until filing your tax return to claim the credit for any dependent care costs.

If you have questions about tax saving, you may want to consult a tax advisor.

For Financial Security— Long-Term Disability and Life Insurance

In addition to healthcare coverage, Enbridge offers benefits that focus on financial protection for you and your family, tax advantages and planning for the future.

Long-Term Disability

Long-term disability (LTD) coverage provides financial protection in the event you cannot work for a long period of time because of an accident or personal illness. The LTD plan pays you a monthly benefit for as long as you are disabled, as defined by the plan, beginning after you have been continuously disabled for at least 180 days and continuing up to age 65, unless you recover.

You automatically receive LTD coverage in the amount of:

- 50% of your annual base pay* at no cost to you.

You have the option to purchase additional LTD coverage so that your total benefit is equal to:

- 60% of annual base pay, purchased on a pre-tax basis,
- 70% of annual base pay, purchased on a pre-tax basis,

Or you can purchase 65% and pay the full cost on an after-tax basis.

If you pay for optional coverage on a pre-tax basis, your monthly benefit will be subject to income taxes. If you pay for coverage on an after-tax basis, your monthly benefit will not be subject to income taxes; however, you pay the entire cost of coverage.

* Full-time employees: Base pay is your pay excluding overtime, bonuses, supplements and other special payments.

Part-time employees: Base pay is your current hourly rate x 1,040 hours excluding overtime, bonuses, supplements and other special payments.



Review Your Choices—Things to Consider

In thinking through whether to purchase LTD coverage, consider:

- Your family's sources of income and living expenses, and whether the 50% coverage provided by the company is enough to take care of your family if you become disabled.
- Whether you have private disability insurance or other sources of income.
- If you increase your LTD during Open Enrollment, Unum will mail to your home a personalized Evidence of Good Health form (a statement of your medical history to determine approval of coverage). Completion of this form is required, and your new coverage will not take effect until you are approved.

Employee Life Insurance

To provide financial protection for your family, Enbridge provides basic life insurance coverage for you equal to your annual base pay (rounded to the next \$1,000) up to a maximum of \$1,500,000. You do not need to enroll for this coverage.

You may also purchase additional life insurance coverage for yourself on an after-tax basis up to a maximum of \$2,500,000 for a total of:

Two (2) times up to a maximum of 11 times your annual base pay.

The maximum amount of life insurance coverage you may have is \$4,000,000. Coverage over \$50,000 is subject to imputed income taxes.

You automatically have accidental death and dismemberment (AD&D) coverage in the same amount as your life insurance up to a maximum of \$2,000,000. AD&D coverage pays a benefit in addition to your life insurance if you die in an accident. Also, if you are injured in an accident, a percentage is paid for specific losses, such as a limb or eyesight.

You can change your level of life insurance coverage during Open Enrollment. Increasing coverage by one level, up to five (5) times your annual base pay, does not require providing a Statement of Health to be approved by MetLife. Increasing your coverage by two (2) or more levels—or for coverage greater than five (5) times—requires a Statement of Health.

For new employees, the maximum amount of coverage available without a Statement of Health is five (5) times your annual base pay.

Pending approval of your Statement of Health, your life insurance amount will be equal to the maximum amount not requiring a Statement of Health.

The maximum amount of combined life insurance and AD&D coverage you may have is \$6 million.

Beneficiary Designation

Your Life insurance beneficiary designation serves a very important purpose—making sure your benefits are distributed as you intended. Reviewing your beneficiary choices to ensure they are current is a necessary step that can help avoid unwanted outcomes or probate. Always consider changes in marital status, deaths or other life changes that may impact your beneficiary designation, and update accordingly. You should review and update your designations yearly, or especially after a life event, such as marriage, divorce, birth of a child, etc., to ensure that the life insurance goes to the party you intended. If you die while coverage is in effect your most recent beneficiary as indicated by Dominion Energy records receives the amount of your Employee Life Insurance. If you die without a valid beneficiary, benefits are paid in the following order to your:

- Spouse/domestic partner;
- Children (in equal shares);
- Parents (in equal shares);
- Siblings (in equal shares); or
- Estate

Free Will Preparation

New for 2026! Basic Employee Life Insurance now includes access to free will preparation services for you and/or your spouse. MetLife is offering this service through its company, MetLife Legal Plans. For more information, call MetLife Legal Plans at 1-800-821-6400. When calling, provide the Dominion Energy group number (6967) and the last four digits of our Social Security number.

Accelerated Benefits Feature

The accelerated benefits feature allows you to receive up to 80% of your life insurance benefit if you have been diagnosed with a terminal illness with 12 months or less to live. Your request is subject to an independent medical review and approval by MetLife. Payment is generally paid in a lump sum up to a maximum of \$500,000. You may use the accelerated benefit payment in whatever way you choose; for example, to help pay medical bills, nursing home expenses, or living expenses. Upon your death, your remaining employee life insurance benefit will be paid to your beneficiary(ies).

Business Travel Accident Insurance

Business Travel Accident Insurance provides a benefit in the event you are seriously injured, or die as a result of traveling on Enbridge business away from your office or work location. Business travel means “travel” undertaken at the request of Enbridge that is intended to further Enbridge business. Coverage is \$250,000 in the event of death, or a percentage of the death benefit if you permanently lose certain limbs, eyesight, speech or hearing. For additional information, please refer to your Life Insurance Summary Plan Description (SPD).



Review Your Choices—Things to Consider

In thinking through whether to purchase additional life/AD&D insurance, consider:

- Other sources of income your family would have if something happened to you
- Your family's living expenses and debts
- Other life insurance you may have

Dependent Life Insurance

You may elect life insurance separately for your spouse and for your dependent children. You are automatically the beneficiary for dependent life insurance benefits.

Spouse/Domestic Partner Life Insurance

You may choose from eight life insurance coverage amounts for your spouse or domestic partner:

- \$5,000
- \$10,000
- \$25,000
- \$50,000
- \$100,000
- \$150,000
- \$200,000
- \$250,000

The amount of Dependent Life Insurance you select for your spouse or domestic partner cannot exceed the life insurance amount you select for yourself.

Your spouse or domestic partner will need to complete a MetLife Statement of Health form if you select coverage of \$100,000 or more. Coverage for your spouse or domestic partner will remain at \$50,000 (or the level previously approved) until the Statement of Health is approved by MetLife.

If you are enrolled in Spouse/Domestic Partner Life Insurance, your spouse or domestic partner is also eligible for the accelerated benefits feature. See page 22 for details.

Child Life Insurance

You may elect Dependent Life Insurance for your children under age 26 in the amount of:

- \$2,500 per child
- \$5,000 per child
- \$10,000 per child
- \$15,000 per child
- \$20,000 per child
- \$25,000 per child

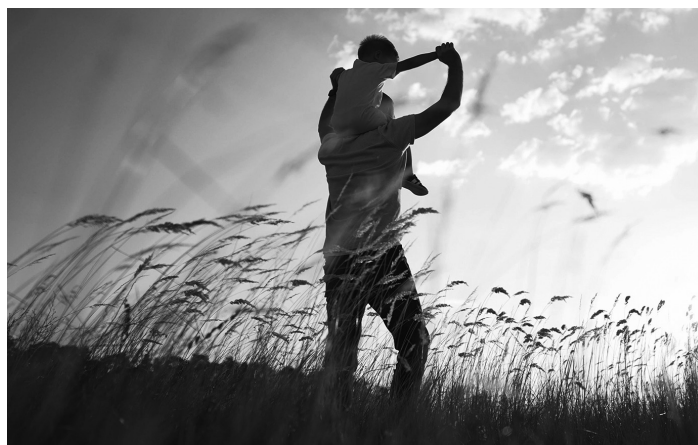
It is your responsibility to enter each of your eligible dependent children's information into YBR. When electing child life coverage, only the children you select will be covered. Child life coverage will automatically cancel at the end of the month that your youngest child enrolled turns 26 years old.

See page 3 for a definition of dependents.

Review Your Choices—Things to Consider

In thinking through whether to purchase dependent life insurance, consider:

- Other sources of income your family would have if something happened to your spouse
- Your family's living expenses and debts
- Other dependent life insurance you may have



Additional Benefits and Programs

Enbridge offers additional benefit plans that are focused on your future. You may enroll in these plans at any time during the year.

Enbridge 401(k) Savings Plan

The Enbridge 401(k) Savings Plan enables you to save some of your own money toward retirement and receive a company matching contribution on a percentage of the amount you save. Go to enbridge401k.voya.com to obtain more information. You may also contact the Enbridge 401(k) Savings Plan Service Center at 1-855-334-4863 or for hearing impaired assistance at 1-800-579-5708.

Enbridge Gas Ohio Union Pension Plan

The Enbridge Gas Ohio Union Pension Plan is funded entirely by the company and participation is automatic. The plan is designed to provide you and/or your beneficiary with monthly benefit payments at retirement. To learn more about your pension benefit, please review the information at digital.alight.com/enbridge. You may also contact the Enbridge Pension Service Center at 1-866-228-0289.

Adoption Assistance

To help employees with the high cost of adoption, Enbridge has established an Adoption Assistance Program. This program offers eligible employees up to \$17,280 per child in assistance with qualifying adoption expenses. Subject to Internal Revenue Service requirements, all or a portion of this assistance may be tax-free to the employee.

To apply for reimbursement, complete the Reimbursement Request Adoption Assistance Program form. The form is available by calling the Dominion Energy HelpLine at 1-877-947-4636.

Education Assistance

The Education Assistance Program is designed to benefit employees and Enbridge by providing employees with more education and training while expanding their effectiveness on the job with new knowledge and skills.

The plan pays 100% of eligible tuition costs, required textbooks and specific course related fees—up to \$7,500 per calendar year. Up to \$5,250 per year will be reimbursed on a pre-tax basis. Any reimbursements over \$5,250 will be taxable to you. Employees have a maximum of six months from the date the course(s) is completed to submit an Education Assistance Application & Service/Repayment Agreement form, along with required documentation, for reimbursement. Reimbursements for classes are applied to the calendar year maximum for the year in which the reimbursement is paid. The form is available by calling the Dominion Energy HelpLine at 1-877-947-4636.

Contact the Dominion Energy HelpLine for details on the Education Assistance Program.

Voluntary Benefits

New participants can enroll during Open Enrollment* or within 31 days of your hire date, unless otherwise notated.

Enbridge will not be offering pet insurance, identity theft protection or auto & home insurance once the TSA period ends.

Accident insurance—MetLife's accident insurance can help pay for costs incurred after an accidental injury. There are more than 100 covered benefits, including ER visits, hospital stays, fractures, dislocations, X-rays, physical therapy, burns, medical appliances and more. This plan pays based on a schedule of benefits regardless of whether you have medical coverage. The payments come directly to you to be used any way you choose.

2026 Benefit Increase: Due to new state regulations, the accident and hospital indemnity insurance plans will no longer offer a health screening benefit. To help offset this change, benefit amounts for key services under both plans will increase. Refer to Voluntary Benefits on HR Home to learn more.

Critical illness insurance—MetLife's critical illness insurance pays a lump-sum benefit amount if you are diagnosed with a covered disease or illness. This coverage can help cover some of the costs of treatments and unexpected expenses. And best of all, the payment is made directly to you, and is in addition to any other insurances you may have. It's yours to spend however you like, including everyday living expenses. The health screening benefit and skin cancer coverage has increased and there is a reduction in the number of hospitalization days required to be eligible for infectious disease benefits. You do not need to be enrolled in a medical plan to take advantage of this benefit.

Hospital indemnity insurance—MetLife's hospital indemnity insurance helps by supplementing your medical plan coverage if you are admitted and confined to a hospital. You will receive a lump-sum payment that you can use to pay for things your medical plan may not cover, such as deductibles, copayments, out-of-network care and even everyday living expenses.

2026 Benefit Increase: Due to new state regulations, the accident and hospital indemnity insurance plans will no longer offer a health screening benefit. To help offset this change, benefit amounts for key services under both plans will increase. Refer to Voluntary Benefits on HR Home to learn more.

Identity theft protection—Allstate's identity theft protection provides comprehensive 24/7 identity monitoring and fraud resolution designed to help you protect yourself and your family against today's digital threats. With their inclusive definition of "family" you can cover everyone under your roof (or wallet) no matter their age.

Auto and home insurance—Enbridge partners with Mercer Choice Auto and Home to provide comprehensive coverage options for your most valued possessions—including your vehicle, home, condominium, rental property, boat, motorcycle, and more. You can apply for coverage any time during the year.

Pet insurance—My Pet Protection Choice through Nationwide provides reimbursement for eligible vet expenses for most dogs, cats, avian and exotic pets. Coverage includes unlimited calls to a vethelpline for free 24/7 advice on any pet health concern. It also includes access to discount prescriptions. If you want pet insurance, you can enroll at any time at petinsurance.com/dominionenergy or call 1-877-738-7874. Tell them you are an employee of Enbridge to receive the discounted premium.

Legal insurance—MetLife Legal Plans assists with a variety of legal needs. The plan design covers you for traffic tickets, identity theft, document review, immigration and many more legal matters. You, your spouse, domestic partner and dependents have access to a network of over 18,000 experienced attorneys coast-to-coast. There are no copays, deductibles or claim forms. You can contact an attorney via chat, online or by calling the MetLife Legal Plans' Client Service Center. Also, you have access to digital estate planning for wills, living wills, and powers

of attorney online. Learn more at legalplans.com or call the Client Service Center at 1-800-821-6400.

Please note: There is no representation or guarantee that the cost of the voluntary benefits described above is less expensive than the cost of coverage you may be able to find on your own.

** If you are currently enrolled in a Voluntary Benefit, your elections will automatically carry over each year unless you make a change during Open Enrollment.*

Forms

To get forms, call the Dominion Energy HelpLine at 1-877-947-4636.

Plan	Action	Name of Form or Contact Information	Notes*
All Plans	Enroll, change enrollment, drop coverage	Dominion Energy Benefit Center at 1-877-434-6996	
Adoption Assistance	Apply for reimbursement	Reimbursement Request Adoption Assistance Program Form	Attach required documentation
Dental	Claim form	Dental Expense Benefits Claim Form—MetLife	
Education Assistance	Apply for reimbursement	Education Assistance Application and Service/Repayment Agreement	• Verbal approval required prior to class enrollment • Attach required documentation
FSA	Authorize Inspira Financial to deposit your FSA reimbursement to your bank account	FSA Inspira Financial Direct Deposit Authorization Form	Day Care FSA and Healthcare FSA
FSA	Claim form	FSA Inspira Financial Claims Form	Day Care FSA and Healthcare FSA
Medical	Claim form	Anthem Claim Form	
Vision	Claim form	Enbridge Vision Care Claim Form—EyeMed Vision Care (for out-of-network providers only)	

* Be sure to review each form's instructions carefully. Not all forms are to be returned to the same location.

The Fine Print

Health Insurance Portability and Accountability Act (HIPAA)

Enbridge maintains the privacy of your health information in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). As part of our compliance with HIPAA, this is a reminder that you have access to Enbridge's notice describing our legal duties and privacy practices related to how medical information about you may be used and disclosed, as well as information about how you can access this information. To request a copy of this notice, call Anthem at 1-800-348-1966 and ask to speak with a representative.

This enrollment guide is designed to give you a brief overview of Enbridge's Benefits Program. It is not intended to provide all-inclusive details about the program. In the event of any differences between the descriptions in this guide and official plan documents, the plan documents will control the operation of the program.

This Benefits Enrollment Guide is not to be considered as a contract of employment or as creating a right to continued employment to any employee.

2026 BENEFITS GUIDE

UNION-REPRESENTED EMPLOYEES
UWUA, LOCAL G-555