

2024 INTERNATIONAL BENEFITS PROGRAM ENROLLMENT GUIDE



At SANAD, we pride ourselves on attracting and retaining highly skilled and talented people. We realize that it is through the full participation of all employees that we can achieve superior results. In return for this effort, we provide a comprehensive benefits program with a choice of many valuable options to ensure global access and coverage for international employees.

The International Benefits Program for SANAD includes:

- UnitedHealthcare Global Plan includes medical, prescription drugs, dental and vision coverage
- Employee Business Travel Accident Coverage
- Employee Basic Life Insurance
- Employee Basic Accidental Death & Dismemberment (AD&D) Insurance
- Employee Optional Life Insurance
- Employee Optional AD&D Insurance

Our goal is to provide competitive benefits at a reasonable cost – shared between you and the company.

What you need to know:

- New hires are eligible for benefits coverage on their first day of employment
- Dependent health coverage is also available, with completed enrollment form
- Eligible employees will be automatically enrolled for the Basic Life and Basic AD&D plans

We view this program as an important element in providing our valuable International Employees with global benefit access and coverage. If you have any questions after reviewing the Enrollment Guide and attached Global Benefits Kit, please contact the SANAD Benefits Department at 281-775-8106, 1-866-266-9040 or via email at BenefitsHelp@nabors.com. We are here to help make your transition into a new work environment a pleasant one.

Sincerely,

SANAD BENEFITS DEPARTMENT

UHC GLOBAL PLAN HIGHLIGHTS EXPAT SUMMARY

MEDICAL

GENERAL PLAN PROVISIONS (Amounts are in U.S. dollars)	Non-US	U.S. In-Network	U.S. Out of Network
Annual Maximum	\$2,000,000		
Plan Coinsurance	20%	20%	50%
Deductible (Individual / Family)	\$300 / \$900	\$600 / \$1,800	\$1,200 / \$3,600
Out-of-Pocket Maximum (Individual / Family)	\$2,250 / \$4,500	\$4,500 / \$9,000	\$9,000 / \$18,000
Preventive Care & Screenings			
Routine Preventive Care – all ages	No charge		50%
Immunizations – all ages			50%
Mammograms, PSA, PAP Smear & Colorectal Cancer Screenings			50%
Physician Services			
(General / Specialist)	No charge	\$25 / \$35 Copay	50%
Emergency Care			
Hospital Emergency Room, Urgent Care Facility	No charge	\$200 Copay	\$200 Copay
Inpatient Hospital Services			
Facility Services, Visits/Consultations, Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	No charge after deductible	20% after deductible	\$50% after deductible
Private Room	Limited to Semi-Private Room Rate (Private Room covered outside of US only if no semi-private equivalent available)		
Outpatient Hospital/Surgical Services			
Facility (Operating, Recovery, Procedures, Treatment, Observation)	No charge after deductible	20% after deductible	50% after deductible
Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist)	No charge deductible	20% after deductible	50% after deductible
Prescription Drugs (Generic / Brand / Non-Formulary Brand)			
30-day order or refill	100% reimbursement	\$10/ \$25/ \$60	\$10/ \$25/ \$60
Mail Order – 90-day order or refill	N/A	\$24/ \$62.50/ \$150	Not Covered

VISION

Exam (one exam every 12 months)	No charge	\$25 Copay	50%
Vision Hardware	One pair of glasses or lenses per 12 consecutive months, max of \$100		

DENTAL

Classes I, II, III Combined Calendar Year Maximum	\$1,500 per person		
Calendar Year Deductible (Individual / Family)	\$50 / \$150		
Class I – Preventive Care	100% not subject to deductible		
Class II – Basic Restorative	20% after deductible		
Class III – Major Restorative	50% after deductible		
Class IV – Orthodontia (Limited to dependent children under age 20)	50% not subject to deductible - \$1,000 Lifetime Maximum		

UHC Global: 1-800-368-1019, 1-800-537-7697 (TDD) International Toll Free

LIFE AND AD&D INSURANCE

SANAD automatically provides you with Basic Life and Basic Accidental Death and Dismemberment (AD&D) insurance equal to one times your annual base pay. There is no cost to you for this benefit. The maximum benefit is \$2,000,000 for Basic Life and Basic AD&D.

Optional Employee Coverage Available for Life and AD&D

You may purchase Optional Life insurance in the amount of 1, 2, 3, or 4 times your annual base pay up to \$2,000,000. Evidence of Insurability may be required. You may also purchase Optional AD&D insurance from \$20,000 to \$2,500,000 (but not more than 10 times your annual base pay) in \$10,000 increments.

EVIDENCE OF INSURABILITY (EOI)

Please review this section to see if you must furnish proof of good health to the insurance company. If proof of good health is required, you must complete an Evidence of Insurability (EOI) form. Enrollment must be approved by Prudential before your optional coverage becomes effective. You must submit proof of good health for yourself under the following circumstances:

- If you are electing Optional Life insurance for the first time.
- If you increase Optional Life insurance by more than an additional one (1) times your annual base pay
- if the elected coverage exceeds the \$350,000 guarantee issue amount.

(Prudential must approve your EOI application before the coverage begins)

CHANGING ELECTIONS DURING THE YEAR

If you do not enroll yourself or your dependents by the 45th day of employment, you may enroll within 30 days of a Qualified Life Status Change, or during the next Open Enrollment period. Each year during the Open Enrollment period you may elect or make changes to your coverage.

To declare a Qualified Life Status change, you are required to submit to the SANAD Benefits Department a written request within 30 days of the qualifying event. The change in coverage must be directly related to the change in family status. Proof of relationship and documentation is required for all dependents.

Qualified Life Status Changes: Marriage, divorce, birth or adoption of a child, death, loss or gain of coverage under governmental or education program, change in employment status for you, spouse or dependent or a significant change in a covered spouse's benefit plan.

If your spouse is eligible for coverage through their employer, they are not eligible for coverage on the SANAD Plan.

BUSINESS TRAVEL ACCIDENT COVERAGE

SANAD provides Business Travel Accident coverage at no cost to you. The covered accident must take place while traveling on business and in the course of business. The principal sum is \$250,000.

ELIGIBLE DEPENDENTS

Eligible Dependents include:

- Your legal spouse), **if not eligible** for health coverage through their employer.
- Your common-law spouse (if recognized in your state or country of residence), **if not eligible** for health coverage through their employer.
- Your dependent children (under age 26), includes your: natural children, legally adopted children and children placed with you for adoption, stepchildren, children for whom you have legal guardianship as determined by a court of competent jurisdiction.
- Your unmarried child age 26 or over if he or she is not capable of self-sustaining employment because of mental or physical handicap and depends mainly on you for support. Satisfactory proof is required.



EMPLOYEE COST

SANAD pays for the Basic Life, Basic AD&D and Business Travel Accident Plans. Listed are the per pay period costs for the UnitedHealthcare Global plan and the SANAD Optional Life Insurance plans.

COVERAGE	PER PAY PERIOD RATE
Employee Only	\$42.24
Employee & Spouse	\$333.50
Employee & Child(ren)	\$210.10
Employee & Spouse & Child(ren)	\$482.09



Optional AD&D (Employee Paid)

Coverage Level: Employee Only - Rate: \$0.07

May elect: \$20,000 to \$2,500,000 (not to exceed 10X annual base pay) and must be increments of \$10,000

How to calculate your cost per pay period:

- Divide amount of coverage elected by \$1,000
- Multiply by the above rate
- Multiply that amount by 12 to get yearly amount
- Divide that amount by 26 to get your cost per pay period

(Example based on employee coverage only)

$$\begin{aligned} \$30,000/\$1,000 &= \$30.00 \\ \$30.00 \times \$0.08 &= \$2.10 \\ (\$2.10 \times 12)/26 &= \$0.97 \end{aligned}$$

Optional Employee Life Insurance (Employee Paid)

Age	Rates
Less than 30	\$0.10
30 through 34	\$0.11
35 through 39	\$0.12
40 through 44	\$0.17
45 through 49	\$0.28
50 through 54	\$0.46
55 through 59	\$0.69
60 through 64	\$0.86
65 through 69	\$1.54
70 through 74	\$3.02
75 and over	\$5.50

(Rate shown per \$1,000 coverage)

May elect: One to four times annual base pay with \$2,000,000 maximum.

May require Evidence of Insurability (EOI) form and be approved by insurance company (See Page 3).

How to calculate your cost per pay period:

- Divide annual base pay by \$1,000
- Multiply by the rate based on your age
- Multiply that amount by 12 to get yearly amount
- Divide that amount by 26 to get your cost per pay period

(Example based on age 40 through 44 rate)

$$\begin{aligned} \$30,000/\$1,000 &= \$30.00 \\ \$30.00 \times \$0.17 &= \$5.10 \\ (\$5.10 \times 12)/26 &= \$2.35 \end{aligned}$$

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