



## **How to Enroll**

THREE EASY STEPS

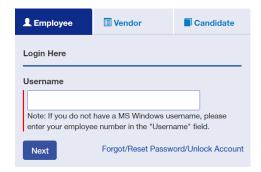
0 0 0

000

1

## mynabors.com

Log on to www.mynabors.com



- Follow the path:
  - 1. Employees tab
  - 2. myBenefits
  - 3. Enrollment
  - 4. Under Enrollment, select "Click here to enroll"

Apps   Employees	T	NABORSNet
Employee Services	•	myBenefits
myBenefits	•	Benefits Information
myHR	•	Benefits Profile
myPayroll	•	BlueCross (USA)
myTraining	þ	Enrollment
Others	•	Flexible Spending

Enrollment Eligibility				
Enrollment Type	Open From	Open To	Eligibility Date	Enrollment
Annual Enrollment - 2024				Click here to Enroll

3

## **Confirmation**

Be sure to print a copy of your enrollment or write down your confirmation number. If you do not receive a confirmation, you will need to submit again.





## Who Can Enroll

CHECK YOUR ELIGIBILITY

Full-time U.S. hourly employees and eligible dependents

#### Eligible dependents are defined as:

- Spouse (legal or common law) unless they are provided medical coverage through their employer
- Dependent Children (biological, adopted, stepchildren, and court-determined) under 26 years old

Nabors requires employees to provide proof that dependents are eligible for the plan benefits. After you complete your enrollment, a letter will be mailed to your home address from Alight with the requirements to complete the dependent verification process.





# Health Plan Cost and Coverage

0 0

000

0 0 0

000

Nabors' health plan uses a nationwide preferred provider organization (PPO) network through BlueCross BlueShield of Texas (BCBSTX).

#### **Cost of Health Coverage**

# Per Pay Period Contributions (PRE-TAX PAYROLL DEDUCTIONS)

Employee Only	\$47.05
Employee & Spouse	\$338.51
Employee & Children	\$205.71
Employee & Family	\$461.15

#### **Plan Highlights**

Service	In Network	Out-of-Network
Annual Deductible	\$600/ individual \$1,800/family	\$1,200/individual \$3,600/family
Hospital Admission Deductible	\$500/ admission	\$500/admission
Out-of-Pocket Maximum	\$4,500/ individual \$9,000/family	\$9,000 individual \$18,000 family (If you live in network area)
Office Visits (primary care/ specialist)	\$25/\$35	50% after deductible
Preventative Coverage	100%	50% after deductible
Other Covered Services (Coinsurance)	80% after deductible	50% after deductible





## **Prescription Drugs**

Once you enroll in the health plan, you automatically receive prescription drug coverage. Express Scripts has a large national network of retail pharmacies and a mail-service program called Home Delivery.

#### **Express Scripts (ESI) Smart90 Program**

- All maintenance medications are required to be filled in 90-day supplies either by mail order through ESI's Home Delivery program or at any Walgreens Pharmacy.
- This program is not for one-time prescriptions such as antibiotics.
- You will receive a 90-day prescription for the same cost as two 30-day prescriptions, for additional cost savings.
- You are given two 30-day courtesy fills that will give you time to get your 90-day prescription set up.
- You will receive a notification from ESI about the change and details about the transition now:
- Call the number on the back of your BCBSTX insurance card or **1.877.882.3269** to set up home delivery.
- Call your doctor and request a new prescription for a 90-day supply and give them the preferred location for in-person pickup.





# **Prescription Drugs**

0 0

Costs vary for Express Scripts (ESI) depending on generic versus brand name drugs and if the pharmacy is in-network or out-of-network. Using a out-of-network pharmacy means you pay the full cost but you **may be eligible** for reimbursement by submitting a claim.

0 0

## 30-Day Supply Cost IN-NETWORK RETAIL PHARMACY

Generic \$10

Preferred Brand Name 25% up to \$75 maximum

Non-Preferred Brand Name 40% up to \$150 maximum

Non-Preferred Brand/ Specialty

50% up to \$200 maximum

## 90-Day Supply Cost HOME DELIVERY OR WALGREENS

Generic \$20

Preferred Brand Name 25% up to \$150 maximum

Non-Preferred Brand Name 40% up to \$300 maximum





## **Doctor on Demand**

Doctor on Demand (DOD) offers 24/7 virtual wellness visits with board-certified physicians in the US. With your BCBSTX medical coverage, you can get the care you need without having to go to the doctor's office.

## **Download the app**



Find it on the **Apple store** 



Find it on Google Play store



## \$15 copay

#### **COMMON CONDITIONS THAT CAN BE TREATED:**

Cold and flu Skin issues

Sinus and allergies Diarrhea and vomiting

Skin and eye issues Sports injuries
Sore throat Travel illness

Pediatric issues Smoking cessation Prescriptions Mental/behavioral

UTIs issues

A parent or guardian must be present for any interaction involving minors.





000

0 0 (

000

000

## What is Airrosti?



W NABORS

A preferred partner of BCBSTX, Airrosti is an alternative to surgery, helping patients rapidly recover from injuries or nagging pain and avoid injury recurrence. Increasing participation has resulted in faster recoveries for Nabors' employees

VISIT THEIR <u>WEBSITE</u> FOR MORE INFORMATION ON NEW LOCATIONS AND PROGRAMS.

Targeted manual therapy and customized rehabilitation exercises

Virtual options
available with
their remote
recovery program.
Apple store
Google Play store

When using a general chiropractor, you have to deal with the deductible and coinsurance.
With Airrosti, you only have a \$25 copay.

# Dental Plan Cost and Coverage

Our plan, offered through BCBSTX, covers most necessary dental services and supplies as well as basic and major restorative services. **You will save money if you use an in-network provider** and these providers will file your claims.

If you use a out-of-network provider, you may need to pay for services up front and submit claims for reimbursement. You may also be responsible for any out-of-network charges that exceed the plan's limits.

#### **Cost of Dental Coverage**

# Per Pay Period Contributions (PRE-TAX PAYROLL DEDUCTIONS)

Employee Only	\$7.73
Employee & Spouse	\$16.72
Employee & Children	\$14.14
Employee & Family	\$23.15

#### **Plan Highlights**

Service	Benefits
Annual deductible	\$100/individual
Annual Benefit Maximum	\$1,500
Preventative (2 exams/cleaning/ x-rays per year)	100%
Basic – fillings, extractions, root canals, periodontal scaling & surgery	80% after deductible
Major – crowns, bridges, dentures	50% after deductible
Orthodontics	Children up to 19 years old at 50% coinsurance up to \$1,500 lifetime maximum



# Vision Plan Cost and Coverage

Our vision coverage through UnitedHealthcare® provides eye exams, lenses, frames and/or contacts for you and your dependents once every calendar year.

#### **Cost of Vision Coverage**

Per Pay Period Contributions (PRE-TAX PAYROLL DEDUCTIONS)		
Employee Only	\$3.48	
Employee & Spouse	\$6.44	
Employee & Children	\$6.72	
Employee & Family	\$10.37	



#### **Plan Highlights**

Service	Benefits
Comprehensive eye exam	100%/calendar year
Lenses	100%/calendar year
Frames	\$130 retail frame allowance/ calendar year
Contact lenses instead of glasses	\$150 allowance/calendar year
Standard scratch-resistant coating, platinum anti-reflective coating, photochromic and polycarbonate lenses	100%





# Basic Life Insurance & Basic Accidental Death and Dismemberment (AD&D)

Nabors offers several plans to provide financial support to your family in the event of your death. Nabors pays for the full cost of your Basic Life and Basic AD&D which is provided through Prudential Life Insurance.

#### **BASIC LIFE INSURANCE**

Basic life pays your beneficiary a benefit in the event of your death.

#### **BASIC AD&D INSURANCE**

Basic AD&D pays you or your beneficiary a benefit for loss of life or other injuries resulting from a covered accident.

Both benefit plans **equal your annual base** salary up to a maximum of \$2 million.

Coverage for both plans reduces by 35% at the age of 65 and 50% at the age of 70.







### **Optional Life Insurance**

In addition to Basic Life and Basic AD&D, Nabors offers Optional Life Insurance provided by Prudential Life Insurance. Optional Spouse and Optional Child Life Insurance can only be elected if the employee is enrolled in Optional Employee Life Insurance, and the dependent(s) meet the definition of "eligible dependent" (See page 5).

<u>-7</u> .			
OPTIONS	COVERAGE	INSURABILITY AND LIMITS	RATES AND COVERAGE REDUCTIONS
Optional Employee Life Insurance	You may purchase this additional coverage up to <b>four times your annual base salary</b> , up to \$2 million.	Amounts more than \$350,000 require evidence of insurability.	Premiums are paid through payroll deductions and rates are based on the employee's age.  Coverage reduces by 35% at age 65 and 50% at age 70.
Optional Spouse Life Insurance	Coverage for a spouse may be purchased in \$10,000 increments, not to exceed 50% of the Optional Employee Life elected amount.	Maximum coverage is \$250,000 and amounts over \$50,000 require evidence of insurability.	Coverage reduces by 35% at the age of 65 and 50% at the age of 70.
Optional Child Life Insurance	You may purchase coverage of \$10,000 for your child(ren).	Premiums are a fixed amount and do not vary with the number of children covered.	Unmarried dependent children are covered from live birth to age 26.

#### PROVIDING PROOF OF GOOD HEALTH

You must complete an Evidence of Insurability (EOI) application and be approved by Prudential to qualify for coverage if:

- 1. You are electing Optional Life for the first time.
- 2. You increase Optional Life by more than 1x your annual base pay.
- 3. You elect Optional Life with coverage greater than \$350,000.
- 4. You elect Optional Spouse coverage greater than \$50,000.



# Optional Accidental Death and Dismemberment (AD&D) Insurance

Like Basic AD&D, Optional AD&D pays you or your beneficiary a benefit for loss of life or other injuries resulting from a covered accident.

OPTIONS	COVERAGE	RATES AND COVERAGE REDUCTIONS
Employee	You may purchase coverage in \$10,000 increments up to \$2.5 million. Not to exceed 10 times your annual base salary.	Employee coverage reduces by 35% at age 65 and 50% at age 70.
Spouse	You may purchase coverage for your spouse not to exceed 50% of the employee Optional AD&D elected coverage amount.	Spouse coverage reduces by 35% at age 65 and coverage terminates at 70 years old.
Child(ren)	You may purchase coverage for your child(ren) not to exceed 15% of the employee Optional AD&D elected coverage amount.	
Family	You can purchase a coverage amount for your spouse equal to 50% of the employee Optional AD&D elected amount. Can purchase a coverage amount for your child equal to 15% of the employee Optional AD&D elected amount.	



### **Short Term & Long Term Disability**

All hourly employees will automatically be enrolled in optional short-term disability (STD) and optional long-term disability (LTD). If you do not wish to enroll in these, you must opt out manually during enrollment.

If you opt out and want to enroll at a later time, you must complete an Evidence of Insurability (EOI) Form and be approved by Prudential to qualify for coverage.

#### SHORT-TERM DISABILITY

- May help replace a portion of your weekly base pay while on a physician-approved short term disability leave
- You may receive up to 60% of your base pay if you cannot work after 14 consecutive calendar days due to illness or injury
- Coverage may continue for up to 24 weeks during a 12-month period

#### LONG-TERM DISABILITY

- May help replace a portion of your weekly base pay while on a physicianapproved long term disability leave
- You may receive up to 60% of your base pay if you cannot work after 180 consecutive calendar days due to illness or injury
- May continue up to age 65, if eligible
- LTD benefits are reduced by the amount of disability benefits received from other sources
- Minimum monthly benefit is \$100



### **Flexible Spending Accounts**

Our Flexible Spending Account (FSA), administered by Optum, allows you to set aside pre-tax money on an annual basis to pay for qualified health care and/or dependent day care expenses. By doing this, you could help lower your taxable income.

Note: If you're worried about spending everything in the account, you're given a grace period to use the balance of your health care FSA at the end of the plan year.

#### **HEALTH CARE FSA**

The Health Care FSA reimburses medical, dental and vision expenses not paid for by your other benefit plans. You may use it for yourself and eligible family members whether or not they're enrolled in the medical plan. Maximum contribution amount is \$3,200 annually. Deductions are made through a pre-loaded debit card.

#### **DEPENDENT DAY CARE FSA**

This FSA covers eligible dependent day care expenses including elderly or child care services. Maximum contribution amount is \$5,000 if you are single or married and filing jointly or \$2,500 if you are married and filing separately. You may receive reimbursement up to the account balance at the time you submit your request for reimbursement.



Keep your receipts in the event you are asked to substantiate your claims.

Dependent Day Care FSA eligible expenses must be incurred by December 31.

Health Care FSA eligible expenses must be incurred by March 15 of the next plan year.

You have until March 31 to submit all claims.





# 401(k) Retirement Savings Plan with Bank of America Merrill Lynch

#### **PLAN HIGHLIGHTS**

Contribute 1% to 40% of your eligible salary to a traditional 401(k) beforetax and/or Roth 401(k) after-tax, subject to IRS limits

If 50 or older by year end and have maxed out on allowed contribution, you may be eligible for catch-up contributions

Nabors matches dollarfor-dollar up to 5% of contribution

You are 100% vested in your own contributions, company contributions and any rollover compensation

The plan may allow you to transfer balances from other employer-sponsored plans, with certain restrictions

Loans and in-service withdrawals are subject to plan quidelines

#### **HOW TO ENROLL**

Go to <a href="www.benefits.ml.com">www.benefits.ml.com</a> and follow the prompts to create your user ID and password. Then click "enroll now."

Designate your beneficiary online at www.benefits.ml.com. If you are married and wish to designate someone other than your spouse as a beneficiary, your spouse must complete a consent form and it must be notarized. You can get this form online or by calling 1-800-228-4015.



0 0



# Accident & Critical Illness Insurance

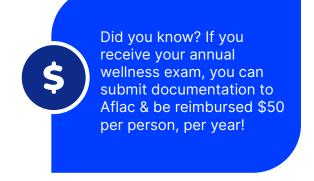
#### **ACCIDENT INSURANCE**

Aflac Accident Insurance plan supports you through the many stages of care, from the initial emergency treatment or hospitalization, to follow-up treatments or physical therapy.

#### **CRITICAL ILLNESS INSURANCE**

The Aflac Critical Illness Insurance plan helps with treatment costs of covered critical illnesses. With Critical Illness Insurance, you receive cash benefits directly (unless otherwise assigned) - to help pay for anything you need.

ACCIDENT INSURANCE RATES	PAY PER PERIOD
Employee Only	\$4.60
Employee & Spouse	\$6.83
Employee & Children	\$8.18
Employee & Family	\$10.40



\$20,000 Coverage Level

EMPLOYEE RATES PER PAY
PERIOD

\$10,000 Coverage Level

**SPOUSE RATES PER PAY PERIOD** 

PERIOD		
CRITICAL ILLNES	SS RATES:	NON-TOBACCO USER
\$4.50	18-29	\$2.65
\$7.64	30-39	\$4.22
\$14.75	40-49	\$7.78
\$27.39	50-59	\$14.10
\$50.28	60+	\$25.55
CRITICAL ILLI	NESS RATE	S: TOBACCO USER
\$7.08	18-29	\$3.95
\$12.62	30-39	\$6.72
\$30.07	40-49	\$15.44
\$54.16	50-59	\$27.48
\$99.67	60+	\$50.24

AGE



## Legal Plan Legal Insurance

If elected, MetLife Legal Services provides you, your spouse, and dependents with legal representation at a reasonable cost for every day legal services. You will have access to over 13,500 experienced attorneys nationwide with no deductibles, waiting periods, claim forms, or limits as long as you stay in-network.

PAY PER PERIOD
\$7.62



### **Additional Benefits**

# 0 0 0

#### THE EMPLOYEE ASSISTANCE PROGRAM (EAP)

This confidential service provides you and your dependents with counseling for personal or work-related concerns. Nabors offers this service at no cost to you through Guidance Resources. You may receive three face-to-face sessions (per issue, per year and per person in your family) with a mental health provider. Counselors are also available 24/7 by telephone. Learn more at www.guidanceresources.com.

#### LEGAL ASSISTANCE AND FINANCIAL COUNSELING

Guidance Resources is your one-stop for expert information to assist you with the issues that matter to you, from personal and family concerns to legal and financial concerns. Learn more at www.quidanceresources.com.

#### BENEFICIARY FINANCIAL COUNSELING

Financial Point provides financial planning assistance to beneficiaries and/or employees with approved Accelerated Benefit Option claims as a result of death or terminal illness at no cost. In addition, your beneficiary will receive one year of access to financial professionals through a toll-free number (1-800-311-4327) or their website at www. guidanceresources.com.

#### **ESTATE GUIDANCE**

You have access to free online will preparation and additional legal documents for a nominal fee. If a legal issue arises, attorneys are available to provide support. If you require representation, you will be referred to an attorney in your area for a free 30-minute consultation with a 25% legal fees reduction thereafter.

#### 24/7 NURSELINE

Employees who elect medical coverage have access to a 24/7 telephone line (1-800-581-0368) staffed by registered nurses.

#### **BLUE 365 MEMBER DISCOUNT PROGRAM**

Blue365 offers discounts on fitness gear, gym memberships, healthy eating options and more. Visit www.blue365deals.com for more information.

#### **EMPLOYEE DISCOUNT PROGRAM**

PerkSpot gives you access to thousands of discounts on electronics, home goods, meal delivery, apparel, and more. Visit nabors.perkspot.com and use code "NaborsPerks" to register.



0 0

0 0

## **Provider Contact List**

MEDICAL			
	www.boboty.com	1 000 000 6704	
BlueCross BlueShield of Texas - PPO	www.bcbstx.com	1-888-233-6724	
BCBSTX 24/7 Nurse Line		1-800-581-0368	
PRESCRIPTION DRUG PRO			
Express Scripts	www.express-scripts.com	1-877-882-3269	
DENTAL			
BlueCross BlueShield of Texas - PPO	www.bcbstx.com	1-800-521-2227	
VISION			
UnitedHealthcare®	www.myuhcvision.com	1-800-638-3120	
FLEXIBLE SPENDING ACC	OUNTS (FSA)		
Optum www.op	otum.com/financial-services.html	1-888-339-3685	
DICABILITY			
DISABILITY		4 000 040 4740	
Prudential	www.prudential.com	1-800-842-1718	
LIFE INSURANCE			
Prudential	www.prudential.com	1-800-524-0542	
RETIREMENT SAVINGS PL	_AN		
Bank of America Merrill Lynch 401(k)	www.benefits.ml.com	1-800-228-4015	
EMPLOYEE ASSISTANCE PROGRAM (EAP)			
Guidance Resources	www.guidanceresources.com	1-800-311-4327	
Nabors ID	MGR311		
VOLUNTARY BENEFITS			
Mercer	EmployerBenefitsInquiries.	1-800-293-2497	
iviercer	Service@Mercer.com	1 000 283 248/	
TELEMEDICINE SERVICES			
Doctor On Demand	www.doctorondemand.com	1-800-997-6196	



