



# 2021 EMPLOYEE **BENEFITS** GUIDE

EFFECTIVE

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**JANUARY 1st, 2021**



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**DECEMBER 31st, 2021**

# Table of Contents

<b>About Your Benefits</b>	<b>3</b>
Benefits Eligibility	
When Can You Make Changes To Your Benefits?	
<b>Medical Plan Information</b>	<b>4</b>
<b>Medical Plan</b>	<b>5</b>
<b>Dental Plan</b>	<b>6</b>
<b>Vision Plan</b>	<b>7</b>
<b>Basic Life and Accidental Death &amp; Dismemberment (AD&amp;D)</b>	<b>8</b>
<b>401(k) Retirement Plan</b>	<b>9</b>
<b>Safety</b>	<b>10</b>
<b>Employee Contributions</b>	<b>11</b>
<b>Benefit Contact Information</b>	<b>12</b>
<b>Employee Notices</b>	<b>13</b>

**If you have any questions, please contact:**

**[Alyssa Graham - Human Resources Director at 707-374-5123](#)**

**If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 13 for more details.**

This brochure is a brief summary of your benefits as of January 1, 2021 and is not considered "Evidence of Coverage." Please refer to your policy/plan documents for a complete description of the controlling terms, coverages, exclusions, limitations, and conditions of your coverage. In case of discrepancy between this information and the actual plan documents, the actual plan documents will prevail. For a full plan disclosure, please contact the Human Resources Department.

# About Your Benefits

We strive to offer a comprehensive and competitive benefits package to our employees. You have the opportunity to select the coverage that best fits your needs when you first become eligible for benefits and subsequently at each Open Enrollment. The goal of this brochure is to walk you through your benefits and help you understand the options available to you.

## Benefits Eligibility

### For Employees

All regular full-time and part-time hourly employees who work an average of 30 hours or more per week are eligible for benefits on the first day of the month following 30 days of employment.

### For Dependents

You may choose to enroll your eligible dependents in the medical, dental and vision insurance plans which include:

- ✦ Your spouse or registered domestic partner
- ✦ Your children up to age 26.



## When Can You Make Changes to Your Benefits?

After initial enrollment as a new hire, you can make changes to your benefit choices once a year during Paul Graham Drilling's Open Enrollment period. All changes will be effective January 1<sup>st</sup>. All lines of coverage you select will be effective for a full plan year, unless you have a change in family status. The IRS defines family status change as:

- ✦ Marriage, legal separation or divorce,
- ✦ Registered Domestic Partnership,
- ✦ Birth, adoption or custody change of an eligible dependent,
- ✦ Beginning or ending of spouse's employment, or
- ✦ A change of employment (for either you or your spouse) from part-time to full-time or full-time to part-time.

You must notify Human Resources within **30 days** of your family status change. Benefit changes must coincide with your family status change. Effective April 1, 2009, group health plans must allow eligible employees and/or their dependent(s) to enroll in the employer's plan (if they are not already covered) or terminate enrollment from the plan in the following circumstances:

- ✦ Loss of coverage under Medicaid or a state child health plan: If the employee or dependent loses coverage under Medicaid or a state child health plan, the employee may request to enroll him/her and dependent(s) in the employer's group health plan not later than 60 days after the date coverage ended under Medicaid or the state child health plan.
- ✦ Gaining eligibility for premium assistance under Medicaid or a state child health plan: If the employee or dependent(s) becomes eligible for premium assistance from Medicaid or a state child health plan, the employee may request to enroll himself/herself and/or his/her child(ren) under the group health plan not later than 60 days after the date that Medicaid or the state child health plan determines that the employee or dependent(s) is eligible for such financial assistance. The employee also has the option of terminating his/her and/or his/her child(ren)'s enrollment in the employer's group health plan and enroll in Medicaid or a state child health plan.

# Medical Plan Information

Choosing the right health plan is probably one of the most important decisions you can make for you and your family. You can refer to the medical plan comparison charts for a snapshot on commonly used benefits and refer to the carrier plan benefit summary or plan document for details on specific benefits.

Paul Graham Drilling offers employees a comprehensive medical plan through United Healthcare.

A **Preferred Provider Organization (PPO) Plan** offers two levels of coverage – one for care provided by United Healthcare Preferred Providers (network) and another for non-network providers. You will receive the highest benefit level when you choose a Preferred Provider. In addition, you are not required to pay any charges above the amount United Healthcare allows for covered services and you usually do not have to file claim forms. You can locate a United Healthcare provider by visiting their web site at [www.Myuhc.com](http://www.Myuhc.com).

When you are a United Healthcare member, you get tools and resources to help you easily manage your health and your benefits. All of your health benefits and health insurance plan information and cost-savings tools are in one place — your United Healthcare member website.

When you sign up and use it, you are not just a member, *you are a navigator*.

## Navigators have know-how

Navigators are smart about their health care. Once you are a navigator, you can easily:

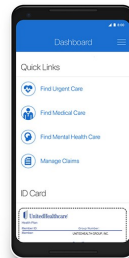
- ★ **Find the right doctor** — and save money. Locate in-network doctors who accept your plan.
- ★ **See what you owe.** Look up claims to see how much the plan paid and what you may have to pay.
- ★ **Know your plan.** Check who is covered by your plan and what it covers.
- ★ **Get valuable information.** See which doctors and hospitals have met extra standards for quality and efficiency.
- ★ **Know costs before you go.** See cost estimates before you make an appointment for an office visit, test or procedure.
- ★ **Get healthier.** Take a health assessment to learn about your health and how to lower your risks.

To register for your secure member website:

- ★ Grab your United Healthcare ID card
- ★ Go to [www.myuhc.com](http://www.myuhc.com)
- ★ Click “Register now”



United Healthcare offers **Virtual Visits**: Access to licensed doctors 24/7 via mobile phone or computer. Visit [www.uhc.com/virtualvisits](http://www.uhc.com/virtualvisits)



The United Healthcare Mobile app puts our most popular online features at your fingertips. Download the UnitedHealthcare app for free on the App Store® and Google Play®

Go to [www.myuhc.com](http://www.myuhc.com) To see a preview of what United Healthcare has to offer once you are a member.

# Medical Plans

Copay and coinsurance amounts shown indicate member's responsibility.

United Healthcare PPO Select Plan		
Covered Services	In-Network	Out-of-Network
<b>Calendar Year Deductible</b>	\$2,000 Individual / \$4,000 Family	\$4,000 Individual / \$8,000 Family
<b>Calendar Year Out- of-Pocket Max</b>	\$5,500 Individual / \$11,000 Family	\$11,000 Individual / \$22,000 Family
<b>Lifetime Maximum</b>	Unlimited	Unlimited
<b>Office Visit / Exam</b>	Primary: \$20 copay, deductible waived Specialist: \$20 copay, deductible waived	50% after deductible
<b>Preventive Services</b> Well Child Care, Well Woman Exams, Adult Preventive Exams, Prenatal visits	No charge, deductible waived	Preventative Not Covered
<b>Pregnancy/Maternity</b>	20% after deductible	50% after deductible
<b>Outpatient Diagnostic X-ray/Lab Tests</b>	No charge, deductible waived	Lab not covered / X-ray 50% after deductible
<b>Advanced imaging (CT, MRI, MRA, PET)</b>	20% after deductible	50% after deductible
<b>Mental Health &amp; Substance Abuse Inpatient</b> <b>Mental Health &amp; Substance Abuse Outpatient</b>	20% after deductible \$20 copay, deductible waived	50% after deductible 50% after deductible
<b>Outpatient Surgery</b>	20% after deductible	50% after deductible
<b>Emergency Room</b> (copay waived if admitted)	\$100 copay plus 20% after deductible	\$100 copay plus 20% after deductible
<b>Hospital - Inpatient Stay</b>	\$100 copay plus 20% - after deductible	\$100 copay plus 50% - after deductible
<b>Chiropractic Services</b> (24 visits/calendar year)	\$20 per visit - deductible waived	Not covered
<b>Durable Medical Equipment</b>	20% after deductible	Not covered
<b>Generic FDA-Approved Female Contraceptives</b>	No charge, deductible waived	50% after deductible
<b>Pharmacy: 30 day supply</b> Generic/ Brand / Non-Formulary <sup>1</sup>	\$10 / \$35 / \$70	\$10 / \$35 / \$70
<b>Mail Order: 90 day supply</b> Generic / Brand / Non-Formulary <sup>1</sup>	\$20 / \$70 / \$140	\$20 / \$70 / \$140

<sup>1</sup> **Choose Generics with Dispense as Written (DAW) override** - The member pays the applicable copay only, if the physician requires brand. If the member requests brand when a generic is available, the member pays the applicable copay plus the difference between the generic price and the brand price.

# Dental Plan



Taking care of your mouth, teeth and gums is a big part of making sure you feel your best. Healthy habits like brushing, flossing and seeing your dentist for regular cleanings help prevent problems. Paul Graham Drilling offers employees and eligible dependents dental coverage through United Healthcare Dental.

This dental plan enables you to receive services from the Preferred Provider Organization (PPO) or any other licensed dentist each time you receive preventive, basic or major dental care. UHC's PPO Plan covers 100% of eligible expenses for preventive services. After you pay a deductible, the plan will pay a portion of your eligible basic or major dental expenses. You will generally receive higher benefits if you visit a PPO network dentist. For a list of participating dentists in your area, refer to the directory on the web at [www.welcometouhc.com/dentalppo20](http://www.welcometouhc.com/dentalppo20) or call 1-888-679-8925.

**Coinsurance amounts shown indicate member's responsibility.**

United Healthcare Dental Plan		
Covered Services	In-Network	Out-of-Network <sup>1</sup>
<b>Calendar Year Deductible</b>	\$50 Individual / \$150 Family	
<b>Annual Maximum</b> (excludes orthodontia services)	\$1,000 / member	
<b>Coinsurance</b>		
<b>Diagnostic &amp; Preventive Services</b> Exams, x-rays, cleanings, fluoride, sealants, space maintainers	0% Deductible waived	0% Deductible waived
<b>Basic Services</b> Oral surgery, composite fillings, simple extractions, periodontics, endodontics	20%	20%
<b>Major Services</b> Crowns, inlays, dentures, bridges, implants	50%	50%

<sup>1</sup> Out-of-network coinsurance will apply to the maximum allowable fee for the service. Out-of-Network dentists can bill you for charges above the amount covered by your United Healthcare Dental plan. To ensure you do not receive additional charges, visit a participating PPO Network dentist.

# Vision Plan

Did you know that eyesight is rated the most valuable of the five senses? It's true. That is why protecting your eyesight should be a major concern to you. Eye doctors detect problems in vision, overall eye health, and detect signs of other health conditions like diabetic eye disease, high blood pressure and high cholesterol. We know your eyesight is precious to you and so we provide vision benefits to make sure your trip to the eye doctor is reasonably priced.

With open access to see any eye care provider, you can see the one who is right for you. Choose a United Healthcare Vision doctor or any other provider. To find a UHC Vision doctor, visit [myuhcvision.com](http://myuhcvision.com) or call 800-638-3120. Amounts shown indicate member's responsibility.



United Healthcare Vision		
Covered Services	In-Network	Out-of-Network
<b>Comprehensive exam—every 12 Months</b>	Covered in full after \$20 copay	\$40 allowance
<b>Lenses – every 12 months</b>		
Single Vision	Covered in full after \$20 copay	\$40 allowance
Bifocal Lenses	Covered in full after \$20 copay	\$60 allowance
Trifocal Lenses	Covered in full after \$20 copay	\$80 allowance
<b>Frames – every 24 months</b>	\$150 allowance after \$20 copay	\$45 retail allowance
<b>Contacts - every 12 months<sup>1</sup></b>		
Medically Necessary	Covered in full after \$20 copay	\$210 allowance
Elective (conventional & disposable) <sup>2</sup>	\$150 allowance, \$40 Fitting/Evaluation	\$125 allowance

<sup>1</sup> If a member prefers contact lenses, the plan provides an allowance for contacts in lieu of all other benefits (including frames)

<sup>2</sup> Contact lens allowance must be used at one time; no amount will be carried forward.

## In-Network Value Added Features

- ✦ At a participating in-network provider you will receive up to a 20% discount on an addition pair of eyeglasses or contact lenses.

## Vision Correction Discount

United Healthcare provides members with access to discounted laser vision correction providers. Traditional LASIK contracted prices start at \$945 per eye and \$1395 per eye for Custom LASIK.

## New Benefit Offered - Hearing Aids

As a UHC vision plan member, you can save on custom-programmed hearing aids when you buy them from United Healthcare Hearing. To find out more go to [UHChearing.com](http://UHChearing.com). When placing your order use promo code MYVISION to get the special price discount.

# Life and Accidental Death & Dismemberment ( AD&D) Plan

Basic Life insurance protects employees and their families from financial hardship in the event of death. It provides the peace of mind you get when you know your loved ones will be protected if anything happens to you. AD&D insurance provides additional protection to your beneficiaries in the event of your death or provides a lump sum benefit to you in the event of loss of limb or eyesight. Your Life and AD&D benefits are provided through United Healthcare and it is paid for 100% by Paul Graham Drilling.

United Healthcare Basic Life and AD&D	
<b>Life Benefit</b>	\$15,000
<b>AD&amp;D Benefit <sup>1</sup></b>	\$15,000
<b>Benefit Reductions</b>	65% reduction of coverage at age 65, 50% reduction of coverage at age 70

<sup>1</sup> The total benefit for all losses resulting from the same accident will be limited to the one type of loss which provides the greatest benefit.

## Term Life Features

- ✦ Continuation of life insurance while totally disabled as defined by the group policy
- ✦ Accelerated benefit
- ✦ Conversion to individual life policy

## AD&D Features

- ✦ 100% of coverage in the event of loss of life, both hands or feet, sight of both eyes, one limb and sight of one eye, or quadriplegia (complete paralysis).
- ✦ 50% for accidental loss of one limb, sight of one eye, loss of thumb and index finger of the same hand, paraplegia or hemiplegia (partial paralysis).

## Seat Belt and Airbag Benefit

- ✦ Death as the result of an auto accident while properly using a seat belt.
- ✦ Amount of your accidental death benefit increases by 10 percent, but not less than \$1,000 or more than \$20,000. In addition, we will increase your accidental death benefit by 5 percent, to a maximum of \$5,000 but no less than \$500, for a properly functioning airbag.



# 401(k) Retirement Plan

Paul Graham Drilling offers a 401(k) Retirement savings through Voya Financial. Investment statements are provided quarterly to participants.

## Eligibility Requirements and Enrollment

You are eligible to participate in the plan when you are 21 years of age and have 1 year of service with Paul Graham Drilling. Once you meet eligibility, you can enroll in the plan January 1<sup>st</sup> or July 1<sup>st</sup>.

## Employee Contributions

You may contribute 0-100% of your annual pay, not to exceed \$19,500 annually. Annual limitations are set by the IRS and are subject to change. The tax laws may also let you contribute an additional amount over the regular annual limit if you are at least 50 years old. Check with your benefits manager to see if you can take advantage of the increased opportunity to “catch up” and contribute even more to your employer’s plan. If your adjusted gross income does not exceed certain limits, you may be eligible for a tax credit.

**Roth Contributions:** Your plan permits Roth after-tax employee contributions. You may contribute a minimum of 1% and your total employee contributions (Roth after-tax and Traditional pre-tax deferrals combined) may not exceed \$19,500 annually (\$26,000 if you are at least age 50 and your plan has a catch-up feature). Annual limitations are set by the IRS and are subject to change.

## Employer Discretionary Contribution

**Employer Match:** Your employer may match a portion of the contributions you make to the plan.

## Vesting

You will always be 100% vested in the portion of your account attributable to your Employee contributions. You are also 100% vested upon your death, normal retirement, or disability. Your employer match contributions are subject to the following vesting schedule:

1 year of service	0%
2 years of service	20%
3 years of service	40%
4 years of service	60%
5 years of service	80%
6 years of service	100%

## Rollovers and Investment Transfers

Money from other qualified plans such as 401(k) plans is accepted. Rollover contributions are allowed prior to meeting the eligibility requirements of the plan. Using Voya Financial automated telephone or Internet service, you have the ability to review your accounts and transfer funds from one investment option to another, 24-hours a day.

## Distribution and Withdrawals

Funds are available at retirement, death, disability, or termination of service. Hardship withdrawal may be taken in case of extreme hardship as defined by the IRS when no other sources are available.

## Loan Provision

The Plan allows you to take loans from vested amounts in your account. The maximum number of loans you may have outstanding at any time is one. The amount the Plan may loan to you is limited by rules under the Internal Revenue Code. For specific details please refer to your Summary Plan Description (SPD). When thinking about taking a loan from you plan, keep in mind that when money is withdrawn from a retirement savings account, it reduces the power of tax-deferred compounding.



# Safety

## A Statement from the Vice President on Safety

Paul Graham Drilling & Service Co. believes that everyone benefits from a safe and health conscious work environment. We are committed to maintaining a safe workplace and to complying with applicable laws and regulations governing safety. **Our goal is zero accidents and zero injuries.** To do this, we must constantly be aware of all work areas that can cause injuries or illnesses. No employee is required to work at a job he or she knows is not safe or healthful. Your cooperation in detecting, preventing and communicating hazards or unsafe conditions is a condition of your employment.

Our Company places the highest value on workplace safety. Our motto is **“Safety is Paramount, it is Job One”**. We live by this motto and we continually strive to provide our employees with the tools and education they need to perform their jobs safely. It is our intention to provide the safest workplace possible; a workplace that produces zero accidents. Our focus on safety has continuously lowered our accident, injury and illness rates and we will achieve that **ZERO** goal.

If you are reading this message, chances are you are already a member or you are thinking about joining our team. Please take a moment to stop and think about your family, your friends, and the wonderful life that you have. As a member of our team you shall find that we are dedicated to providing you with a **safe and drug free workplace** so that you may return home to the ones you love, intact and healthy.

Thank You,

Drew Graham  
Vice President

*“Safety is Paramount; Safety is Job One.”*

## Workers Compensation Insurance

Workers' Compensation insurance coverage is provided to all employees. The coverage provides disability and medical benefits for work-related injuries and industrial illnesses that occur while working at Paul Graham Drilling. Disability benefits are coordinated with other sources of disability income so the employee does not receive over 100% of his/her pay.

All work-related injuries must be **immediately reported** to your supervisor and the Human Resources Department.

# Employee Contributions

Paul Graham Drilling contributes a substantial portion of employee and dependent premiums to medical, dental and vision benefits. The contributions listed below are deducted from payroll on a pre-tax basis.

Plan / Coverage Level	Monthly Premium	Employer Contribution	Employee Bi-Weekly Contribution
<b>United Healthcare Select PPO</b>			
Employee Only	\$760.60	\$608.48	\$70.21
Employee + Spouse	\$1749.38	\$1003.99	\$344.03
Employee + Child(ren)	\$1293.03	\$821.45	\$217.65
Employee + Family	\$2205.74	\$1186.54	\$470.40
<b>United Healthcare Dental</b>			
Employee Only	\$28.31	\$22.65	\$2.61
Employee + Spouse	\$63.89	\$36.88	\$12.47
Employee + Child(ren)	\$54.52	\$33.13	\$9.87
Employee + Family	\$91.15	\$47.78	\$20.02
<b>United Healthcare Vision</b>			
Employee Only	\$6.85	\$5.48	\$0.63
Employee + Spouse	\$13.71	\$8.22	\$2.53
Employee + Child(ren)	\$13.02	\$7.95	\$2.34
Employee + Family	\$20.44	\$10.92	\$4.40
<b>United Healthcare Life and AD&amp;D</b>			
Employee Only	100% Employer Paid		

# Benefit Contact Information



For assistance with your benefit plan questions, please use the following contact information.

Carrier / Coverage	Phone #	Group #	Website
<b>United Healthcare Medical</b> Member Services Virtual Visits Mail Order Rx Technical Support	866-633-2446 See back of ID card See back of ID card 800-651-5465	923082	<a href="http://www.myuhc.com">www.myuhc.com</a> <a href="http://www.employereservices.com">www.employereservices.com</a>
<b>United Healthcare Dental</b>	888-679-8925	923082	<a href="http://www.welcometouhc.com/dentalppo20">www.welcometouhc.com/dentalppo20</a>
<b>United Healthcare Vision</b>	800-638-3120	923082	<a href="http://www.myuhcvision.com">www.myuhcvision.com</a>
<b>United Healthcare Life and AD&amp;D</b>	888-299-2070	308698	<a href="http://www.myuhc.com">www.myuhc.com</a>
<b>Voya Financial 401(k) Plan</b> P.O. Box 90063 Hartford CT 06199-0063	800-584-6001	Individual Accounts	<a href="http://www.voyaretirementplans.com">www.voyaretirementplans.com</a>
<b>Crow Financial Services</b> Patrick Crow 222 West Lockforde Street Lodi CA 95240	209-367-5570	N/A	<a href="http://www.crowfinancialservices.com">www.crowfinancialservices.com</a>
<b>Paul Graham Drilling/Resource Cementing</b> Alyssa Graham - Human Resources	800-336-7285	N/A	<a href="mailto:alyssa@paulgrahamdrilling.com">alyssa@paulgrahamdrilling.com</a>

# Employee Notices

If you have questions regarding any of these notices please contact Alyssa Graham - Human Resources Director at (707) 374-5123 or 2500 Airport Road, Rio Vista CA 94571.

## Important Notice from Paul Graham Drilling and Service Company About Your Prescription Drug Coverage and

### Medicare – Effective January 1, 2021

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

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

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Paul Graham Drilling and Service Company has determined that the prescription drug coverage offered by the Aetna Base and Buy-Up PPO plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

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

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

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Paul Graham Drilling and Service Company coverage will not be affected. See the Contact listed below for an explanation of your plan benefits including the prescription drug coverage.

If you do decide to join a Medicare drug plan and drop your current Paul Graham Drilling and Service Company coverage, be aware that you and your dependents will be able to get this coverage back.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

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

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

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed at the beginning of the Notice section for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Paul Graham Drilling and Service Company changes. You also may request a copy of this notice at any time.

# Employee Notices

## **For More Information About Your Options Under Medicare Prescription Drug Coverage...**

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

For more information about Medicare prescription drug coverage:

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

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

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

# Employee Notices

## Women's Health and Cancer Rights Act

This communication is to provide notice as required under the federal Women's Health and Cancer Rights Act, effective October 21, 1998. Please review this information carefully.

As a Plan participant or beneficiary of the Paul Graham Drilling and Service Company Health Plan, if you or a covered dependent elects breast reconstruction in connection to a mastectomy, coverage will also be provided for:

- ✦ reconstruction of the breast on which the mastectomy was performed
- ✦ surgery and reconstruction of the other breast to produce symmetrical appearance; and
- ✦ prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This coverage will be provided after consultation with the attending physician and the patient, and will be subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

This notice is provided to you for informational purposes, no action is required on your part.

Please keep this information with your other group health plan documents. If you have any questions regarding this notice, please contact Member Services at the number found on your Medical ID Card.

## Newborns' and Mothers' Health Protection

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the Plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## Special Enrollment Rights

This notice is being provided to ensure that you understand your right to apply for group health insurance coverage. You should read this notice even if you plan to waive coverage at this time.

### Loss of Other Coverage

If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

**Example:** You waived coverage because you were covered under a plan offered by your spouse's employer. Your spouse terminates his employment. If you notify your employer within **30 days** of the date coverage ends, you and your eligible dependents may apply for coverage under our health plan.

### Marriage, Birth, or Adoption

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

**Example:** When you were hired by us, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this group health plan. However, you must apply within **30 days** from the date of your marriage.

### Medicaid or CHIP

If you or your dependents lose eligibility for coverage under Medicaid or the Children's Health Insurance Program (CHIP) or become eligible for a premium assistance subsidy under Medicaid or CHIP, you may be able to enroll yourself and your dependents. You must request enrollment within 60 days of the loss of Medicaid or CHIP coverage or the determination of eligibility for a premium assistance subsidy.

**Example:** When you were hired by us, your children received health coverage under CHIP and you did not enroll them in our health plan. Because of changes in your income, your children are no longer eligible for CHIP coverage. You may enroll them in this group health plan if you apply within 60 days of the date of their loss of CHIP coverage.

# Employee Notices

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2014. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>COLORADO – Medicaid</b>
Website: <a href="http://www.medicaid.alabama.gov">http://www.medicaid.alabama.gov</a> Phone: 1-855-692-5447	Medicaid Website: <a href="http://www.colorado.gov/">http://www.colorado.gov/</a>
<b>ALASKA – Medicaid</b>	Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943
Website: <a href="http://health.hss.state.ak.us/dpa/programs/medicaid/">http://health.hss.state.ak.us/dpa/programs/medicaid/</a> Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	
<b>ARIZONA – CHIP</b>	<b>FLORIDA – Medicaid</b>
Website: <a href="http://www.azahcccs.gov/applicants">http://www.azahcccs.gov/applicants</a> Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	Website: <a href="https://www.flmedicaidtplrecovery.com/">https://www.flmedicaidtplrecovery.com/</a> Phone: 1-877-357-3268
	<b>GEORGIA – Medicaid</b>
	Website: <a href="http://dch.georgia.gov/">http://dch.georgia.gov/</a> - Click on Programs, then Medicaid, then Health Insurance Premium Payment (HIPP) Phone: 1-800-869-1150
<b>IDAHO – Medicaid</b>	<b>MONTANA – Medicaid</b>
Medicaid Website: <a href="http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx">http://healthandwelfare.idaho.gov/Medical/Medicaid/PremiumAssistance/tabid/1510/Default.aspx</a> Medicaid Phone: 1-800-926-2588	Website: <a href="http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml">http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml</a> Phone: 1-800-694-3084
<b>INDIANA – Medicaid</b>	<b>NEBRASKA – Medicaid</b>
Website: <a href="http://www.in.gov/fssa">http://www.in.gov/fssa</a> Phone: 1-800-889-9949	Website: <a href="http://www.ACCESSNebraska.ne.gov">www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633



# Employee Notices

<b>IOWA – Medicaid</b>	<b>NEVADA – Medicaid</b>
Website: <a href="http://www.dhs.state.ia.us/hipp/">www.dhs.state.ia.us/hipp/</a> Phone: 1-888-346-9562	Medicaid Website: <a href="http://dwss.nv.gov/">http://dwss.nv.gov/</a> Medicaid Phone: 1-800-992-0900
<b>KANSAS – Medicaid</b>	
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-800-792-4884	
<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/oii/documents/hippapp.pdf">http://www.dhhs.nh.gov/oii/documents/hippapp.pdf</a> Phone: 603-271-5218
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-695-2447	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>
<b>MAINE – Medicaid</b>	Medicaid Phone: 609-631-2392
Website: <a href="http://www.maine.gov/dhhs/ofc/public-assistance/index.html">http://www.maine.gov/dhhs/ofc/public-assistance/index.html</a> Phone: 1-800-977-6740 TTY 1-800-977-6741	CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Phone: 1-800-462-1120	Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MINNESOTA – Medicaid</b>	<b>NORTH CAROLINA – Medicaid</b>
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone: 1-800-657-3629	Website: <a href="http://www.ncdhhs.gov/dma">http://www.ncdhhs.gov/dma</a> Phone: 919-855-4100
<b>MISSOURI – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>UTAH – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>OREGON – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> <a href="http://www.hijosaludablesoregon.gov">http://www.hijosaludablesoregon.gov</a> Phone: 1-800-699-9075	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>PENNSYLVANIA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.dpw.state.pa.us/hipp">http://www.dpw.state.pa.us/hipp</a> Phone: 1-800-692-7462	Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924
<b>RHODE ISLAND – Medicaid</b>	CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282
<b>RHODE ISLAND – Medicaid</b>	<b>WASHINGTON – Medicaid</b>
Website: <a href="http://www.ohhs.ri.gov">www.ohhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx">http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx</a> Phone: 1-800-562-3022 ext. 15473

# Employee Notices

<b>SOUTH CAROLINA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.dhhr.wv.gov/bms/">www.dhhr.wv.gov/bms/</a> Phone: 1-877-598-5820, HMS Third Party Liability
<b>SOUTH DAKOTA - Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>TEXAS – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493	Website: <a href="http://health.wyo.gov/healthcarefin/equalitycare">http://health.wyo.gov/healthcarefin/equalitycare</a> Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2014, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

# Employee Notices

## Notice of Privacy Practices – Effective January 1, 2021

### Your Information. Your Rights. Our Responsibilities.

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

#### Your Rights

You have the right to:

- ✦ Get a copy of your health and claims records
- ✦ Correct your health and claims records
- ✦ Request confidential communication
- ✦ Ask us to limit the information we share
- ✦ Get a list of those with whom we've shared your information
- ✦ Get a copy of this privacy notice
- ✦ Choose someone to act for you
- ✦ File a complaint if you believe your privacy rights have been violated

#### Your Choices

You have some choices in the way that we use and share information as we:

- ✦ Answer coverage questions from your family and friends
- ✦ Provide disaster relief
- ✦ Market our services and sell your information

#### Our Uses and Disclosures

We may use and share your information as we:

- ✦ Help manage the health care treatment you receive
- ✦ Run our organization
- ✦ Pay for your health services
- ✦ Administer your health plan
- ✦ Help with public health and safety issues
- ✦ Do research
- ✦ Comply with the law
- ✦ Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- ✦ Address workers' compensation, law enforcement, and other government requests
- ✦ Respond to lawsuits and legal actions

#### Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

##### *Get a copy of health and claims records*

- ✦ You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- ✦ We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

# Employee Notices

## *Ask us to correct health and claims records*

- ✦ You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- ✦ We may say “no” to your request, but we’ll tell you why in writing within 60 days.

## *Request confidential communications*

- ✦ You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- ✦ We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

## *Ask us to limit what we use or share*

- ✦ You can ask us not to use or share certain health information for treatment, payment, or our operations.
- ✦ We are not required to agree to your request, and we may say “no” if it would affect your care.

## *Get a list of those with whom we’ve shared information*

- ✦ You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.
- ✦ We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## *Get a copy of this privacy notice*

- ✦ You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## *Choose someone to act for you*

- ✦ If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- ✦ We will make sure the person has this authority and can act for you before we take any action.

## *File a complaint if you feel your rights are violated*

- ✦ You can complain if you feel we have violated your rights by contacting us using the information at the beginning of the Notice section.
- ✦ You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- ✦ We will not retaliate against you for filing a complaint.

## **Your Choices**

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- ✦ Share information with your family, close friends, or others involved in payment for your care
- ✦ Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

In these cases we never share your information unless you give us written permission:

- ✦ Marketing purposes
- ✦ Sale of your information

# Employee Notices

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

#### *Help manage the health care treatment you receive*

- ✦ We can use your health information and share it with professionals who are treating you.
- ✦ *Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

#### *Run our organization*

- ✦ We can use and disclose your information to run our organization and contact you when necessary.
- ✦ We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.
- ✦ *Example: We use health information about you to develop better services for you.*

#### *Pay for your health services*

- ✦ We can use and disclose your health information as we pay for your health services.
- ✦ *Example: We share information about you with your dental plan to coordinate payment for your dental work.*

#### *Administer your plan*

- ✦ We may disclose your health information to your health plan sponsor for plan administration.
- ✦ *Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

### How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

#### *Help with public health and safety issues*

We can share health information about you for certain situations such as:

- ✦ Preventing disease
- ✦ Helping with product recalls
- ✦ Reporting adverse reactions to medications
- ✦ Reporting suspected abuse, neglect, or domestic violence
- ✦ Preventing or reducing a serious threat to anyone's health or safety

#### *Do research*

- ✦ We can use or share your information for health research.

#### *Comply with the law*

- ✦ We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

#### *Respond to organ and tissue donation requests and work with a medical examiner or funeral director*

- ✦ We can share health information about you with organ procurement organizations.
- ✦ We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

# Employee Notices

*Address workers' compensation, law enforcement, and other government requests*

We can use or share health information about you:

- ✦ For workers' compensation claims
- ✦ For law enforcement purposes or with a law enforcement official
- ✦ With health oversight agencies for activities authorized by law
- ✦ For special government functions such as military, national security, and presidential protective services

*Respond to lawsuits and legal actions*

- ✦ We can share health information about you in response to a court or administrative order, or in response to a subpoena.

## **Our Responsibilities**

- ✦ We are required by law to maintain the privacy and security of your protected health information.
- ✦ We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- ✦ We must follow the duties and privacy practices described in this notice and give you a copy of it.
- ✦ We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

## **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request and we will mail a copy to you.

# Employee Notices

## Continuation Coverage Under COBRA

This notice applies to everyone with healthcare coverage under the Plan. This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

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

### What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

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

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- ✦ Your spouse dies;
- ✦ Your spouse's hours of employment are reduced;
- ✦ Your spouse's employment ends for any reason other than his or her gross misconduct;
- ✦ Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- ✦ You become divorced or legally separated from your spouse.

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

- ✦ The parent-employee dies;
- ✦ The parent-employee's hours of employment are reduced;
- ✦ The parent-employee's employment ends for any reason other than his or her gross misconduct;
- ✦ The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- ✦ The parents become divorced or legally separated; or
- ✦ The child stops being eligible for coverage under the Plan as a "dependent child."

### When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- ✦ The end of employment or reduction of hours of employment;
- ✦ Death of the employee; or
- ✦ The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

# Employee Notices

**For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Alyssa Graham at 2500 Airport Road, Rio Vista CA 94571.**

## **How is COBRA continuation coverage provided?**

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

### *Disability extension of 18-month period of COBRA continuation coverage*

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

### *Second qualifying event extension of 18-month period of continuation coverage*

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

## **Are there other coverage options besides COBRA Continuation Coverage?**

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

## **If you have questions**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact at the beginning of the Notices section. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit [www.HealthCare.gov](http://www.HealthCare.gov).

## **Keep your Plan informed of address changes**

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.





# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact [Alyssa Graham - Human Resources Director \(707\) 374-5123](#)

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The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](http://HealthCare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

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<sup>1</sup> An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name <b>Paul Graham Drilling / Resource Cementing, LLC</b>		4. Employer Identification Number (EIN) <b>94-2251954 / 47-1237197</b>	
5. Employer address <b>2500 Airport Road</b>		6. Employer phone number <b>(707) 374-5123</b>	
7. City <b>Rio Vista</b>	8. State <b>CA</b>	9. ZIP code <b>94571</b>	
10. Who can we contact about employee health coverage at this job? <b>Alyssa Graham - Human Resources Director</b>			
11. Phone number (if different from above) <b>(707) 374-5123</b>		12. Email address <b>alyssa@paulgrahamdrilling.com</b>	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:  
**FT employees working 30 or more hours. Employer contributes 80% of the medical premium. Employee contributes 20% of the medical premium/**

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:  
**We offer eligible dependent coverage to FT employees working 30 or more hours. Employer will contribute 40% of the medical premium and employee will contribute 60% of the medical premium.**

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.