

Stay informed and engaged about your Benefits!

This newsletter will help you make the most of your health and retirement benefits by sharing the latest news and tools available to you.



Get the Latest on COVID-19

Find the latest COVID-19 information and guidance from the CDC, federal and local governments, including where to receive your vaccination. Learn about Genesis's COVID-19 protocols and what it means to you and read our latest Company announcement. Visit [COVID-19 Resource](#) on the HR website.

Tax Season is here – Are you Ready?

The deadline for filing your 2021 taxes (or requesting an extension) is April 18, 2022. However, filing early and accurately can help you avoid long waits and get your refund sooner! Not sure if you have all the necessary forms from Genesis? Here is what you may need and where to get a copy:

1. **W-2 - Needed to file your federal and state taxes**
W-2's were sent out in January. You can get a copy by logging into Ceridian DayForce and selecting "Earnings" from the home page, then "Year End Forms."
2. **Form 1095-C – Contains important information about the healthcare coverage offered by Genesis.**
While Genesis is required to send this form, you no longer need to submit it with your taxes. 1095-C's were sent out in January; you can get a copy in the "Year End Forms" section of Ceridian.
3. **Forms 1099-SA – Required if you utilized a Health Saving Account in 2021**
You can get a copy of your 1099-SA by logging into [Fidelity](#) and selecting your HSA account. Then select "Tax Information" and download a copy of the form that was sent out in January.

Didn't Get Your Forms? – Check Your Address in [Ceridian DayForce](#)

- If changes are needed, select "Forms" on the homepage and then "Address Change Form"
- Make sure you are adding a new row for your address change and end dating your old address – Do Not Delete historical addresses
- Review and submit your changes

Need to change your withholdings for 2022? Make Updates in [Ceridian DayForce](#)

- Select "Forms" from the Homepage and then "Federal W-4 – 2022" form
- Make the desired changes – review with your tax rep, if needed
- Review and submit your changes

Update on Memorial Hermann and BCBSTX Negotiations

We are happy to report that Blue Cross Blue Shield of Texas (BCBSTX) and Memorial Hermann health care system have reached a four-year agreement. This agreement is retroactive to March 1, 2022. If you sought care by a Memorial Hermann facility or provider after February 28, 2022 those claims will be automatically reprocessed according to in-network benefits, and you will receive a new Explanation of Benefits (EOB).

If you have specific questions, please contact BCBSTX Customer Service at 1-800-521-2227.

Last Chance to Use Your 2021 FSA Dollars!

- You can use 2021 FSA dollars for claims that are incurred prior to March 16, 2022.
- You have until April 30, 2022 to file for reimbursement with PayFlex for 2021 claims. After that, unclaimed funds will be permanently forfeited.
- Claim your expenses on the [PayFlex website](#) or file a [Claim Reimbursement Form](#).

REMINDER! 2022 FSA Funds claims must be incurred prior to December 31, 2022 and reimbursement must be filed by March 30, 2022.

Go Green for Earth Day – Make the Move to Paperless

Friday, April 22nd is Earth Day and one eco-friendly way to celebrate is to make the move to paperless! Genesis Energy and our benefits vendors offer a variety of ways to go paper free and declutter your life:

- **Paystubs**
 - Log in to Ceridian DayForce and select “Forms” from the Homepage
 - Select the “Earning Statement – Request Go Green Electronic” form
 - Review the form and check the “I accept and acknowledge the company policy” box, then submit your form
 - You can access electronic copies of all paystubs in Ceridian under “Earnings”
- **BCBSTX**
 - Log in to [BCBSTX](#) and select “My Account”
 - Select “Notification Preferences” and update what forms you would like to receive electronically, or click the “Go Paperless” option to receive all forms electronically
 - You can access electronic copies of your BCBSTX documents – including Explanation of Benefits and electronic copies of your ID card on their website, or using the [BCBSTX app](#)
- **CVS Caremark**
 - Log in to CVS Caremark and select “Profile”
 - Select “Communication Preferences” and update your “Paperless Settings”
- **Fidelity**
 - Log in to [Fidelity](#) and select “Profile”
 - Select “Communication” and update what forms you would like to receive electronically

Q&A: The No Surprises Act

What is the No Surprises Act?

The No Surprises Act (NSA), which took effect January 1, 2022, aims to increase price transparency and reduce the likelihood of “surprise” medical bills.

Specifically, the Act requires healthcare providers to inform patients or their insurer of a “good faith estimate” (GFE) of the costs for a scheduled service or upon request before the service is provided.

GFEs are meant to give consumers predictability of how much they will be charged for services provided prior to keeping an appointment or receiving any billable services.

Why would I have a “surprise” medical bill?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

“Out-of-network” describes providers and facilities that haven't signed a contract with your health insurance company. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called “balance billing,” and this amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

“Surprise billing” is an unexpected balance bill. This can happen when you can't control who is involved in your care – like when you have an emergency or when you schedule a visit to an in-network facility but are unexpectedly treated by an out-of-network provider.

What am I protected from balance billing for?

Emergency Services – If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you in your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

– When you get services from an in-network hospital or ambulatory surgical center, but certain providers, like the anesthesiologist or radiologist, may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

What is a Good Faith Estimate?

A Good Faith Estimate (GFE) is a notification of expected charges for a scheduled or requested item or service, including items or services that are reasonably expected to be provided in conjunction with such scheduled or requested items or services.

The expected charges should take into account any discounts or financial assistance. GFEs are not required for emergency services, which cannot be scheduled in advance, unless specifically requested by the client.

How and When will I receive a GFE?

A GFE must be communicated in written form – either on paper or electronically.

A GFE estimate needs to be provided within the following time frames:

- If the service is scheduled at least three business days before the appointment date, no later than one business day after the date of scheduling.
- If the service is scheduled at least 10 business days before the appointment date, no later than three business days after scheduling.

If the information included in the GFE changes, the provider must issue a new GFE no later than one business day before the item or service is scheduled to be furnished.

Learn more about [protections for consumers](#), [understanding costs in advance](#) to avoid surprise bills, and what happens when [payment disagreements](#) arise after receiving medical care.

Are your beneficiaries up-to-date?

Regularly confirming beneficiary designations may not seem urgent, but should the unexpected happen, you'll be glad to know you've handled this important financial matter. It is a good idea to review your beneficiaries annually and after any major life events – such as a marriage, child's birth, divorce, or a death in the family.

Life Insurance Beneficiaries

Changes can be made in [Ceridian DayForce](#)

- Select “Forms” from the Homepage
- Select the “Current Beneficiary Information” form under Benefits
- Current Beneficiary(s) – Add/Adjust beneficiary names and relationships
- Current Designation – Add/Adjust beneficiary designations for each applicable benefit. Note that you are only required to name beneficiaries for Basic Life, although you can name beneficiaries for other plans (such as optional Life or AD&D). By not naming separate beneficiaries for additional plans, you agree that the beneficiaries named for Basic Life can be used for all Life and AD&D products
- Review and submit your changes

401(K) Beneficiaries

Changes can be made with [Fidelity NetBenefits](#)

- Select “Beneficiaries” from the Menu in the top left of the page
- Select Employer – if you have plans with multiple/previous employers you may need to name beneficiaries in multiple plans
- Edit your Beneficiary Designations – you'll need the beneficiaries name and date of birth. Make sure you elect a Primary and Secondary beneficiary just in case
- Review and save your choices

It is important to note, that if you are married, you must have notarized, written spousal consent to name someone other than your spouse as your primary beneficiary for a 401(K). You can obtain the form from Fidelity at 800-835-5097.

Note: In some cases, a named beneficiary may superseded any stipulations in your will – you may want to discuss any beneficiary changes with your estate planner/attorney.

Your Benefit Resources

BenefitsConnections Team

Have a question? Contact us at:

Phone: (877) 241-9624

Email: benefitsconnections@genlp.com

HR Website

hr.genesisenergy.com

- Plan documents for core benefits
- Retirement resources, information, and links
- Information and videos on how to enroll or make changes to benefits
- Find frequently used forms and FAQs

Did you have a Qualifying Life Event?

You have **31 days** to act!

During the year, you may change your benefit enrollment only if you have a qualifying life event – such as a marriage or divorce, birth or adoption of a child, death of a spouse or dependent, or if a spouse or dependent loses or gains outside coverage

For more information and instructions on how to Declare a Life Event [watch here](#).