



**Benefits**  
U.S.

U.S. annual benefits  
enrollment guide

2020



Unlock the power  
of your benefits



¿Habla Español?

Para leer esta guía en español:  
[NOVbenefitsspanish.com](http://NOVbenefitsspanish.com).

# Welcome to your NOV 2020 U.S. annual enrollment guide

Your health and welfare are a top priority at NOV, and we are committed to providing competitive and flexible benefits. This guide is designed to help you unlock the wide array of benefits available to you, so you can make the best decisions for you and your family.



## What's inside this guide

Key updates for 2020 .....	4
Annual enrollment .....	5
Your coverage .....	6
Your cost for coverage .....	10
Important notices.....	11
Key contact information .....	14

## Key updates for 2020

- **Premiums:** The premiums deducted from your paycheck for health benefits will not change.
- **Earlier annual enrollment:** Annual enrollment will begin Monday, October 21, 2019 and continue through Friday, November 1, 2019.
- **Hub.nov.com:** To reach the benefits information and enrollment site, go to Hub and select "My Benefits."
- **Medical plan changes:** While there is no change to the Consumer Plan + HSA for 2020, the deductibles and out-of-pocket maximum amounts for both PPO options will increase. The 600 PPO will now be the 800 PPO, and the 1200 PPO will now be the 1400 PPO in reference to each plan's new individual calendar year deductible, copays, and out-of-pocket maximums. Please see page 8 for complete deductible and out-of-pocket amounts for the 2020 PPO plans.
- **New prescription drugs provider:** CVS Caremark will be the pharmacy benefit manager effective January 1, 2020. While every effort will be made to transfer prescription information from Optum to CVS Caremark, you should plan to refill any prescription medications you can in December to avoid any possible disruptions at the beginning of the year. CVS Caremark offers an array of additional benefits. See your U.S. employee benefit highlights guide for details.
- **New insurance cards:** With the changes for 2020, you can expect to receive new medical and dental insurance cards if you enroll in these coverages. In addition, if you enroll in one of the medical plans, you will receive a separate ID card from CVS Caremark for prescription drugs to use at the pharmacy. All ID cards for your 2020 health coverage elections should be mailed to your home before January 1, 2020.
- **NOV HSA annual contribution:** If you are enrolled in the Consumer Plan + HSA in 2020, the contribution NOV has previously deposited on a monthly basis to your HSA will be funded each payroll period to your account. You may receive up to \$500 for the year if you elect employee only coverage in the plan, or up to \$1,000 for all other coverage tiers.
- **HSA lump sum contribution:** In addition to the above HSA contribution, if you enroll in the Consumer Plan + HSA for the first time during annual enrollment, NOV will make a one-time only lump sum contribution to your HSA account: \$500 if you elect employee only coverage, or \$1,000 if you enroll in all other coverage tier levels. The special lump sum will be deposited in your HSA account in January 2020.
- **Passive enrollment:** Please review your current benefit elections carefully. If you are satisfied with your current insurance coverage, you do not need to re-enroll. Your current benefit elections, except for flexible spending accounts (FSAs), will carry over to 2020. You will need to enroll if you want to participate in an FSA in 2020.
- **New life insurance carrier:** Effective January 1, 2020, MetLife will be the carrier for basic life and AD&D, and voluntary employee, spouse, and child life and AD&D coverages. (If you have whole life supplemental coverage, it will remain with Unum.) If you currently have voluntary life and/or AD&D, your current elections will be automatically transferred to MetLife. There is no need to re-elect your life and AD&D voluntary coverage. But, annual enrollment is a good time to review your coverage and consider any changes for 2020.



# Annual enrollment

Annual enrollment is your once-a-year opportunity to enroll in benefits or make changes to existing plans without a qualifying event. Your participation in annual enrollment is necessary to:

- Request enrollment or coverage changes in medical, dental, vision, and voluntary life and AD&D insurance plans.
- Add eligible family members to your benefits.
- Enroll in the health and/or dependent care flexible spending accounts, as you must enroll each year.
- Request enrollment in the voluntary long-term disability plan.
- Request enrollment in supplemental benefit plans (group hospital indemnity, group critical illness, or whole life insurance).

Remember, once the annual enrollment period ends, you may not make changes until next annual enrollment, unless you experience a qualified life status event.

## Who can enroll?

- All regular full-time and part-time employees
- Your eligible dependents:
  - Legal spouse
  - Dependent children (e.g., biological, adopted, stepchildren) under age 26
  - Biological grandchild(ren) if residing with the employee and claimed as a dependent on the federal income tax return

Coverage in the medical plans cannot be duplicated. If you enroll as an employee, you cannot also be covered as a dependent under another employee. No spouse or dependent child may be enrolled for coverage under more than one employee.

For more information, see the 2020 U.S. employee benefit highlights booklet.

If you are enrolling dependents in medical coverage for the first time, you will be required to provide supporting documentation to verify eligibility. The request, along with the required steps, will be mailed to your home address.

**If you experience a qualified life status event, such as a marriage, birth, or divorce, call the NOV Benefits Service Center within 31 days of the event to request changes to your coverage.**



## Prepare for annual enrollment

Review the annual enrollment materials. If you have questions about benefits for 2020, you are encouraged to contact the NOV Benefits Service Center or the carrier now so you may have all the information you need to make your coverage election decisions. Once annual enrollment opens October 21, call volume may be high. To avoid the wait, contact the NOV Benefits Service Center with your questions today.

## How to enroll

Enrollment is easy and convenient. NOV provides two ways to enroll:

1. **Online from hub.nov.com:** Log on to Hub and select "My Benefits" to access benefits information and to enroll 24/7.
2. **Call the NOV Benefits Service Center:** Representatives are available to assist you with questions or help you enroll. Call 1-877-668-2363 to speak with a Benefits Administrator. Hours are Monday through Friday, 8:00 a.m. to 5:00 p.m. CST (closed 12 to 1pm for lunch).

## Mark your calendars

Your Annual Enrollment period for 2020 benefits is **October 21, 2019 - November 1, 2019.**

This is a passive enrollment. This means if you are satisfied with your current medical, dental, vision, life, and disability coverage, you do not need to re-enroll. Your current coverage will roll over to the 2020 plan year. If you are in the Consumer Plan + HSA, your HSA contribution will rollover for 2020. However, you should review your HSA deduction amounts for 2020. If you want to participate in an FSA in 2020, you must elect it during annual enrollment. Current FSA contribution elections will not roll over.

# Your coverage

## Medical

NOV values your health, so we provide medical plan options with you in mind. In 2020, all medical plans will continue to be provided through Blue Cross Blue Shield of Texas (BCBSTX), and prescription drug coverage will be provided by CVS Caremark. See page 8 for prescription drug coverage details. You may choose from three nationwide medical plan options:

- Consumer Plan + HSA
- 800 PPO Plan
- 1400 PPO Plan

**With the PPO Plans**, you will have a copayment for services when you see an in-network provider. The deductibles are lower than the Consumer Plan + HSA, but the payroll deductions are higher.

**The Consumer Plan + HSA** pairs a Consumer Driven Health Plan (CDHP) with a Health Savings Account (HSA). You pay the full cost of your medical and prescription expenses until you meet your deductible (\$1,500 for employee only coverage or \$3,000 for all other coverage tiers in-network). If you enroll yourself and one or more eligible family members in this plan, the in-network calendar year deductible for the entire family is \$3,000. This is the amount that you must pay out-of-pocket *before the plan begins to pay on any covered family member*, except for in-network preventive care and preventive prescriptions which are covered 100%. The amount each family member pays out-of-pocket for qualified medical services is credited toward the family deductible. Once you meet your deductible, you and the plan share the cost until you meet the out-of-pocket maximum, at which time the plan covers 100% of your covered medical costs for the rest of the plan year.

Consider enrolling in the Consumer Plan + HSA. The difference in the amount deducted from your payroll check for medical coverage could be contributed to your HSA account to help build your account balance.

### How much can you contribute?

The IRS determines the contribution limits to your HSA. Every year, they may adjust these limits for inflation. NOV will also contribute to your HSA, as described in the table below:

Coverage level	2020 IRS maximum contribution limits	2020 NOV contribution (funded each pay period)	Maximum employee contribution
Employee only	\$3,550	\$500*	\$3,050
Employee + spouse Employee + child(ren) Employee + family	\$7,100	\$1,000*	\$6,100

\*This does not include the additional \$500 or \$1,000 NOV lump sum contribution for enrolling in the Consumer Plan + HSA for the first time.

To be eligible for NOV contributions, you must be an active NOV employee on the date funds are posted to your HSA. If you are age 55 or older, you may contribute an additional catch-up contribution of \$1,000 per year to save additional money.

### Did you know?

In-network preventive care is covered under all plans at no cost to you. Your in-network annual check-ups, well child visits, immunizations, and other preventive services are covered 100%.

### Health savings account (HSA) - for those who enroll in the Consumer Plan + HSA only

To help offset the higher out-of-pocket costs of the Consumer Plan, you may participate in an HSA. This account allows you to contribute pre-tax dollars up to the IRS limit to pay for qualified out-of-pocket health care expenses. Funds roll over from year to year and can be invested to build savings for future medical expenses.

- If you have the Consumer Plan + HSA for 2020, NOV will make an annual HSA contribution of \$500 for employee-only or \$1,000 for all other coverage tiers, funded to your account on a payroll period basis. For new hires during 2020, these amounts will be prorated.
- If you are currently enrolled in the Consumer Plan + HSA and you have an HSA contribution deducted from your payroll, your HSA contribution election will rollover to 2020 if you remain enrolled in the Consumer Plan + HSA. You can change your HSA contribution amount any time during the year. If you do not change it, your HSA contribution for 2020 will be set at the same level as 2019.
- **If you enroll in the Consumer Plan + HSA for the first time during annual enrollment, NOV will contribute a lump sum amount to your HSA account (\$500 for employee only coverage or \$1,000 for all other coverage tiers) in January 2020. This is in addition to the NOV contribution above.**



## HSA eligibility requirements

You are eligible to participate in an HSA if you meet the requirements defined by the IRS below:

- You are covered under the Consumer Plan + HSA and have no other health coverage.
- You or your covered spouse do not participate in a Health FSA. Participation in a Limited Health FSA is acceptable.
- You are not enrolled in any part of Medicare.
- You are not claimed as a dependent on someone else's tax return, excluding your spouse.

If you enrolled in the Consumer Plan + HSA in 2019, and participate in an HSA and want to continue in 2020, you should ensure you still meet the above eligibility requirements for 2020. You should review your HSA contribution deduction.

HSA Bank is the provider of the HSA. If you enroll for the first time, you will receive a welcome kit and debit card by early January.

Go to the 2020 Benefits Information icon in Hub to watch a video to learn more about the Consumer Plan + HSA.

## How to find a provider

The NOV medical plans do not require you to select a primary care provider (PCP); however, you will receive higher reimbursement if you use in-network providers. These are doctors, health care facilities, and other providers who have agreements with Blue Cross Blue Shield of Texas (BCBSTX) to offer care at a reduced cost. When you visit a network provider, you save money and get the best value.

## Ways to locate a medical plan network provider

1. Use the BCBSTX website to find network providers and their information:
  - Log in to the [bcbstx.com](https://www.bcbstx.com) website.
  - Select the "Doctors & Hospitals" tab.
  - Click on "Find a Doctor or Hospital."
  - Click in the appropriate box for the type of doctor or facility you are looking for. In-network providers in your area will appear.
2. Call BCBSTX at 1-855-212-1613 to speak with a customer service representative. You can find out if a specific provider participates, or BCBSTX can help you locate a network provider.

## Earn extra cash with Member Rewards

Select a lower-cost provider through Member Rewards and you may qualify for a check of up to several hundred dollars, in addition to saving on out-of-pocket costs. To take advantage of Member Rewards, call a BVA at 1-855-212-1613 or visit [bcbstx.com](https://www.bcbstx.com).

## Need more information?

Review the plan comparison charts, summaries, and other information in your 2020 U.S. benefit highlights booklet and the NOV U.S. medical plans booklet to determine which plans are best for you and your family. All of this information can be found by going to the 2020 Benefits Information icon under "My Benefits" in the Hub.



## Medical plan changes for 2020

The chart below illustrates the medical plan options with **highlighted** changes for 2020 and reflects in-network coverage provisions. With the updates to the PPO plans, this may be a good time to take a look at the Consumer Plan + HSA option.

Plan features	Consumer Plan + HSA	800 PPO Plan	1400 PPO Plan
Annual deductible	\$1,500/employee only \$3,000/all other tiers	<b>\$800/individual</b> <b>\$1,600/family</b>	<b>\$1,400/individual</b> <b>\$2,800/family</b>
Out-of-pocket maximum	\$3,000/employee only \$6,000/all other tiers	<b>\$4,000/individual</b> <b>\$8,000/family</b>	<b>\$4,200/individual</b> <b>\$8,400/family</b>
Coinsurance	You pay 20%*	You pay 20%*	You pay 20%*
Routine office visit (Primary/Specialist)	No copay. You pay 20%* after you meet your deductible	You pay <b>\$25</b> for primary You pay <b>\$35</b> for specialist	You pay <b>\$30</b> for primary You pay <b>\$60</b> for specialist
Preventive care	You pay \$0	You pay \$0	You pay \$0
Virtual Visits Powered by MDLIVE** (Telehealth)	You pay \$44 before deductible You pay <b>\$30</b> after deductible	You pay <b>\$25</b>	You pay <b>\$30</b>

\*after deductible

\*\*charges for mental health services may be higher

## Prescription drug coverage through CVS Caremark

NOV will be changing prescription drug coverage to CVS Caremark effective January 1, 2020. Network coverage includes CVS pharmacies as well as most other pharmacy chains, including HEB, Krogers, Randall's, and Walgreens. Call CVS Caremark at 1-855-310-2475 with questions during annual enrollment.

Prescription drug tier	Consumer Plan + HSA		800 PPO Plan and 1400 PPO Plan	
	Retail (30-day supply)	Mail order (90-day supply)	Retail (30-day supply)	Mail order (90-day supply)
Generic drugs	You pay up to \$10*	You pay up to \$20*	You pay up to \$10	You pay up to \$20
Preferred drugs	You pay \$25 or 20%, whichever is greater*	You pay up to \$50*	You pay \$25 or 20%, whichever is greater*	You pay up to \$50
Non-preferred drugs	You pay \$50 or 30%, whichever is greater*	You pay up to \$100*	You pay \$50 or 30%, whichever is greater*	You pay up to \$100
Specialty drugs	You pay 30% up to \$200* (limited to 30-day supply)	N/A	You pay 30% up to \$200* (limited to 30-day supply)	N/A

\*after deductible

## Dental

NOV continues to offer Cigna's nationwide dental PPO plan and utilizes the Total Cigna DPPO network. Under the NOV dental plan, you can visit any dentist. Keep in mind that you will save money by receiving care from a network dentist. To find a network dentist, visit [cigna.com](http://cigna.com) click on "Find a Doctor, Dentist or Facility." Although there will be no changes to dental coverage for 2020, you will receive new ID cards, if enrolled. There will no change in dental premiums for 2020.

## Vision

NOV offers vision coverage through Vision Service Plan (VSP) that includes benefits for eye exams, eyeglasses, and contact lenses. You may visit a doctor within the VSP network and take advantage of higher benefits coverage, or visit an out-of-network provider of your choice for a reduced benefit. You do not pay for this benefit; however, you must enroll in this plan to have vision coverage.



## Flexible spending accounts

NOV offers three types of flexible spending accounts, administered by Discovery Benefits, as a cost-effective and convenient way to stretch your benefit dollars and receive tax savings.

FSA type	Eligible expenses	Maximum annual contributions
Health FSA* (for PPO Plan participants only)	Health insurance deductibles, coinsurance, copays, and other eligible expenses	Up to \$2,700
Dependent care FSA	Day care expenses for your dependent child under the age of 13 or other disabled dependent, where care is necessary for you and your spouse to work	Up to \$5,000 per household
Limited health FSA (for Consumer Plan + HSA participants only)	Dental and vision expenses only	Up to \$2,700

\*If you are enrolled in the Consumer Plan + HSA, you cannot have a regular health FSA. However, you can have a limited health FSA.

### How flexible spending accounts work

Expenses, such as deductibles, copays, and dependent day care, can quickly add up. Flexible spending accounts (FSAs) let you pay these expenses with pre-tax dollars. This means that the money you set aside is not taxed, so you save money. Your contributions are deducted from your paychecks in equal installments throughout the year and deposited into your account(s).

Keep in mind that the IRS has a strict “use it or lose it” rule. If you do not use the full amount in your FSA(s) by the end of the plan year, you will lose any remaining funds.

When estimating your health care and dependent care costs, it is better to be conservative and underestimate rather than overestimate your expenses.

### Discovery Benefits debit card for health FSA or limited health FSA

If you enroll in an FSA for 2020 (but did not have an FSA in 2019), you will receive a Discovery Benefits debit card that can be used to pay for eligible services and products. You may request additional cards for your spouse and any dependents who are age 18 and older. When you use your debit card, the payments will be automatically deducted from your FSA. Please continue to save your receipts to verify eligible expenses.

FSA debit card transactions must be substantiated. This means you may be required to provide documentation to validate an expense paid with your FSA debit card. Transactions that are not substantiated in a timely manner are treated as overpayments per IRS rules.

### FSA enrollment

If you would like to participate in 2020, you MUST elect the amount you want to contribute to the FSA(s). Even if you participated in 2019, your election does not carry over; you must actively enroll to contribute in 2020.

### Keep in mind

You cannot stop or change your contribution amount during the year unless you experience a qualified life status event.

You cannot transfer funds from one FSA type to another.



### Cards you can expect to receive

If you enroll in any of the following benefits, watch the mail at your home address for these cards:

- **Medical ID card from BCBSTX**  
(Employee only coverage will receive one card; all other coverage tier levels will receive two cards. Additional cards can be requested from BCBSTX.)
- **Prescription drug card from CVS Caremark**  
(In 2020, you will have a separate card to present at the pharmacy for prescription drugs.)
- **Dental ID card from Cigna**
- **Debit card and welcome kit from HSA Bank**  
(for new enrollees in the Consumer Plan + HSA)
- **Debit card from Discovery Benefits for FSAs**

## Basic and voluntary life and AD&D insurance

MetLife will be your life and AD&D carrier for 2020. If you have already elected life insurance coverage amounts for yourself, your spouse, and/or your children, these amounts will roll over to 2020. Annual enrollment is a great time to review your dependents enrolled in these benefits and make any necessary changes.

## Supplemental benefits

Annual enrollment is your once a year opportunity to enroll in group hospital indemnity, group critical illness, and whole life insurance. These supplemental benefits complement the NOV benefits program. There are times when you may need additional medical or financial support if you get sick or injured and suffer a loss in income. For more information about these supplemental benefits, contact Unum. **To enroll or make changes, you must call Unum at 1-866-314-0353.**



### Approval required for voluntary life & long-term disability (LTD) buy-up plans

If you apply for voluntary life or LTD buy-up coverage, you may be required to complete an Evidence of Insurability (EOI) or Statement of Health application. The carrier must approve the Evidence of Insurability or Statement of Health application before the additional coverage takes effect.

Employees currently enrolled in voluntary life may be eligible to enroll in additional life insurance in increments of \$10,000 up to \$50,000 without completing a Statement of Health as long as the coverage does not exceed 5 times your base annual salary or \$1,500,000, whichever is less. Additionally, if your spouse is currently enrolled in voluntary life coverage, he or she may be eligible to enroll in additional life insurance in increments of \$10,000 up to \$20,000 without completing a Statement of Health as long as the coverage does not exceed the guaranteed issued amount of \$100,000. Child life coverage does not require a Statement of Health. If a Statement of Health is required and you do not receive either an email or letter from MetLife by January 15, 2020, contact the NOV Benefits Service Center. If you elect the voluntary LTD plan, you will be required to complete an EOI and be approved by Unum.

## Your cost for coverage

2020 bi-weekly premiums	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
<b>Medical</b>				
Consumer Plan + HSA	\$21	\$60	\$57	\$113
800 PPO Plan	\$72	\$204	\$158	\$293
1400 PPO Plan	\$46	\$117	\$102	\$194
<b>Dental</b>				
NOV Dental Plan	\$7	\$15	\$14	\$22
<b>Vision</b>				
Vision Plan	\$0	\$0	\$0	\$0

**Note:** Amounts listed above are bi-weekly premiums. Employees who are paid weekly should divide the bi-weekly amount by 2 to calculate payroll deductions.



# Important notices

## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility.

<b>ALABAMA – Medicaid</b> Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	<b>FLORIDA – Medicaid</b> Website: <a href="http://flmedicaidprecovery.com/hipp/">http://flmedicaidprecovery.com/hipp/</a> Phone: 1-877-357-3268
<b>ALASKA – Medicaid</b> The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>	<b>GEORGIA – Medicaid</b> Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> Phone: 678-564-1162 ext 2131
<b>ARKANSAS – Medicaid</b> Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	<b>INDIANA – Medicaid</b> Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone 1-800-403-0864
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b> Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/ State Relay 711	<b>IOWA – Medicaid</b> Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563
<b>KANSAS – Medicaid</b> Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512	<b>NEW HAMPSHIRE – Medicaid</b> Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>KENTUCKY – Medicaid</b> Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570	<b>NEW JERSEY – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>LOUISIANA – Medicaid</b> Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447	<b>NEW YORK – Medicaid</b> Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>MAINE – Medicaid</b> Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711	<b>NORTH CAROLINA – Medicaid</b> Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100

<b>MASSACHUSETTS – Medicaid and CHIP</b> Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840	<b>NORTH DAKOTA – Medicaid</b> Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>MINNESOTA – Medicaid</b> Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739	<b>OKLAHOMA – Medicaid and CHIP</b> Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>MISSOURI – Medicaid</b> Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005	<b>OREGON – Medicaid</b> Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>MONTANA – Medicaid</b> Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084	<b>PENNSYLVANIA – Medicaid</b> Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>NEBRASKA – Medicaid</b> Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	<b>RHODE ISLAND – Medicaid and CHIP</b> Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
<b>NEVADA – Medicaid</b> Medicaid Website: <a href="https://dhcnp.nv.gov">https://dhcnp.nv.gov</a> Medicaid Phone: 1-800-992-0900	<b>SOUTH CAROLINA – Medicaid</b> Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA - Medicaid</b> Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059	<b>WASHINGTON – Medicaid</b> Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022 ext. 15473
<b>TEXAS – Medicaid</b> Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493	<b>WEST VIRGINIA – Medicaid</b> Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>UTAH – Medicaid and CHIP</b> Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669	<b>WISCONSIN – Medicaid and CHIP</b> Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>VERMONT– Medicaid</b> Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427	<b>WYOMING – Medicaid</b> Website: <a href="https://wequalitycare.acs-inc.com/">https://wequalitycare.acs-inc.com/</a> Phone: 307-777-7531
<b>VIRGINIA – Medicaid and CHIP</b> Medicaid Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.coverva.org/programs_premium_assistance.cfm">http://www.coverva.org/programs_premium_assistance.cfm</a> CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

#### Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 12/31/2019)

## Important Notice from National Oilwell Varco, L. P. About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with National Oilwell Varco, L. P. (the "Company") and about your options under Medicare's prescription drug coverage, if you meet the eligibility requirements. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (such as a HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

The Company has determined that the prescription drug coverage offered by the National Oilwell Varco Group Welfare Plan (the "Plan") is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

### When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15<sup>th</sup> through December 7<sup>th</sup>. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

### What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Plan coverage will not be affected. You can keep this coverage if you elect Part D and this plan will coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Plan coverage, be aware that you and your dependents may not be able to get this coverage back.

### When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage under the Plan, and you do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

### For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the entity listed below for further information. **NOTE:** You'll get this notice each year. You will also receive it before the next period you can join a Medicare drug plan, and if this coverage through Plan changes. You also may request a copy of this notice at any time.

### For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage visit [www.medicare.gov](http://www.medicare.gov)

Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available.

For information about this extra help, visit Social Security on the web at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

Date: October 7, 2019

Name of Entity/Sender: National Oilwell Varco

Contact Office: Corporate Benefits Department

Address: 7909 Parkwood Circle Dr., Houston, TX 77036

Phone Number: 713-346-7500

## Summary Annual Report For Section 125 Plan

This is a summary of the annual report of the Section 125 Plan, a health plan (Employer Identification Number 76-0488987, Plan Number 502), for the plan year 01/01/2018 through 12/31/2018. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

National Oilwell Varco has committed itself to pay certain cafeteria plan claims incurred under the terms of the plan.

### Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. To obtain a copy of the full annual report, or any part thereof, write or call the office of Mary Birk Jones, who is a representative of the plan administrator, at 7909 Parkwood Circle, Houston, TX 77036 and phone number, 713-375-3700.

You also have the legally protected right to examine the annual report at the main office of the plan: 7909 Parkwood Circle, Houston, TX 77036, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

## Summary Annual Report For National Oilwell Varco Group Welfare Plan

This is a summary of the annual report of the National Oilwell Varco Group Welfare Plan, a health, life insurance, dental, vision, temporary disability and long-term disability plan (Employer Identification Number 76-0488987, Plan Number 571), for the plan year 01/01/2018 through 12/31/2018. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

National Oilwell Varco has committed itself to pay certain health claims incurred under the terms of the plan.

### Insurance Information

The plan has insurance contracts with Cigna Health and Life Insurance Company, Unum Life Insurance Company of America, Vision Service Plan, Provident Life and Accident Insurance Company, Federal Insurance Company and BlueCross BlueShield of Texas to pay certain health, prescription drug, indemnity contract, life insurance, temporary disability, AD&D, GCIEE, GRPHSPVO and vision claims incurred under the terms of the plan. The total premiums paid for the plan year ending 12/31/2018 were \$154,655,306.

Because they are so called "experience-rated" contracts, the premium costs are affected by, among other things, the number and size of claims. Of the total insurance premiums paid for the plan year ending 12/31/2018, the premiums paid under such "experience-rated" contracts were \$134,900,350 and the total of all benefit claims paid under these experience-rated contracts during the plan year was \$128,761,664.

### Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. Financial information and information on payments to service providers.
2. Insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of Mary Birk Jones, who is a representative of the plan administrator, at 7909 Parkwood Circle, Houston, TX 77036 and phone number, 713-375-3700.

You also have the legally protected right to examine the annual report at the main office of the plan: 7909 Parkwood Circle, Houston, TX 77036, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.



## Your NOV employee benefit plans For benefits information and enrollment: [hub.nov.com](http://hub.nov.com)

NOV Benefits Service Center  
 1-877-668-2363 or 1-877-NOV-BENE  
 Fax: 1-877-908-9966 (toll-free) or 1-713-375-3799  
 8am to 5pm CST (closed 12 to 1pm)  
 Monday - Friday

### Key contact information

Benefit and vendor	Telephone	Website
<b>Blue Cross Blue Shield of Texas</b> (Medical)	1-855-212-1613	<a href="http://bcbstx.com">bcbstx.com</a>
<b>CVS Caremark</b> (Prescription drugs)	1-855-310-2475	<a href="http://caremark.com">caremark.com</a>
<b>Virtual Visits Powered by MDLIVE</b> (Telehealth)	1-888-681-4083	<a href="http://mdlive.com/nov">mdlive.com/nov</a>
<b>Airrosti</b> (Muscle and joint pain treatment)	1-800-404-6050	<a href="http://airrosti.com">airrosti.com</a>
<b>Cigna</b> (Dental)	1-800-244-6224	<a href="http://cigna.com">cigna.com</a>
<b>VSP</b> (Vision)	1-800-877-7195	<a href="http://vsp.com">vsp.com</a>
<b>HSA Bank</b> (Health savings account)	1-855-731-5220	<a href="http://hsabank.com">hsabank.com</a>
<b>Discovery Benefits</b> (Flexible spending accounts)	1-866-451-3399	<a href="http://discoverybenefits.com">discoverybenefits.com</a>
<b>MetLife</b> (Life and AD&D)	1-800-638-6420	<a href="http://metlife.com/mybenefits">metlife.com/mybenefits</a>
<b>Unum</b> (Leave of absence, short and long-term disability)	1-866-779-1054	<a href="http://unum.com">unum.com</a>
<b>Unum</b> (Supplemental benefits: group hospital indemnity, group critical illness, whole life insurance)	1-866-314-0353	<a href="http://unum.com">unum.com</a>
<b>Unum/Health Advocate</b> (EAP)	1-800-226-9767 (multi-lingual)	<a href="http://unum.com/worklifesupport">unum.com/worklifesupport</a>
<b>Wells Fargo</b> (401(k) and retirement savings plan)	1-800-728-3123	<a href="http://wellsfargo.com">wellsfargo.com</a>

This communication highlights some of your NOV benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. NOV reserves the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

Benefit and vendor	Phone	Website
Blue Cross Blue Shield of Texas (Medical)	1-855-212-1613	bcbstx.com
CVS Caremark (Prescription drugs)	1-855-310-2475	caremark.com
Virtual Visits Powered by MDLIVE (Telehealth)	1-888-681-4083	mdlive.com/nov
Airrost (Muscle and joint pain treatment)	1-800-404-6050	airrost.com
Cigna (Dental)	1-800-244-6224	cigna.com
VSP (Vision)	1-800-877-7195	vsp.com
HSA Bank (Health savings account)	1-855-731-5220	hsabank.com
Discovery Benefits (Flexible spending accounts)	1-866-451-3399	discoverybenefits.com
MetLife (Life and AD&D)	1-800-638-6420	metlife.com/mybenefits
Unum (Leave of absence, short and long-term disability)	1-866-779-1054	unum.com
Unum (Supplemental benefits: group hospital indemnity, group critical illness, whole life insurance)	1-866-314-0353	unum.com
Unum/HealthAdvocate (Employee assistance program)	1-800-226-9767	unum.com/worklifesupport
Wells Fargo (401(k) and retirement savings plan)	1-800-728-3123	wellsfargo.com

## NOV Benefit Resources Quick Contact Card

### National Oilwell Varco Benefits Service Center

Phone: 1- 877- 668-2363 or 1- 877- NOV-BENE  
 Fax: 1-877-908-9666 or 1-713-375-3799  
 8am to 5pm CST (closed 12 to 1pm)  
 Monday - Friday



**hub.nov.com**  
 (for benefits information and enrollment)

**NOV**