



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. Both medical and prescription insurance are provided by BCBS of Oklahoma. Employees are eligible for coverage the first day of the month on or after date of hire.

	Bi-Weekly Medical Premiums		
	PPO Deductible	PPO Copay	High Deductible (HSA)
Employee	\$46.76	\$57.53	\$43.39
Employee + Spouse	\$127.19	\$152.71	\$120.12
Employee + Child(ren)	\$105.40	\$127.75	\$98.88
Family	\$189.65	\$227.73	\$179.12

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. This applies to the medical plan premiums only. A tobacco user is defined as an individual who has used tobacco products, including but not limited to pipes, cigarettes, cigars, chewing tobacco, snuff, or any other form of smoking or smokeless tobacco, on more than three occasions within the past six months.

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 for exams and glasses	\$25 for exams and glasses
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	\$10.94
Employee + 1	\$23.23
Family	\$41.00

* Deductible applies for basic and major restorative services.

Additional Benefits

- ▶ Health Savings Account
- ▶ Flexible Spending Accounts
- ▶ MDLive (Telemedicine)
- ▶ Catapult (virtual checkups)
- ▶ Hinge Health (MSK)
- ▶ Enable (wellness)
- ▶ Ovia Health—Maternity Program
- ▶ Learn to Live—Mental Health Therapy
- ▶ Company-paid basic life and AD&D (2 times annual salary)
- ▶ Additional AD&D benefits—seatbelt, airbag, and helmet benefits
- ▶ Voluntary life insurance—employee, spouse, and child(ren) options
- ▶ Long-term disability—50% company-paid
- ▶ Company-paid—Employee Assistance Program
- ▶ Maternity program
- ▶ Adoption assistance
- ▶ Tuition reimbursement
- ▶ Vacation, personal holidays, and sick time

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%

Vacation Schedule

H&P Years of Service	# of Days*
0-2	15 days 3 weeks
3-5	18 days 3.6 weeks
6-9	20 days 4 weeks
10+	25 days 5 weeks
25+	25 days** 5 weeks

* Vacation is accrued per pay period.

** Receive a cash benefit equal to one (1) week's pay.