

2024 H&P EMPLOYEE BENEFITS

Medical Insurance

All employees working at least 20 hours per week may elect to participate in one of the three H&P group medical/pharmacy plans. The medical benefits are through BCBS of Oklahoma and the pharmacy benefits are provided by CVS Caremark. Employees are eligible for coverage the first day of the month following 60 days of regular employment.

	Bi-Weekly Medical Premiums		
	PPO Deductible	PPO Copay	High Deductible (HSA)
Employee	\$45.40	\$55.86	\$42.13
Employee + Spouse	\$123.48	\$148.26	\$116.63
Employee + Child(ren)	\$102.33	\$124.03	\$96.00
Family	\$184.13	\$221.10	\$173.90

Benefit Schedule*

	PPO Deductible		PPO Copay		High Deductible (HSA)	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
Calendar Year Deductible						
Single	\$1,000	\$2,000	\$1,000	\$2,000	\$1,600	\$3,200
Family	\$3,000	\$6,000	\$3,000	\$6,000	\$3,200	\$6,400
Coinsurance (plan pays)	20%	40%	10%	30%	20%	40%
Out-of-Pocket Max						
Single	\$3,000	\$6,000	\$3,000	\$6,000	\$4,000	\$8,000
Family	\$9,000	\$18,000	\$9,000	\$18,000	\$8,000	\$16,000
Annual Employer HSA Contribution						
	N/A		N/A		\$500	

* Please see the benefits guide for more information on your benefits at <https://helmerichpayne.com/usbenefits>. Password: **HPBenefits**

Tobacco Surcharge

If you are a tobacco user, you will be subject to a \$30 per bi-weekly paycheck tobacco surcharge (\$65 per paycheck for monthly-paid employees). This will be included in your enrollment through Workday, so be sure to select the appropriate response. At any time, you can remove the tobacco surcharge by completing a tobacco cessation program and submitting documentation through HR. Contact the HRSC for more information about available programs.

Vision Insurance

All employees working at least 20 hours per week may elect to participate in the H&P group vision plan. Two vision plans are offered through VSP. Covered benefits for the two different plans are listed below.

	Vision PPO	Vision Premier
Copayments	\$25	\$25
Eye Exams	Available once every 12 months	Available once every 12 months
Frame Allowance	Available once every 24 months	Available once every 12 months
Lens	Copay is combined with exam	Copay is combined with exam
Bi-Weekly Vision Premiums		
Employee	\$2.88	\$3.57
Family	\$6.49	\$8.08



Dental Insurance

All employees working at least 20 hours per week may elect to participate in the H&P group dental plan through Delta Dental. Covered benefits are listed below.

Dental PPO Plan	
Deductible (individual/family)	\$50/\$150*
Annual Maximum Benefit	\$1,500
Coinsurance	
Preventive (deductible does not apply)	100%
Basic Services	80%
Major Services	50%
Orthodontia	
Coinsurance	50%
Lifetime Maximum	\$1,500
Covered for Dependent Children Under the Age of 26	
Bi-Weekly Dental Premiums	
Employee	\$10.41
Employee + 1	\$22.13
Family	\$39.05

* Deductible applies for basic and major restorative services.

Additional Benefits

- Health Savings Account (if you are enrolled in the High Deductible Health Plan)
- Flexible Spending Accounts
- MDLive (Telemedicine)
- Catapult (virtual checkups)
- Hinge Health (MSK)
- Enable (wellness)
- Ovia Health—Health Tracker
- Learn to Live—Mental Health Therapy
- Company-paid basic life and AD&D (2 times annual salary)
- Additional company-paid AD&D benefits—seatbelt, airbag, and helmet benefits
- Voluntary life insurance—employee, spouse, and child(ren) options
- Long-term disability—50% company-paid
- Employee assistance program
- Maternity program
- Adoption assistance
- Tuition reimbursement

Please note: If you are a newly hired employee or experience a qualifying life event, you must enroll/make changes to benefits no later than 45 days after your start date or qualifying life event date. If you have any questions, please contact HR Support at **918.588.2247** or email **HR.Support@hpinc.com**.

This benefits overview is only intended to highlight some of the major benefit provisions of the Company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's Summary Plan Descriptions for further detail. Should this guide differ from the Summary Plan Descriptions, the Summary Plan Descriptions prevail.

H&P Retirement Plans

H&P cares about your future and providing ways you can save for retirement. H&P contributes dollar for dollar up to 5% each year to help you achieve your retirement goals.

401(k) Summary

Employees are eligible to participate immediately.

Enrollment

- New employees are auto-enrolled at 3%
- Default investment is the age appropriate Target Retirement Fund

Employee Contribution Options

- Pre-tax/Traditional
- Post-tax/Roth
- Combination of Traditional and Roth

Company Match

- Up to 5% (always on a pre-tax basis)

Rollovers

- Contact Vanguard to rollover your 401(k) from previous employer

Vesting

Vesting Schedule	
After Year 1	0%
After Year 2	50%
After Year 3	100%

401(k) Beneficiary Designation

Contact Vanguard to select beneficiary for 401(k) account:

- Phone: **800.523.1188**
- Website: www.vanguard.com
- Download Vanguard App to manage retirement account