



# Dawson Geophysical Company

## 2026 Employee Benefits Guide

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# A message from our President and CEO

At Dawson, we recognize our ultimate success depends on our talented and dedicated workforce. Our goal is to provide a comprehensive and competitive benefits program to attract and retain the best employees available. We strive to support the needs of our employees and their dependents by providing benefits that are easy to understand, easy to access and affordable for all. This brochure will help you choose the type of plan and level of coverage that is right for you.

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# Eligibility

## Eligible Employees:

Employees working at least 30 hours per week are eligible for the medical plan. Employees working at least 40 hours per week are eligible for Dental, Vision, Basic and Voluntary Life and AD&D, Disability and voluntary benefits as well.

## When Coverage Begins:

**New Employees:** Coverage begins on the first of the month following 60 days of employment. All benefits you select will remain in effect until the next annual Open Enrollment period, unless you experience a family status event as outlined below.

**Existing Employees:** All elections made during the annual Open Enrollment period will remain in effect for the next 12 months (from January 1 through December 30). Changes can only be made during Open Enrollment, unless you experience a family status event as outlined below.

## Eligible Dependents:

If you are eligible for our benefits, then your dependents are too. In general, eligible dependents include your legal spouse and children up to age 26. If your child is mentally or physically disabled, coverage may continue beyond age 26 once proof of the ongoing disability is provided. Children may include natural, adopted, stepchildren and children obtained through court-appointed legal guardianship.

## Family Status Change:

A change in your personal life may impact your eligibility or dependent's eligibility for benefits. Examples of a Family Status Change, also known as a Qualifying Life Event, include:

### CHANGE IN MARITAL STATUS

- Marriage
- Divorce
- Death of spouse
- Legal separation

### CHANGE IN DEPENDENTS

- Birth
- Adoption
- Death of dependent
- Ineligibility Due to Age 26

### CHANGE IN JOB STATUS OR EMPLOYMENT & OTHER

- Spouse loses or changes job
- Spouse becomes eligible for Medicare

*If such a change occurs, you must make changes to your benefits within 30 days of the event date. For newborns born after January 1, 2026, you have 60 days to notify HR of the event. Documentation may be required to verify your change of status. Failure to request a change of status within 30 days of the event may result in you having to wait until the next open enrollment period to make your change. Please contact HR to make these changes.*

# How to Enroll

To enroll in the Dawson employee benefit program, you should:

1. Review this benefit guide in its entirety.
2. Evaluate the needs of yourself and your family.
3. Meet with an HR representative to review your benefits.

*During your enrollment session, HR will confirm existing beneficiary information for all applicable plans, including life insurance, disability insurance and 401(k). Be sure to have names, addresses, phone numbers, birth dates and SSNs of your beneficiaries readily available. Even if you are not planning to make any changes to your benefits, this meeting is required for all employees.*

***New employees hired after January 1, 2026:*** You are required to complete the enrollment process within 60 days of being hired. Contact Dawson HR to schedule your enrollment session.



**2026 OPEN ENROLLMENT DATES: NOVEMBER 10 THROUGH NOVEMBER 21, 2025**

# Customer Service Information

Carrier	Type of Coverage	Contact Information
BlueCross BlueShield of Texas # 755795	Medical Dental	800-521-2227 <a href="http://www.bcbstx.com">www.bcbstx.com</a>
Mutual of Omaha	Vision Life and AD&D Short Term Disability Long Term Disability Accident Insurance Critical Illness Insurance Employee Assistance Program	800-927-9197 <a href="http://www.mutualofomaha.com">www.mutualofomaha.com</a>
Empower	401(k) Retirement Savings Plan	800-338-4015 <a href="http://www.participant.employer-retirement.com">www.participant.employer-retirement.com</a>
USI Benefit Resource Center	Mon - Fri, 8am - 5pm CST	855-874-0110 <a href="mailto:BRCSouthwest@usi.com">BRCSouthwest@usi.com</a>
Human Resources	Dawson HR Hotline	432-684-3096 <a href="mailto:hr@dawson3d.com">hr@dawson3d.com</a>

## USI Benefit Resource Center



### For all your benefit-related needs!

The USI BRC can help you translate confusing insurance jargon, advise on where to seek in-network care, and advocate directly with insurance carriers on your behalf, all at no-cost and for all benefits Dawson offers, including medical, dental, vision, disability, etc.

#### How the BRC Benefits specialists can help:

- Deciding which plan is best for you
- Finding in-network providers
- Benefit plan & policy questions
- Information about claim appeals & process
- Allowable family status election changes
- Transition of care when changing carriers
- Medicare basics and coordination of benefits
- Obtaining case management services
- Navigating how to file a disability claim



[BRCSouthwest@usi.com](mailto:BRCSouthwest@usi.com) | (800) 874-0110  
Monday through Friday, 8am to 5pm CT

# Helpful Healthcare Definitions

<b>Copay</b>	<b>A flat dollar amount the member is responsible for at the time of service.</b> <i>Copays do not count towards the deductible, but do apply to the out-of-pocket max.</i>
<b>Annual Deductible</b>	<b>The amount the member is responsible for before the plan pays for certain services.</b> <i>Your medical deductible will always run from January 1 to December 31, regardless of when our company renews their coverage with the carrier.</i>
<b>Coinsurance</b>	<b>The percentage of payment shared between the member and the plan for eligible expenses after the deductible has been met.</b> <i>For example, on a plan with 80% coinsurance, BCBS will cover 80% of eligible expenses and you are responsible for 20%.</i>
<b>Out-of-Pocket Maximum</b>	<b>The maximum amount a member would pay in a calendar year for deductible, coinsurance and copays. Once reached, the plan will pay 100% for eligible expenses for the rest of the calendar year.</b>
<b>Network Provider</b>	<b>Medical and pharmacy providers that have contracted with the plan to provide lower out-of-pocket costs for members.</b>
<b>Premium Contribution</b>	<b>The amount deducted from your paycheck each pay period for the cost of benefits.</b>

## **Preventive Care**      **Routine checkups and screenings covered 100% by the carrier.**



### **Routine preventive for children** (birth to age 18)

- Well-baby and well-child visits
- Tuberculosis testing
- Anemia testing
- Lead exposure
- Pelvic exam and pap testing
- Development and behavior
- Lipid profile
- Depression
- Obesity and counseling
- Nutrition counseling
- Immunizations (doses, recommended ages and recommended populations vary)
- Vision screening

### **Routine preventive for adults** (based on gender and age)

- Lipid profile
- Diabetes
- Pelvic exam and pap testing
- Breast exam and mammogram
- PSA testing
- Bone density testing
- Colonoscopy
- Aortic aneurysm
- Obesity screening
- Immunizations (doses, recommended ages and recommended populations vary)

For more information, visit: [www.healthcare.gov/coverage/preventive-care-benefits](http://www.healthcare.gov/coverage/preventive-care-benefits)

# Benefits Overview

Dawson offers a wide variety of benefits designed to protect you and your family’s physical, mental and financial wellbeing. Below is a snapshot of each of the benefits available to you. Keep in mind that you get to pick and choose the benefits you want. You can elect all, some, or none of the below, and you can also choose which dependents you wish to cover on each.

EMPLOYEE BENEFITS OVERVIEW			
BENEFIT TYPE	CARRIER	PAID BY	DETAILS ABOUT THE PLAN
<b>Benefit Resources</b>		Dawson	The USI Benefit Resource Center provides personalized help with medical, dental and vision benefits, including claims, bills and finding providers.
<b>Medical</b>		Shared	Your plan will cover services like office visits, emergency and hospital care, and prescriptions.
<b>Virtual Visits</b>		Dawson	No-cost phone or video consultations with a board-certified physician.
<b>Dental</b>		Shared	Your plan will cover services like cleanings, x-rays, fillings, root canals, bridges and orthodontia for children under the age of 19.
<b>Vision</b>		Shared	Your plan will cover services like eye exams, lenses, frames, and contact lenses.
<b>401(k) Retirement Savings Plan</b> <i>Traditional or Roth</i>		Shared	Save for retirement by enrolling in the 401(k). Dawson will match dollar-for-dollar up to 6% of your pre-tax contributions.
<b>Employee Assistance Program</b> <i>EAP</i>		Dawson	This confidential EAP offers over-the-phone counseling and up to 5 face-to-face counseling sessions for you and covered dependents age 18 and older.
<b>Group Term Life and AD&amp;D</b> <i>Company-Paid</i> <i>Voluntary</i>		Dawson You	Company-paid life and AD&D coverage is equal to 2 times your annual base earnings (up to a maximum amount). Voluntary life and AD&D coverage is available for up to 5 times your annual base earnings. You can also purchase coverage for dependents at a lesser amount.
<b>Voluntary Short-Term Disability</b>		You	In the event you are unable to work due to a disability, this benefit will pay 60% of weekly earnings to a maximum of \$5,000 per week ( <i>coverage reduced in certain states, see page 12</i> ).
<b>Long-Term Disability</b> <i>Company-paid after 10 years of service</i>		Dawson	In the event of a disability lasting more than 180 days, this benefit pays 60% of monthly earnings to a maximum of \$10,000 per month.
<b>Supplemental Benefits</b>		You	You have the option to purchase additional coverage such as on and off-the-job accident insurance, critical illness protection and hospitalization coverage.

\* After one year of employment as a full-time employee, you become eligible to be covered under the company-paid life insurance. You can also elect to purchase additional voluntary life insurance and/or enroll in the 401(k) plan at that time.

# Medical Insurance

Dawson is pleased to provide two PPO medical plans through BlueCross BlueShield of Texas, highlights of which are listed below. On either plan, you are able see a specialist without a referral.

	Base Plan	Buy-Up Plan
BCBS Group #755795	In-Network Benefits	In-Network Benefits
<b>Calendar Year Deductible</b>		
Individual	\$5,000	\$2,000
Family	\$10,000	\$6,000
Coinsurance (You Pay / BCBS Pays)	20% / 80%	30% / 70%
<b>Maximum Out-of-Pocket (includes copays, deductible and coinsurance)</b>		
Individual	\$6,350	\$5,000
Family	\$12,700	\$12,700
<b>Physician Office Visit</b>		
Preventive Care	No charge	No charge
Primary Care	Covered 80% AD	\$20 copay
Specialty Care	Covered 80% AD	\$60 copay
Virtual Visits	Covered 80% AD	\$0 copay
<b>Diagnostic Services</b>		
X-ray and Lab Tests	Covered 80% AD	No charge after office visit copay
Complex Radiology	Covered 80% AD	Covered 70% AD
Urgent Care Facility	Covered 80% AD	\$75 copay
Emergency Room	Covered 80% AD	\$250 copay + D&C
Inpatient Facility Charges	Covered 80% AD	Covered 70% AD
Outpatient Facility & Surgical Charges	Covered 80% AD	\$500 copay + D&C
<b>Participating Pharmacy Drug Coverage</b>		
Generic / Brand (Preferred / Non-Preferred)	Covered 80% AD	\$10 copay / \$35 copay / \$70 copay
Specialty	\$150 copay AD	\$150 copay
Mail Order (90-day supply)	2x retail copay	2x retail copay
<b>Provider Search</b>	To locate an in-network provider, visit <a href="http://www.bcbstx.com/go/bcppo">www.bcbstx.com/go/bcppo</a> or call 800-521-2227	

AD = after deductible has been met      D&C = deductible and coinsurance apply after copay

## Virtual Visits



MDLIVE provides 24/7 physician consultations for non-emergency medical issues and behavioral health needs whether you or your dependents are at home or traveling. Doctors or therapists can help treat the following conditions and more:

**General Health** Allergies, Cold/Flu, Fever, Nausea, Sinus Infection  
**Behavioral Health** Anxiety, Depression, Stress, Relationship Issues

888.680.8646 | [MDLIVE.com/bcbstx](http://MDLIVE.com/bcbstx) | Text BCBSTX to 635483

## BCBS Mobile App



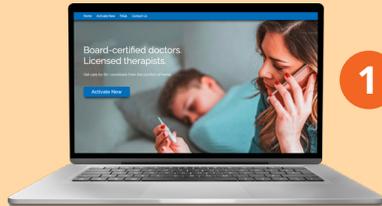
- Find in-network care
- Access your claims, coverage and deductible information
- View your digital member ID card
- Access MDLIVE for virtual visits
- View your Explanation of Benefits

Text BCBSTX to 33633 to get the app

# Create an account for fast, hassle-free health care. Anytime. Anywhere.

MDLIVE offers reliable 24/7 health care by phone or video for hundreds of medical and mental health needs.

## HOW TO CREATE AN ACCOUNT THROUGH THE MDLIVE WEBSITE



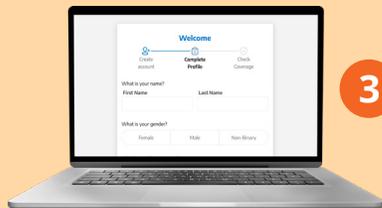
1

Visit [mdlive.com/bcbstx](https://mdlive.com/bcbstx) and click "Activate Now."



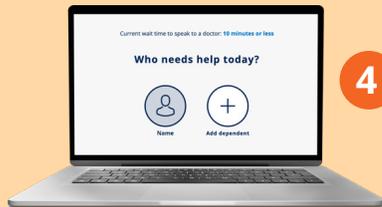
2

Enter your BCBSTX member ID number and date of birth. If you're a dependent, enter the **primary policy holder's ID information and your date of birth.** Click "Continue."



3

Create your username and password and then complete your profile. **Please enter your name exactly as shown on your member ID card.** Click "Submit."



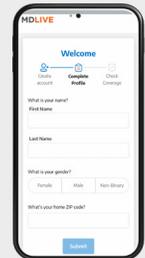
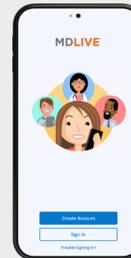
4

Your secure MDLIVE account is now created. We'll send you an email; just click "Sign In To Your Account" to load your MDLIVE dashboard.

## HOW TO CREATE AN ACCOUNT THROUGH THE MDLIVE APP

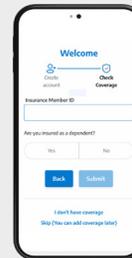
1

Get the MDLIVE app in the App Store or Google Play Store.



2

Click "Create Account." Enter your email address and create a password. Then complete your profile information on the next page. Click "Submit."

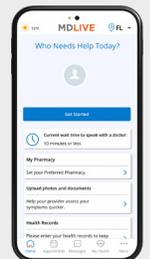


3

Enter the required information as shown on your BCBSTX member ID card and verify your coverage. If you're a dependent, enter the **primary policy holder's information.**

4

Your secure MDLIVE account is now created. We'll send you an email; just click "Sign In To Your Account" to load your MDLIVE dashboard.



## Have a change and need to update your account?

Log in and go to 'My account' located in the left-side menu to update your name or add a dependent.

If you need to update your Member ID please call (888) 680-8646, 24/7/365. Please have your membership ID card present when calling.



Meet Sophie, your MDLIVE personal assistant. Sophie can guide you in creating your account. Text BCBSTX to 635483 to get started.

**Create your account today.**  
[mdlive.com/bcbstx](https://mdlive.com/bcbstx) | (888) 680-8646

# Wellness Program – Save \$1,200

**Get rewarded for making healthy choices! By taking steps today to improving your health, you are eligible to receive discounts off your medical plan premiums in future years.**

Dawson is more determined than ever to encourage healthy choices. By improving your health in 2026, you can earn two discounts in 2026: one for completing your annual exam and recommended screenings, and another for being tobacco-free. A few small changes can make a significant difference in your health, as well as save you money!

## Step 1: Stay Well with Annual Exams & Screenings – Save \$600

Our medical plans included coverage for in-network preventive care services, including age/gender-recommended check-ups and screenings. Common screenings include:

- Annual physical exams
- Mammograms
- Cervical screenings
- Colonoscopies
- Prostate screenings

**If you and your covered spouse each complete a health screening and a physical exam by October 1, 2026, you will save \$600 on your medical premiums for 2027.**

## Step 2: Quit Tobacco – Save \$600

Tobacco-use includes such products as cigarettes, pipes, cigars, and smokeless tobacco such as snuff or chewing tobacco (nicotine gum is excluded). When you're ready to quit, support from a Well onTarget coach can help. Well onTarget programs consist of methods to help you learn to quit smoking, with one-on-one coaching and innovative lessons developed using the most current academic and medical research. When you complete the digital self-management program, you'll be eligible for the non-tobacco wellness discount.

### To Enroll in the Well onTarget Tobacco Cessation Program:

- Call (877) 806-9380 or sign up in the Well OnTarget Portal at [www.wellontarget.com](http://www.wellontarget.com)
- Programs can take up to 8 weeks to complete, so be sure to enroll prior to November 1, 2026
- Provide your certificate(s) of completion to HR prior to December 31, 2026

### Non-Tobacco Use Affidavit

If you do not currently use tobacco, complete the Non-Tobacco Use Affidavit by May 1, 2026. You will be asked to certify that you have been tobacco-free for at least three months.

DAWSON WELLNESS PROGRAM	
STEPS	DISCOUNTS
Annual Physical Exam & Age / Gender Recommended Screenings	\$600 / year or \$50 / month
Tobacco Cessation Program or Non-Tobacco Use Affidavit	\$600 / year or \$50 / month
<b>Total Discounts</b>	<b>\$1,200 / year or \$100 / month</b>



# Diabetes Management Program

**Teladoc**  
HEALTH

BlueCross BlueShield  
of Texas



## Diabetes management, *your way*

Get an advanced blood glucose meter and as many strips and lancets as you need.

Discover tools and techniques that work for you



Personalized tips with each blood sugar check



One-on-one health coaching



Real-time support when you're out of range



Strip re-ordering right from your meter

**Get started**

Join by visiting [TeladocHealth.com/Register](https://TeladocHealth.com/Register)

or call **800-835-2362**

Program includes trends and support on your secure Teladoc Health account and mobile app but does not include a phone, tablet or smartwatch.

Las comunicaciones del programa Teladoc Health están disponibles en español. Al inscribirse, podrá configurar el idioma que prefiera para las comunicaciones provenientes del medidor y del programa. Para inscribirse en español, llame al 800-835-2362 o visite [TeladocHealth.com/Bienvenido](https://TeladocHealth.com/Bienvenido)

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# Dental Insurance

Beginning January 1, 2026, your Dental plan will be offered through BCBS. Under this PPO plan, you can choose to seek care from any licensed dentist but will benefit from extra savings when you choose a dentist in the BlueCare Dental network.

Group #755795	Dental In-Network Benefits
<b>Calendar Year Deductible</b>	
Individual / Family	\$50
Family	\$150
Waived for Preventive Care?	Yes
<b>Benefit Coverage</b>	
<b>Calendar Year Maximum</b>	\$2,000
<b>Preventive Services</b> <i>Routine Oral Exams (2x per year), Cleanings (2x per year), X-rays, Fluoride Treatments, Sealants, Space Maintainers</i>	Covered at 100%
<b>Basic Services</b> <i>Fillings, Root Canals, Denture Repair, Periodontics, Extractions, Oral Surgery</i>	Covered at 85%
<b>Preventive Services</b> <i>Crowns, Inlays, Onlays, Bridges, Dentures</i>	Covered at 50%
<b>Orthodontia</b>	
Benefit Percentage (children under age 19)	Covered at 50%
Lifetime Maximum	\$3,000

## Dedicated to Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **1-800-521-2227** between 8 a.m. and 6 p.m. (CT), Monday through Friday. In addition, you can find general benefit information at **bcbstx.com**.

To help you learn about good oral health, BlueCare Dental Connection offers:

- Educational mailings
- 24-hour online access to the Dental Wellness Center, which offers educational articles and special tools

The Dental Wellness Center allows you to:

- Ask dental-related questions through **Ask a Dentist**
- Find an in-network dentist using **Provider Finder**
- Research dental fees in your area with the **Dental Cost Advisor**
- Search the **Dental Dictionary** of common clinical terms
- View animations on different dental topics in the **Treatment and Procedure** tool



To access the Dental Wellness Center, visit **bcbstx.com**. Register and log in to Blue Access for Members<sup>SM</sup>, click **Dental** under Quick Links and from there click on **Dental Wellness Center**.



BlueCross BlueShield of Texas

# Smile! You Have BlueCare Dental PPO<sup>SM</sup>



BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO network of providers<sup>1</sup>.

This network includes general and specialty dentists in Texas as well as across the country. As a BlueCare Dental PPO plan member, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

If you choose an out-of-network dentist, he or she may have higher fees and charge you for amounts not covered by your insurance. To get the most from your benefits, choose an in-network dentist.

## Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to [bcbstx.com](http://bcbstx.com) and use the Provider Finder<sup>®</sup> tool by clicking on **"Find a Doctor or Hospital"** and then on **"Find a Dentist"** on the left side of the page. You can search for a dentist near your home, school or office.

## BlueCare Dental Connection<sup>SM</sup>

As an enhanced service, Blue Cross and Blue Shield of Texas (BCBSTX) offers BlueCare Dental Connection. This service provides educational information and other resources to help you make choices about your dental care – at no extra cost.

# Vision Insurance

Mutual of Omaha has a large and accessible network of eye care providers in the EyeMed network. By staying in-network for care, you have the benefit of a low copay for a vision exam and materials. If you go out-of-network, you will pay for services and/or materials up front, then submit a claim form for reimbursement. You may be required to pay extra for certain cosmetic or elective options. To locate a network provider, visit [www.mutualofomaha.com/vision](http://www.mutualofomaha.com/vision), call (833) 279-4358 or download the EyeMed Members App for on-demand access to your ID card.

Vision EyeMed Network	
<b>Copay</b>	
Routine Exams	\$20 copay
Materials	\$20 copay
Retinal Imaging	Up to \$39
<b>Lenses</b>	
Single / Bifocal / Trifocal / Lenticular	\$0
Standard Progressive	\$65
Premium Progressive (Tier 1 / 2 / 3 / 4 )	\$85 / \$95 / \$110 / \$65 + 80% of charge less than \$120
<b>Frames</b>	
Retail Equivalent	\$130 allowance + 20% off remaining balance
<b>Contact Lenses</b>	
Fitting & Follow-up (Standard / Premium)	Up to \$40 / 10% off retail price
Conventional	\$130 allowance + 15% off remaining balance
Disposable	\$130 allowance
<b>Other Services</b>	
Laser Corrective Surgery	15% off retail price or 5% off promotional price
<b>Frequency</b>	
Routine Exams	Once every 12 months
Lenses (Glasses or Contacts)	Once every 12 months
Frames	Once every 12 months



## Your eyes are a window to overall health and wellness.

Besides measuring your vision, eye exams are a simple, non-invasive tool that can help identify early signs of certain chronic health conditions. Because early detection is key for treatment, regular eye exams play a vital role in healthy life.



# Life and AD&D Insurance

## COMPANY-PAID LIFE

After completing one year of employment, Dawson provides Basic Life and Accidental Death & Dismemberment (AD&D) Insurance through Mutual of Omaha to assist your family in the event of a loss. Coverage is equal to two times your annual base earnings.

## SUPPLEMENTAL LIFE

In addition to company-paid coverage, you have the option to purchase additional life insurance through Mutual of Omaha for yourself, spouse and children. See HR for cost and coverage limits.

### Current Employees:

If you are currently enrolled and wish to increase your life coverage, you may do so during Open Enrollment without providing evidence of insurability up to the guaranteed issue amount.

### New Employees:

To apply for coverage up to the guaranteed issue amount, complete enrollment during your new hire waiting period. If you apply for coverage after your initial eligibility date or you select coverage over the guaranteed issue amount, you will be required to provide evidence of insurability. You may also be required to complete certain medical tests at Mutual of Omaha's expense.

**Important Reminder during Open Enrollment!** Be sure to assign or update your beneficiary or living trust to ensure your assets are distributed according to your wishes.

# Disability Insurance



In the event you are unable to work as a result of an illness or injury, Dawson provides disability insurance through Mutual of Omaha. These plans offer income protection and will replace a portion of your earnings while you are unable to work.

For Short Term Disability, **premiums will be paid in full by you.**

Dawson provides eligible employees with Long Term Disability protection at no cost after completing 10 years of service. See HR for complete eligibility requirements and benefit information.

## Voluntary Short Term Disability

Elimination Period	7 days (benefits begin on 8 <sup>th</sup> day)
Benefit Percentage	60% of weekly earnings
Maximum Weekly Benefit	\$1,250
Maximum Period of Payment	11 weeks
Definition of Earnings	Annual Base Salary

*STD benefits received are reduced by State Disability Income (SDI) for employees residing in states with a State Disability Program (CA, NY, NJ, HI, and RI).*

# Supplemental Benefits

You have the option to enroll in and purchase supplemental benefits through Mutual of Omaha. Premiums for these benefits are **paid in full by you** through payroll as a post-tax deduction.



## Critical Illness Insurance

This plan is designed to help you and your family with the out-of-pocket costs associated with a serious illness. This plan covers critical illnesses such as cancer, heart attack, stroke, neurological disorders such as Alzheimer's and Parkinson's, major organ failure and others.

- Choose a lump sum benefit from \$5,000 to \$20,000 (guaranteed issue in the amount of \$20,000)
- If electing coverage for yourself and your spouse, your child(ren) are automatically covered.
- Benefits are paid directly to you in addition to any other insurance payments you may receive as a result of the critical illness.
- This plan is portable, so you may continue coverage if you leave the company for any reason.
- **This plan includes a \$50 Health Screening Benefit per year payable directly to you for completing certain routine wellness screenings or procedures.**



## Accident Insurance

This plan provides financial protection by paying a cash benefit directly to you if you or an insured dependent are injured due to a covered accident, whether on or off-the-job.

- Covered accidents include burns, broken bones, dislocations and emergency room visits, as well as hospitalization, rehab and accidental death and dismemberment.
- Benefits are paid directly to you in addition to any other insurance payments you may receive as a result of the accident.
- This plan is portable, so you may continue coverage if you leave the company for any reason.
- **This plan includes a \$50 Health Screening Benefit per year payable directly to you for completing certain routine wellness screenings or procedures.**



# Planning for Retirement

## 401(k) Savings Plan

Dawson Geophysical offers a generous 401(k) savings plan, either Traditional or Roth, through Empower Retirement. You can take advantage of pre-tax earnings and a company match by contributing to the plan through payroll deductions.

Eligibility for Participation:

- All full-time and part-time employees
- Must be at least 21 years of age
- Have completed 1 year of employment with Dawson

Your initial enrollment opportunity coincides with the first quarterly enrollment period after you have met all eligibility requirements specified above.

As an added benefit to the 401(k) Plan, the Company will match dollar for dollar up to 6% of your contributions to the Plan. In other words, the maximum employer match will be 6% of your pay up to the annual maximum. To maximize the value you receive, be sure to consider taking full advantage of your Dawson employer-matching contribution by investing at least 6% of your pay in the Plan.

# Employee Assistance Program



**Available when you need it most – 24 hours a day, seven days a week.**

Life's not always easy. Sometimes a personal or professional issue can affect your work, health and general well-being. You often turn to family or friends for support. But sometimes that's not enough. Sometimes you need an experienced professional to talk with to know you're not alone. The Mutual of Omaha EAP can provide support with the following:

- Family and relationships
- Emotional well-being
- Financial wellness
- Substance abuse and addiction
- Legal assistance
- Grief and loss
- Work and career
- Change and transition

You and your eligible dependents can receive up to three counseling sessions per year per household through a national network of more than 10,000 master's level licensed clinical providers for face-to-face counseling, or 30,000+ available virtually. Financial and legal consultations are also available, along with access to an online educational library in both English and Spanish.

**Employee Assistance Program**  
 24 hours / 7 days / 365 a year  
[www.mutualofomaha.com/eap](http://www.mutualofomaha.com/eap)  
 (800) 316-2796

# Employee Contributions

## Medical Insurance Cost (Monthly)

Wellness & Non-Tobacco Discount	Base Plan	Buy-Up Plan
Employee	\$22.00	\$93.50
Employee & Spouse	\$64.24	\$199.98
Employee & Child(ren)	\$60.50	\$189.20
Employee & Family	\$98.34	\$315.48
Wellness or Non-Tobacco Discount	Base Plan	Buy-Up Plan
Employee	\$77.00	\$148.50
Employee & Spouse	\$119.24	\$254.98
Employee & Child(ren)	\$115.50	\$244.20
Employee & Family	\$153.34	\$370.48
No Discounts	Base Plan	Buy-Up Plan
Employee	\$132.00	\$203.50
Employee & Spouse	\$174.24	\$309.98
Employee & Child(ren)	\$170.50	\$299.20
Employee & Family	\$208.34	\$425.48

## Dental Insurance Cost (Monthly)

Employee	\$6.64
Employee & Spouse	\$19.28
Employee & Child(ren)	\$21.84
Employee & Family	\$32.04

## Vision Insurance Cost (Monthly)

Employee	\$6.02
Employee & Spouse	\$13.82
Employee & Child(ren)	\$15.31
Employee & Family	\$23.38

## Short Term Disability Premiums

Benefits begin on day 8 and last up to 11 weeks

Age Band	Monthly Rate (per \$100 of benefit)
Under 20	\$0.72
20 - 24	\$0.72
25 - 29	\$0.72
30 - 34	\$0.72
35 - 39	\$0.72
40 - 44	\$1.08
45 - 49	\$1.08
50 - 54	\$1.08
55 - 59	\$1.08
60 - 64	\$1.53
65 - 69	\$1.53
70 - 99	\$1.53

## Accident Plan Premiums (Monthly)

Employee	\$10.20
Employee & Spouse	\$19.20
Employee & Child(ren)	\$20.70
Employee & Family	\$29.50

## Critical Illness Plan Premiums

Based on Age and Amount	See HR
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## Voluntary Life Insurance

Based on Age and Amount	See HR
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# Required Notifications

## Important Legal Notices Affecting Your Health Plan Coverage

### THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). 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 lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

### NEWBORNS ACT DISCLOSURE – FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

### NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

## STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

### Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

### Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for the operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.

No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

### Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan reviewed and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

### Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

## CONTACT INFORMATION

Questions regarding any of this information can be directed to:

Idaly Carter  
508 W. Wall, Suite 508, Midland, TX 79701  
432-684-3081  
Idaly.Carter@dawson3d.com

## Your Information. Your Rights. Our Responsibilities.

*Recipients of the notice are encouraged to read the entire notice.  
Contact information for questions or complaints is available at the end of the notice.*

### Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

### Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

### Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

### Your Rights

**When it comes to your health information, you have certain rights.**

This section explains your rights and some of our responsibilities to help you.

#### Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say "no" to your request, but we'll tell you why in writing, usually within 60 days.

## Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

## Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

## Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

## Get a copy of this privacy notice

- You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

## Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

## File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/hipaa/filing-a-complaint/index.html](http://www.hhs.gov/hipaa/filing-a-complaint/index.html).
- We will not retaliate against you for filing a complaint.

## Your Choices

### For certain health information, you can tell us your choices about what we share.

If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation  
*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*
- In these cases, we never share your information unless you give us written permission:  
Marketing purposes  
Sale of your information

## Our Uses and Disclosures

### How do we typically use or share your health information?

We typically use or share your health information in the following ways.

## **Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

## **Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

## **Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

## **Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long-term care plans.

*Example: We use health information about you to develop better services for you.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

## **Help with public health and safety issues**

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

## **Do research**

We can use or share your information for health research.

## **Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

## **Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

## **Address workers' compensation, law enforcement, and other government requests**

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

## **Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Uses and Disclosures of Substance Use Disorder (SUD) Treatment Information**

- If we receive or maintain records about you from a SUD treatment program subject to 42 CFR part 2 (a “Part 2 Program”) through consent you provide the Part 2 Program to use or disclose the records, or testimony relaying the content of such records, they are given extra protection. These records shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless you provide written consent, or a court order is issued after notice and an opportunity to be heard is provided by you or the holder of the records.

### **Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: [www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html](http://www.hhs.gov/hipaa/for-individuals/guidance-materials-for-consumers/index.html).

### **Changes to the Terms of this Notice**

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

### **Other Instructions for Notice**

- Effective January 1, 2026
- Idaly Carter / VP Human Resources / [idaly.carter@dawson3d.com](mailto:idaly.carter@dawson3d.com) / 432-684-3081

If you are receiving a copy of this notice electronically, you are responsible for providing a copy of it to any Part-D eligible dependents covered under the group health plan.

## Important Notice from Dawson Geophysical Company 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 Dawson Geophysical Company and about your options under Medicare's prescription drug coverage. 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:

1. 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 (like an 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.
2. Dawson Geophysical Company has determined that the prescription drug coverage offered by the Health Plan for the plan year 2026 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.

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### 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> to 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, the following options may apply:

- You may stay in the Health Plan and not enroll in the Medicare prescription drug coverage at this time. You may be able to enroll in the Medicare prescription drug program at a later date without penalty either:
  - During the Medicare prescription drug annual enrollment period, or
  - If you lose Health Plan creditable coverage.
- You may stay in the Health Plan also enroll in a Medicare prescription drug plan. The Health Plan will be the primary payer for prescription drugs and Medicare Part D will become the secondary payer.
- You may decline coverage in the Health Plan and enroll in Medicare as your only payer for all medical and prescription drug expenses. If you do not enroll in the [Insert Name of Plan], you are not able to receive coverage through the plan unless and until you are eligible to reenroll in the plan at the next open enrollment period or due to a status change under the cafeteria plan or special enrollment event.

## 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 with Dawson Geophysical Company and don't 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 October to join.

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

Contact the person listed below for further information.

NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Dawson Geophysical Company 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: January 1, 2026  
Name/Entity of Sender: Dawson Geophysical Company  
Contact Position/Office: Idaly Carter, VP Human Resources  
Address: 508 W. Wall, Suite 508, Midland, TX 79701  
Phone Number: 432-684-3081

## 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, 2025. Contact your State for more information on eligibility –**

<b>ALABAMA – Medicaid</b>	<b>ALASKA – Medicaid</b>
Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447	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="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>	<b>CALIFORNIA – Medicaid</b>
Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322 Fax: 916-440-5676 Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>	<b>FLORIDA – Medicaid</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://hcpf.colorado.gov/child-health-plan-plus">https://hcpf.colorado.gov/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): <a href="https://www.mycohibi.com/">https://www.mycohibi.com/</a> HIBI Customer Service: 1-855-692-6442	Website: <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP 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, Press 1            GA CHIPRA Website:  <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a>            Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program            All other Medicaid            Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>  <a href="http://www.in.gov/fssa/dfr/">http://www.in.gov/fssa/dfr/</a>            Family and Social Services Administration            Phone: 1-800-403-0864            Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website:  <a href="#">Iowa Medicaid   Health &amp; Human Services</a>            Medicaid Phone: 1-800-338-8366            Hawki Website:  <a href="#">Hawki - Healthy and Well Kids in Iowa   Health &amp; Human Services</a>            Hawki Phone: 1-800-257-8563            HIPP Website: <a href="#">Health Insurance Premium Payment (HIPP)   Health &amp; Human Services (iowa.gov)</a>            HIPP Phone: 1-888-346-9562</p>	<p>Website: <a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a>            Phone: 1-800-792-4884            HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:  <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>            Phone: 1-855-459-6328            Email: <a href="mailto:KIHIPP.PROGRAM@ky.gov">KIHIPP.PROGRAM@ky.gov</a>            KCHIP Website: <a href="https://kynect.ky.gov">https://kynect.ky.gov</a>            Phone: 1-877-524-4718            Kentucky Medicaid Website: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a></p>	<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>            Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website:  <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a>            Phone: 1-800-442-6003            TTY: Maine relay 711            Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>            Phone: 1-800-977-6740            TTY: Maine relay 711</p>	<p>Website: <a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a>            Phone: 1-800-862-4840            TTY: 711            Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a></p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website:  <a href="https://mn.gov/dhs/health-care-coverage/">https://mn.gov/dhs/health-care-coverage/</a>            Phone: 1-800-657-3672</p>	<p>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</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website:  <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a>            Phone: 1-800-694-3084            Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a></p>	<p>Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a>            Phone: 1-855-632-7633            Lincoln: 402-473-7000            Omaha: 402-595-1178</p>

<b>NEVADA – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
<p>Medicaid Website: <a href="http://dhcftp.nv.gov">http://dhcftp.nv.gov</a>  Medicaid Phone: 1-800-992-0900</p>	<p>Website: <a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a>  Phone: 603-271-5218  Toll free number for the HIPP program: 1-800-852-3345, ext. 15218  Email: <a href="mailto:DHHS.ThirdPartyLiabi@dhhs.nh.gov">DHHS.ThirdPartyLiabi@dhhs.nh.gov</a></p>
<b>NEW JERSEY – Medicaid and CHIP</b>	<b>NEW YORK – Medicaid</b>
<p>Medicaid Website:  <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a>  Phone: 1-800-356-1561  CHIP Premium Assistance Phone: 609-631-2392  CHIP Website: <a href="http://www.nifamilycare.org/index.html">http://www.nifamilycare.org/index.html</a>  CHIP Phone: 1-800-701-0710 (TTY: 711)</p>	<p>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</p>
<b>NORTH CAROLINA – Medicaid</b>	<b>NORTH DAKOTA – Medicaid</b>
<p>Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a>  Phone: 919-855-4100</p>	<p>Website: <a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a>  Phone: 1-844-854-4825</p>
<b>OKLAHOMA – Medicaid and CHIP</b>	<b>OREGON – Medicaid and CHIP</b>
<p>Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a>  Phone: 1-888-365-3742</p>	<p>Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a>  Phone: 1-800-699-9075</p>
<b>PENNSYLVANIA – Medicaid and CHIP</b>	<b>RHODE ISLAND – Medicaid and CHIP</b>
<p>Website: <a href="https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html">https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html</a>  Phone: 1-800-692-7462  CHIP Website: <a href="http://www.pa.gov/childrens-health-insurance-program">Children's Health Insurance Program (CHIP) (pa.gov)</a>  CHIP Phone: 1-800-986-KIDS (5437)</p>	<p>Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a>  Phone: 1-855-697-4347, or  401-462-0311 (Direct Rite Share Line)</p>
<b>SOUTH CAROLINA – Medicaid</b>	<b>SOUTH DAKOTA - Medicaid</b>
<p>Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a>  Phone: 1-888-549-0820</p>	<p>Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a>  Phone: 1-888-828-0059</p>
<b>TEXAS – Medicaid</b>	<b>UTAH – Medicaid and CHIP</b>
<p>Website: <a href="http://www.texas.gov/health-insurance-premium-payment-program">Health Insurance Premium Payment (HIPP) Program   Texas Health and Human Services</a>  Phone: 1-800-440-0493</p>	<p>Utah's Premium Partnership for Health Insurance (UPP)  Website: <a href="https://medicaid.utah.gov/upp/">https://medicaid.utah.gov/upp/</a>  Email: <a href="mailto:upp@utah.gov">upp@utah.gov</a>  Phone: 1-888-222-2542  Adult Expansion Website:  <a href="https://medicaid.utah.gov/expansion/">https://medicaid.utah.gov/expansion/</a>  Utah Medicaid Buyout Program Website:  <a href="https://medicaid.utah.gov/buyout-program/">https://medicaid.utah.gov/buyout-program/</a>  CHIP Website: <a href="https://chip.utah.gov/">https://chip.utah.gov/</a></p>

VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: <a href="#">Health Insurance Premium Payment (HIPP) Program   Department of Vermont Health Access</a> Phone: 1-800-250-8427	Website: <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select">https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select</a> <a href="https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs">https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs</a> Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022	Website: <a href="https://dhhr.wv.gov/bms/">https://dhhr.wv.gov/bms/</a> <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2025, 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 1/31/2026)



# Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved  
OMB No. 1210-0149  
(expires 12-31-2026)

## PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

### Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%<sup>1</sup> of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.<sup>2</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution – as well as your employee contribution to employment-based coverage – is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all these factors in determining whether to purchase a health plan through the Marketplace.

### When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

<sup>1</sup> Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

<sup>2</sup> An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023, and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage. In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

## What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023, and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

## How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact:

Name of Entity/Sender:	Dawson Geophysical Company
Contact--Position/Office:	Idaly Carter, VP Human Resources
Address:	508 W. Wall, Ste 508
Phone Number:	432-684-3081

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name Dawson Geophysical Company		4. Employer Identification Number (EIN) 74-2095844	
5. Employer address 508 W. Wall, Ste 508		6. Employer phone number 432-684-3081	
7. City Midland	8. State Texas	9. ZIP code 79701	
10. Who can we contact about employee health coverage at this job? Idaly Carter			
11. Phone number (if different from above)		12. Email address idaly.carter@dawson3d.com	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Active, permanent, full-time employees working 30 or more hours per week

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Legal dependents of active, permanent, full-time employees working 30 or more hours per week.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

\*\* Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.



**508 W. Wall, Suite 800  
Midland, Texas 79701  
432-684-3096**

*This brochure summarizes the benefit plans that are available to Dawson Geophysical Company eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits.*