

**WOMEN’S HEALTH AND CANCER RIGHTS NOTICE**

Helmerich & Payne Management, LLC Employee Health Care Plan is required by law to provide you with the following notice:

The Women’s Health and Cancer Rights Act of 1998 (“WHCRA”) provides certain protections for individuals receiving mastectomy-related benefits. Coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedemas.

The Helmerich & Payne Management, LLC Employee Health Care Plan provide(s) medical coverage for mastectomies and the related procedures listed above, subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply:

<b>PPO Copay</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual Deductible	\$1,000	\$2,000
Family Deductible	\$3,000	\$6,000
Member Coinsurance	10%	30%
<b>PPO Deductible</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual Deductible	\$1,000	\$2,000
Family Deductible	\$3,000	\$6,000
Member Coinsurance	20%	40%
<b>High Deductible (HSA)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Individual Deductible	\$1,650	\$3,300
Family Deductible	\$3,300	\$6,600
Member Coinsurance	20%	40%

If you would like more information on WHCRA benefits, please refer to your Summary Plan Description or contact your Plan Administrator at:

Human Resources  
918-588-2247