

# 2025 Benefits Overview



BEYOND HEALTH™  
BY BEYOND RISK

# Important Contacts

COVERAGE	CONTACT	PHONE	WEBSITE
<b>Medical Member Advocate #651-583</b>	Boon-Chapman	855-516-8531	<a href="http://www.boonchapman.com/member-login">www.boonchapman.com/ member-login</a> Email: <a href="mailto:advocate@boonchapman.com">advocate@boonchapman.com</a>
<b>Prescription Drug Benefits</b>	WellDyne	888-479-2000	WellView.WellDyne.com
<b>Virtual Visits</b>	98point6		<a href="http://www.98point6.com/bevcap">www.98point6.com/bevcap</a>
<b>Dental</b>	PRINCIPAL	800-986-3343	<a href="http://www.principal.com">www.principal.com</a>
<b>Vision</b>	PRINCIPAL	800-986-3343	<a href="http://www.principal.com">www.principal.com</a>
<b>Voluntary Worksite Benefits</b>	Aflac	800-992-3522	<a href="http://www.aflac.com">www.aflac.com</a>
<b>Kelley Oilfield Services Benefits Manager</b>	Laura Kinsey	505-632-2423	<a href="mailto:l.kinsey@kosinm.com">l.kinsey@kosinm.com</a>
<b>Benefits Broker</b>	Stephenie Warren	505-326-1111	<a href="mailto:stephenie@woodsins.com">stephenie@woodsins.com</a>
<b>Account Manager</b>	Lana Campbell	505-326-1111	<a href="mailto:lane@woodins.com">lane@woodins.com</a>
<b>Employee Assistance Program</b>	AETNA		<a href="http://www.mylifevalues.com">www.mylifevalues.com</a>





# Welcome to your Benefits!

We are pleased to provide you with a wide range of competitive benefits that are a vital part of your total compensation. You have the flexibility to select from a full range of benefits to keep you and your family healthy, and provide financial protection in the event of unforeseen circumstances. This guide was designed to answer some of the basic questions you may have about your benefits. Please take the time to review this guide to make sure you understand the benefits that are available to you and your family, and be sure to take action before the enrollment deadline.

If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a federal law gives you more choices about your prescription drug coverage. Please see page 28 for more details.

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# Eligibility

If you work at least 30 hours per week, you are eligible for benefits. Your benefits are effective 1st of the month following 30 days from your date of hire. You may also enroll your eligible dependents for coverage. Eligible dependents could be:

- » Your legal spouse or qualified domestic partner
- » Children under the age of 26, regardless of student, dependency or marital status
- » Children who are past the age of 26 and are fully dependent on you for support due to a mental or physical disability and who are indicated as such on your federal tax return

## CHANGING BENEFITS AFTER ENROLLMENT

During the year, you cannot make changes to your medical and dental coverage unless you have a Qualified Life Event. If you do not contact Human Resources within 31 days of the Qualified Life Event, you will have to wait until the next annual Open Enrollment period to make changes (unless you experience another Qualified Life Event).

QUALIFIED LIFE EVENT		DOCUMENTATION NEEDED
Change in marital status	Marriage	Copy of marriage certificate
	Divorce/Legal Separation	Copy of divorce decree
	Death	Copy of death certificate
Change in number of dependents	Birth or adoption	Copy of birth certificate or copy of legal adoption papers
	Step-child	Copy of birth certificate plus a copy of the marriage certificate between employee and spouse
	Death	Copy of death certificate
Change in employment	Change in your eligibility status (i.e., full time to part time)	Notification of increase or reduction of hours that changes coverage status
	Change in spouse's benefits or employment status	Notification of spouse's employment status that results in a loss or gain of coverage





## Medical Plan

**KELLEY OILFIELD SERVICES, INC OFFERS ONE MEDICAL PLAN, MANAGED BY BEYOND HEALTH AND ADMINISTERED BY BOON- CHAPMAN.**

### SAVE WHEN YOU USE IN-NETWORK PROVIDERS

The PPO medical plan allows access to both In-Network and Out-of-Network providers, but you will get better discounts and pay less money by remaining In-Network. When you use providers from within the Aetna Signature Providers network, you receive the benefits at the discounted network cost. If you use non-PPO providers, you will pay more for services. All Out-of-Network services are subject to the amount determined to be eligible by the health plan, and you are responsible for all charges over this allowance.

### HEALTH CARE COVERAGE REMINDER

You may purchase insurance through the Marketplace only if you experience Qualifying Life Event or during Open Enrollment. The federal Marketplace Open Enrollment dates are from November 1 through January 15. Refer to the Required Notices in this guide for additional details.



## MEDICAL PLAN OVERVIEW

BOON CHAPMAN	PPO PLAN	
	IN-NETWORK	OUT-OF-NETWORK
BASIC INFORMATION		
Deductible (Single/Family)	\$4,000/ \$ 8,000	\$8,000/ \$ 16,000
Coinsurance (You Pay)	20%	50%
Out-of-Pocket Limit (Single/Family)	\$6,000/ \$ 12,000	\$12,000/ \$ 24,000
	YOU PAY	
ROUTINE SERVICES		
Virtual Care/Telehealth	\$0	
Physician Office Visit	\$25 copay	50%*
Specialist Office Visit	\$25 copay	50%*
Preventive Services (Adults/Children)	\$0	50%*
OTHER SERVICES		
Diagnostic Test	\$0	50%*
Imaging	20%*	50%*
High Tech Radiology (CT, PET, MRI) performed at Preferred Advanced Imaging Provider (Preferred Provider)	\$0 (Must be coordinated through PrimeDx)	
Surgery Centers (Free Preferred Surgical Centers)	\$0 (Must be coordinated through PrimeDx)	
HOSPITAL AND FACILITY SERVICES		
Inpatient Hospital	20%*	50%*
Outpatient Hospital	20%*	50%*
Emergency Room Visits	\$750 (Waived if True Emergency)	
Urgent Care Visits	\$50 copay	50%*
PRESCRIPTION DRUGS		
Tier 1/Tier 2/Tier 3	\$5/ \$25/ \$50	N/A
Mail-Order Prescriptions	\$10/ \$50/ \$100	
Specialty	20% of \$200 (Tier 1/2) 20% of \$250 (Tier 3)	

\*After Deductible

MEDICAL - PER PAYCHECK (48 DEDUCTIONS)	PPO PLAN Upper Management	PPO PLAN Lower Management	PPO PLAN Non-Management
<b>Employee</b>	\$0.00	\$52.30	\$65.37
<b>Employee + Spouse</b>	\$261.77	\$314.08	\$327.15
<b>Employee + Child(ren)</b>	\$235.48	\$287.79	\$300.86
<b>Employee + Family</b>	\$523.27	\$575.58	\$588.64

\*Employee Only -  
100% Employer Paid

\*Employee Only -  
80% Employer Paid

\*Employee Only -  
75% Employer Paid



# Provider Network: Aetna

## PROVIDER DETAILS

To visit the online directory, simply go to <http://aetna.com/asa>. Begin searching for a doctor using your location ZIP, city, county or state. You can use either the general or category search to see provider details that typically include:

- » Board certification
- » Hospital affiliation
- » Medical school/year of graduation
- » Gender

You can also see additional provider information that can include participation information, other office locations, whether they're accepting new patients, maps, driving directions and more.

## HOW TO FIND A NETWORK PROVIDER

Looking for physicians who participate in your health insurance network? Use one of these easy ways to find out who's in-network and potentially save money:

- » Contact the Boon-Chapman Member Advocate at 855-516-8531, or e-mail [advocate@boonchapman.com](mailto:advocate@boonchapman.com)
- » Visit <http://aetna.com/asa>

Quest Diagnostics and LabCorp are preferred national in-network providers of laboratory services for all Aetna members.



## Prescription Drug Benefits

Prescription drug benefits are coordinated by WellDyne, our Pharmacy Benefit Manager (PBM). Through WellDyne, you can access a network of more than 55,000 national, regional and local pharmacies. Their mail-order pharmacy offers an affordable way to get the medications you regularly take shipped directly to your door. And if you are taking a specialty medication, WellDyne's Member Services team and pharmacists can provide added support and personalized clinical guidance 365 days a year.

- » You can contact WellDyne via their member portal at [WellView.WellDyne.com](https://wellview.welldyne.com) or at 855-876-5483.
- » For mail order prescription benefits, contact WellDyne at 855-876-5483 or visit their website at [WellView.WellDyne.com](https://wellview.welldyne.com)
- » Learn more about WellDyne at <https://welldyne.com/health-fair/>

# Where to Seek Care



## TELEMEDICINE

Use 98point6 to seek treatment for minor and easily diagnosable medical conditions. Text/message with a board-certified physician / pediatrician over the phone.

Download the 98point6 app to get started: [98point6.com/bevcap](https://98point6.com/bevcap)

- » Colds & flu
- » Sore throats
- » Headaches
- » Stomach aches
- » Fever
- » Allergies & rashes
- » Pink Eye

- » FREE! No cost to you!
- » Your insurance covers the cost of the consultation.
- » Registration takes 5–10 minutes. Consultation calls can take 10–15 minutes. No need to leave home or work.

## PRIMARY CARE

See a general practitioner or your primary care physician for routine or preventive care, to keep track of medications and health maintenance.

- » General health, immunizations, screenings
- » Preventive care
- » Routine check-ups

- » Physician office visit copay is \$25.
- » You usually need an appointment.
- » Wait times vary based on their appointment schedule.

## URGENT CARE CLINIC

Visit an urgent or convenience care clinic to seek treatment for minor medical conditions that may be more urgent or that should be diagnosed in-person. Note: Free-standing ERs are growing in popularity. They look like urgent care clinics, but bill as ERs.

- » Colds & flu
- » Rashes or skin conditions
- » Sore throats, earaches, sinus pain
- » Minor cuts or burns
- » Pregnancy testing
- » Vaccinations
- » X-ray

- » Urgent care copay is \$50.
- » It ultimately depends on what codes the facility uses when submitting claims.
- » Some clinics take appointments, but walk-ins are most common.

## EMERGENCY ROOM

Only visit the ER for immediate treatment of critical or life-threatening injuries or illnesses.

If truly life-threatening, call 911.

- » Uncontrolled bleeding
- » Compound fractures
- » Sudden numbness or weakness
- » Seizure or loss of consciousness
- » Shortness of breath
- » Chest pain
- » Head injury or other major trauma
- » Blurry vision or loss of vision
- » Severe cuts or burns

- » ER copay is \$750. (waived if true emergency)
- » Depending on the extent of services provided, you may be balanced billed.
- » Wait times vary but can often be extensive for ERs.



## Virtual Visits: 98point6

98point6 is a great alternative to urgent care and emergency room visits because it provides you 24/7/365 access to U.S. board-certified doctors — receive the treatment you need in an easy and timely manner. In addition, you have the ability to send your visit results to your primary care physician. Download the 98point6 app to get started: [98point6.com/bevcap](https://98point6.com/bevcap).



24/7/365



Quality Doctors



No ER Wait



100% Covered

### REMOTE HEALTH CARE CAN TREAT MANY COMMON HEALTH ISSUES

98point6 doctors can diagnose many health issues like cold and flu symptoms, allergies, rash, skin problems and so much more! If medically necessary, a prescription will be sent to the pharmacy of your choice.

- » Abdominal Pain/Cramps
- » Sinusitis
- » Headaches/Migraines
- » Cold and Flu Symptoms
- » Animal/Insect Bites
- » Sprains and Strains
- » Respiratory infection
- » Eye Infection/Irritation
- » Allergies
- » Sore Throat
- » Dizziness
- » Asthma

## FREE BENEFITS PROGRAM

# Member Advocate

The Member Advocate delivers a higher level of customer service than you've ever experienced and is provided for your insurance needs. The Member Advocate is available to answer your health care questions and guide you through the complexities of your medical plan — at no cost to you.

## HOW MEMBER ADVOCATE TAKES CARE OF YOU



### UNDERSTAND INSURANCE BENEFITS

Receive guidance in understanding your benefits throughout the year.



### GET HELP WITH MEDICAL BILLS

Have your medical bills reviewed to make sure you are not overcharged.



### FIND A NETWORK PROVIDER

Find in network doctors in your area who meet your personal preferences and health care needs.



### SAVE MONEY ON MEDICAL CARE

Get price comparisons before receiving care. Depending on the doctor, hospital or facility, costs can vary by hundreds or thousands of dollars — even in-network.

## FREE MEDICAL CARE

If you require surgery or imaging, contact the Member Advocate to see if the services are eligible for one of the contracted surgery centers for a zero out-of-pocket cost to you and bonus incentives!

## FOR QUESTIONS OR ADDITIONAL INFORMATION

Contact the Member Advocate [advocate@boonchapman.com](mailto:advocate@boonchapman.com) or call 855-516-8531.

## Preferred Surgery Centers

Need surgery? No out-of-pocket costs? Contact your [Member Advocate](#) at 855-516-8531 or [advocate@boonchapman.com](mailto:advocate@boonchapman.com). You can also contact the [Nurse Advocate Team](#) at 855-266-2093.

We are constantly evaluating and improving the benefits plans to provide you and your family with access to the highest quality care and the best patient experience available.

### WHAT ARE THE BENEFITS TO USING A PREFERRED SURGERY CENTERS

- » Receive high-quality post-op care from top-rated surgeons
- » A superior patient experience and outstanding customer service
- » Pay nothing out-of-pocket! Your health costs (deductible and coinsurance) are waived\*
- » Travel expenses for you and an adult caregiver are reimbursable

The following expenses for member and an adult caregiver who travel to the surgery center are covered: mileage, hotel, per diem food allowance during stay and first post-surgery prescription paid.

Member must elect to have surgical procedure performed at one of the plan's Preferred Surgical Centers. A wide range of procedures can be performed at our Preferred Surgical Centers.

### BENEFITS

- » Access top surgeons & anesthesiologists
- » Beautiful, state-of-the-art facilities
- » No copay/deductible
- » Dedicated Nurse Advocate
- » Care Coordination
- » Travel Arrangements

### PROCESS

- » Outreach to members
- » Obtain medical records
- » Assist with diagnostic testing
- » Coordinate surgery schedule
- » Arrange travel (Flight, Hotel, Car Service)
- » Facilitate post-op care (PT/Wound Care)

# Preferred Advanced Imaging Providers

FREE BENEFITS PROGRAM



You have access to a concierge scheduling program for advanced radiology including MRI, CT and PET scans.

## WHY USE A PREFERRED IMAGING PROVIDER?

Imaging costs are 100% covered when you utilize an advanced imaging provider by scheduling with a Nurse Advocate, at a time and place convenient to you. By utilizing an advanced imaging network, you have access to a national network with over thousands of facilities.

## HOW IT WORKS

- » Pre-certification is required so either you or your provider will contact the Member Advocate
- » When the procedure has been pre-certified, PrimeDx will contact you to make sure you want to use Advanced Imaging
- » An advanced imaging representative will call you to inform you of your authorized imaging and arrange for an appointment at a time and date convenient for you
- » An advanced imaging representative can provide education about your test including quality and safety information
- » An advanced imaging representative provides a written appointment confirmation and directions
- » After your imaging has been completed, an advanced imaging representative sends a satisfaction survey to ensure an excellent level of service

## TESTIMONIALS

*I was highly satisfied in all aspects of my first experience with U.S. Imaging Network and their referred MRI center.*

— Lauren

*The experience went very smoothly, from the conference call set-up throughout. Staff was professional and courteous.*

— Juan

*Everything went smoothly, no hassle or problem. I was in and out in twenty minutes and I had a disk to take to my surgeon.*

— Ben

*I didn't wait long. They were fantastic from the minute I walked in! Super, Super! Rick was great (the tech) I felt well taken care of. I felt refreshed when I left.*

— Lindsay

## FOR MORE INFORMATION ABOUT ADVANCED IMAGING PLEASE CONTACT:

Employees: Contact your [Member Advocate](#) at 855-516-8531 or [advocate@boonchapman.com](mailto:advocate@boonchapman.com).

You can also contact the [Nurse Advocate Team](#) at 855-266-2093.

Providers (for pre-certification): [Nurse Advocate](#) at 855-266-2093.



## Digital Physical Therapy

Digital Physical Therapy Network uses technology to provide quality, convenient and connected care to patients in the comfort of their own homes. No need to worry about transportation, traffic or the weather. You can safely recover from home, on your schedule, with your licensed physical therapist always available.

### HOW IT WORKS

1. When you receive an order for physical therapy, your provider contacts the Nurse Advocate Team at 855-266-2093 to authorize therapy.
2. PrimeDx will submit authorization and referral to Digital Physical Therapy Network.
3. Digital Physical Therapy Network will contact you to schedule your initial evaluation.

# Maternity Advocates

## FREE BENEFITS PROGRAM



Even with health insurance and a good doctor, pregnancy is stressful, complicated and a unique experience every time. To make the pregnancy in your life easier, your group offers a benefit called the Maternity Advocates program. This unique benefit allows you to have on-demand access to Maternal Fetal Medicine specialists — physicians trained to deal with pregnancies of all kinds — and other pregnancy support services such as lactation consultants, behavioral health specialists, and nurse navigators.

The Maternity Advocates employee benefit is available to you free of charge. Book an appointment today by calling 800-477-4625.

## WHAT IS INCLUDED

- » **Unlimited On-Demand Visits** – Meet with board-certified, U.S.-trained Maternal Fetal Medicine physicians on-demand, however much you want.
- » **Care Team Built for Pregnancies** – Looking to meet with a lactation consultant, behavioral health specialist or nurse navigator? They're available too.
- » **Teleperinatal Mobile App** – Track and learn about your pregnancy with our tracker and content library provided by Mayo Clinic.
- » **Personalized Pregnancy Roadmap** – Following every visit, you'll receive a roadmap with everything to expect in your pregnancy, personalized to you.

Visit our site at [www.maternityadvocates.com/bevcap](http://www.maternityadvocates.com/bevcap) for more information and FAQs.

## ROADMAP TO A SUCCESSFUL PREGNANCY EXAMPLE

Here's a look at what a successful pregnancy utilizing the specialists in the Maternity Advocates program looks like:

4 WEEKS
Patient notifies provider she's pregnant
10 WEEKS
Patient visits with provider
14 WEEKS
Patient consults with MFM physician
20 WEEKS
Anatomy scan
28 WEEKS
Diabetic screen
36 WEEKS
Delivery planning meeting with MFM
40 WEEKS
Baby is born! Mother and baby go home

**Upon completion of the program  
you will receive a 1-Year  
subscription of free diapers.**

# Drug Importation Program

Available 1/1/25

**FREE BENEFITS PROGRAM**



## Want to save money on your prescriptions?

International sourcing is a safe, reliable way to get your medication at a lower cost. On behalf of your benefit plan, WellDyne offers drug importation for certain specialty and high-cost maintenance medication through International Rx.

### Get started today —it's easy!

**1**

Contact International Rx at 877-546-6378 to enroll in the program.

**2**

International Rx will work with your doctor or Pharmacy to transfer your prescription.

**3**

Their Customer concierge team will guide you every step of the way.

**4**

Receive a 90-day supply of your medication at your doorstep.

### Benefits of Drug Importation



#### Zero Cost

Your medication copay and deductible are eliminated.



#### Incentives

You receive a bonus payment each time you fill your prescription.



#### Convenience

Save time with home delivery of your medication.

For questions about your pharmacy benefits, visit our member portal at [WellView.WellDyne.com](https://www.wellview.welldyne.com). Or call Member Services at the number listed on your ID card.



# Disease Management

## PRIME DX

PrimeDX Disease Management program assists members in managing chronic conditions with a goal of improving their clinical condition and reducing unnecessary health care costs while improving quality of life. Our program promotes participant self-care by providing patient education, coaching and monitoring, facilitates collaboration within the health care team (patient, physician and health plan), and coordinates services as appropriate across the health care continuum. You can contact the Prime Dx Nurse Advocate team at [855-266-2093](tel:855-266-2093) or [pdx@primedx.com](mailto:pdx@primedx.com).

## MANAGED CHRONIC CONDITIONS INCLUDE:

- » Asthma
- » Coronary artery disease
- » Congestive heart failure
- » Diabetes
- » Hyperlipidemia
- » Hypertension

## SERVICES

- » Access to Registered Nurses
- » Evidence-based Highly Personalized Care
- » Member Engagement, Coaching and Monitoring
- » Advanced Risk Scoring and Analytics
- » Review of Reports, Lab Results, Screenings and Assessments
- » Patient Education Tools and Resources

# Case Management



PrimeDx Case Management services are designed to improve the quality of patient care while maximizing cost savings.

Our team of nurses provide individuals a better understanding of specialized care needs, access to specialty care facilities, education on alternatives to costly inpatient care, and direction toward in-network discounts. We work with members to educate and assist them in making choices that contribute to a healthier lifestyle, thus reducing the incidence of complications and future medical costs. You can contact the PrimeDx [Nurse Advocate Team](#) at [855-266-2093](tel:855-266-2093) or [pdx@primedx.com](mailto:pdx@primedx.com).

## SERVICES

- » Establish a Comprehensive Care Plan
- » Care Coordination
- » Pain Management Monitoring
- » Facilitation of Social Services
- » Review of Disease Process and Symptoms
- » Monitoring Side Effects
- » Educational Information

## PRE-NOTIFICATION REQUIREMENT

In order to prevent unnecessary costs and to assist you in fully understanding your benefits, the pre-notification program fulfills the dual purpose of advising the participant of their benefits and protecting the financial integrity of the Plan. This benefit is available prior to any procedure.

Except in an urgent care situation, the participant must call the [Nurse Advocate](#) at [855-266-2093](tel:855-266-2093), at least three (3) business days before any/all procedures scheduled in advance including, but not limited to the following:

- » In-patient procedures
- » Out-patient procedures
- » Imaging services; and
- » Diagnostic testing

# Cancer Care Program



The Cancer Care Program aims to offer essential resources and support for individuals grappling with a cancer diagnosis, helping them navigate the complexities of the journey ahead.

## MEMBER JOURNEY

The member journey in the Cancer Care Program typically involves several stages, including diagnosis, treatment planning and treatment. Throughout each stage the goal is to provide support, resources, and guidance tailored to the individual needs of the member and helping them navigate the challenges they may encounter along the way. This may include, access to medical professionals and procedures within a network of Centers of Excellence, educational materials, and emotional support services. The goal is to empower members to make informed decisions in conjunction with their oncologist and other health care providers at no additional cost.

### PrimeDx:

- First point of contact for care triage and overview of available resources.

### Accarent:

- Referral from PrimeDx for diagnosis recommending procedures outside the typical knee, hip or shoulder surgery.
- If you are eligible for treatment through Accarent, your cost sharing obligations will be waived\* and your travel expenses will be covered, if applicable.
- Nurse Care Managers who can facilitate more specialized care, starting with second opinions, etc.

### Apricity:

- Advocacy resource with Nurse Case Managers available 24/7 providing an extra layer of support when a primary healthcare provider may not be available.

### Awareness:

This is a new resource that has been developed for Beyond Health Clients and their members. This includes Care Advocacy, treatment options, and assistance with coordinating care.

### Consideration:

You may receive an outreach, or you can reach out to PrimeDx to learn more about this new program and what resources might best fit your needs.

### Consultation:

If a plan member decides to proceed with a treatment within the Accarent network, they will be assigned a Case Manager to assist in the entire process from needed paperwork to scheduling the consultation.

### Procedure:

Your Case Manager will coordinate care on any needs affiliated with a procedure including, labs, imaging, and other surgery prerequisites and assist in conveying information to the provider facility.

### Discharge:

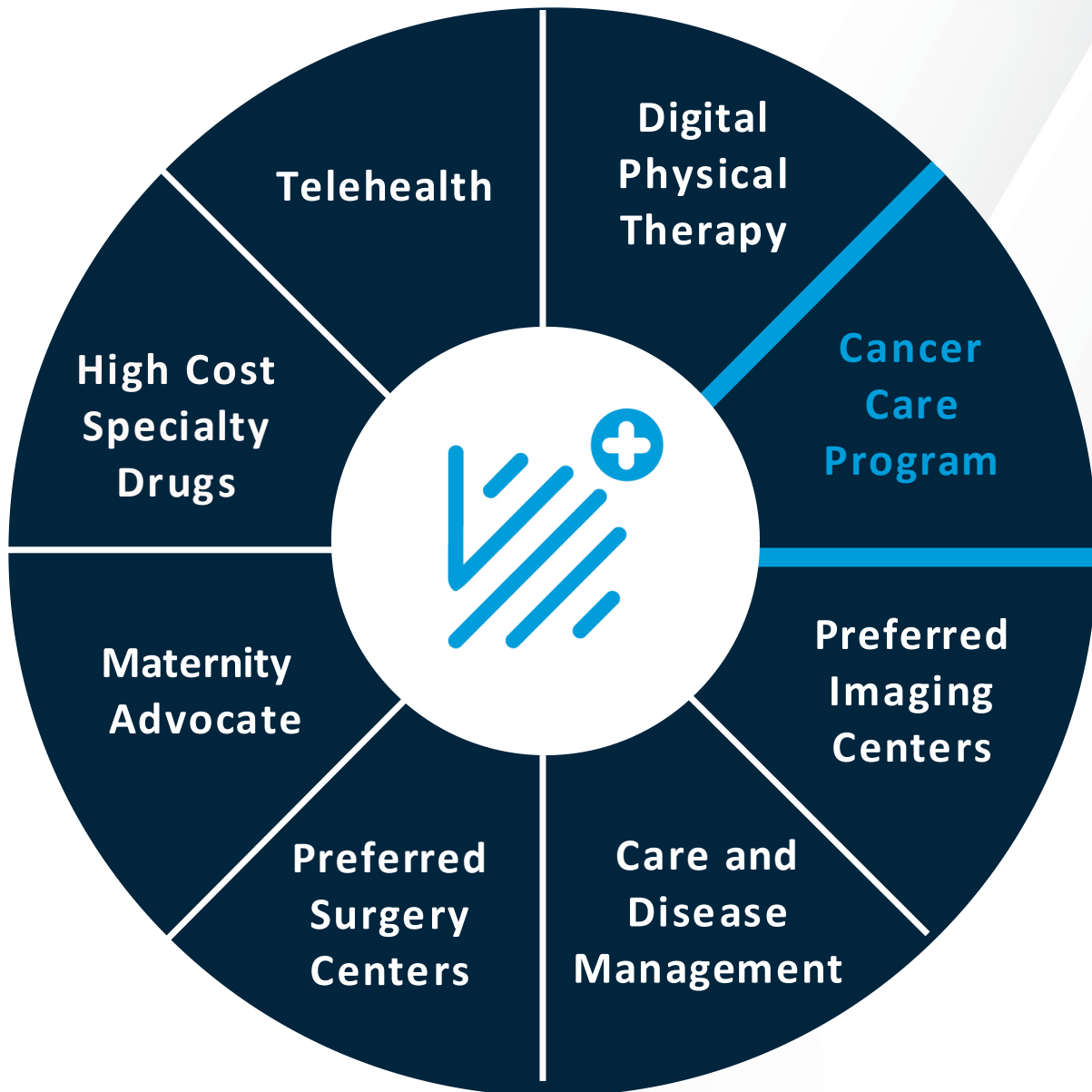
After discharge, the Case Manager will help with transition, and will coordinate durable medical equipment needs, home health services, and follow-up care as needed.

**\*HDHP plans may require an annual deductible be met prior to any associated out of pocket costs being waived.**

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# BEYOND HEALTH™



## HOW TO ACCESS THESE RESOURCES?

Member Advocate: **855-516-8531**

PrimeDx: **800-477-4625**



# Wellness

We are committed to helping you prevent illnesses and achieve wellness. Did you know that your medical plans pay 100% of the cost for preventive care? This means you and your dependents receive recommended preventive services like immunizations and screenings at no cost to you.

## WHAT IS PREVENTIVE CARE?

Preventive care includes services that help you stay healthy, including:

- » Screenings to check for diseases early when they may be easier to treat
- » Education and counseling to help you make health decisions

# Dental Benefits



**TAKING CARE OF YOUR ORAL HEALTH IS NOT A LUXURY  
—IT'S A NECESSITY TO LONG-TERM OPTIMAL HEALTH.**

With a focus on prevention, early diagnosis and treatment, dental insurance can greatly reduce your costs when it comes to restorative, and emergency procedures. Preventive services are covered at no cost to you and include routine exams and cleanings. You will only pay a small deductible and coinsurance for basic and major services.

When you visit a dentist in the network, you will maximize your savings. These dentists have agreed to reduced fees, which means you won't get charged more than your expected share of the bill.

PRINCIPAL	LOW PLAN		HIGH PLAN	
	IN-NETWORK	NON-NETWORK	IN-NETWORK	NON-NETWORK
CALENDAR YEAR DEDUCTIBLE (*BASIC AND MAJOR SERVICES)				
Individual	\$50		\$50	
Family (3 per family)	\$150		\$150	
CALENDAR YEAR PLAN MAXIMUM				
Per Individual	\$1,500		\$3,000	
	YOU PAY			
PREVENTIVE CARE				
Exams, Cleanings, X-rays, Fluoride Treatments, Sealants	\$0		\$0	
BASIC SERVICES				
Fillings, Sealants, Space Maintainers, Oral Surgery, Emergency exams, Endodontics, Periodontics	20%*		20%*	
MAJOR PROCEDURES				
Crowns, Inlays/ Onlays, Bridges, Dentures, Repairs	50%*		50%*	
Orthodontia Child (Up to age 19)	50% (\$2,500 Lifetime Max)		50% (\$2,500 Lifetime Max)	
DENTAL - PER PAYCHECK (48 DEDCUCTIONS)	LOW PLAN		HIGH PLAN	
Employee	\$6.52		\$7.75	
Employee + Spouse	\$17.04		\$20.25	
Employee + Child(ren)	\$17.70		\$20.84	
Employee + Family	\$31.13		\$36.69	

# Vision Benefits

HEALTHY EYES AND CLEAR VISION ARE AN IMPORTANT PART OF YOUR OVERALL HEALTH AND QUALITY OF LIFE



The table below summarizes the key features of the vision plan.

Please refer to the official plan documents for additional information on coverage and exclusions.

\*Visit [www.vsp.com](http://www.vsp.com) and select Choice Network to find an in-network Doctor.

PRINCIPAL	VSP CHOICE NETWORK	
	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
	YOU PAY	REIMBURSEMENT
<b>COST</b>		
<b>Exam</b>	\$10	Up to \$45
<b>Materials</b>	\$25	See Below
<b>COVERED SERVICES – LENSES</b>		
<b>Single Lenses</b>	\$25	Up to \$30
<b>Bifocals</b>	\$25	Up to \$50
<b>Trifocals</b>	\$25	Up to \$65
<b>Lenticular</b>	\$25	Up to \$100
<b>Frames</b>	Up to \$130 + 20% off balance	Up to \$70
<b>COVERED SERVICES – CONTACTS IN LIEU OF FRAMES/LENSES</b>		
<b>Contacts – Medically Necessary</b>	\$25	Up to \$210
<b>Contacts – Elective</b>	Up to \$60 copay for fitting and evaluation \$130 allowance for contact lenses	Up to \$105
<b>BENEFIT FREQUENCY</b>		
<b>Exams</b>	Once every 12 months	Once every 12 months
<b>Lenses</b>	Once every 12 months	Once every 12 months
<b>Frames</b>	Once every 12 months	Once every 12 months
<b>Contacts</b>	Once every 12 months	Once every 12 months

## VISION - PER PAYCHECK (48 DEDUCTIONS)

<b>Employee</b>	\$1.14
<b>Employee + Spouse</b>	\$2.56
<b>Employee + Child(ren)</b>	\$2.74
<b>Employee + Family</b>	\$4.48

\*Employee's are responsible for 100% of the premium cost.

# Voluntary Worksite Benefits

Just as it sounds, Supplemental Medical Plans — Accident, Critical Illness, and Hospital Indemnity — can help you pay for costs you may incur after an accidental injury, illness or hospitalization. These plans are 100% voluntary. Supplemental Medical Plans pay a fixed, one-time benefit amount which you can use for any purpose you like. It can help pay for expenses not covered by your health care plan (such as your deductible or copays), lost income, childcare, travel to and from treatment, home health care costs or any of your regular household expenses.

**THESE PROGRAMS CAN LEND A HELPING HAND  
WHEN YOU NEED IT OR JUST MAKE LIFE A LITTLE EASIER.**



## ACCIDENT INSURANCE

Helps provide financial stability for every day expenses and medical treatment if a covered accident occurs.

## HOSPITAL INDEMNITY INSURANCE

Eases the financial burden of hospital visits by providing cash benefits to help with any out-of-pocket costs not covered by your major medical insurance.

## CANCER INSURANCE

Helps cover expenses from initial diagnosis of a covered cancer, through treatment and follow up visits.

## SHORT TERM DISABILITY

Protects your paycheck if you are sick or injured on the job and unable to work.

## LIFE INSURANCE

Protects your family if something happens to you.



Aflac plans are employee paid, please contact Stephenie Warren for more information on Short-term and Life Insurance.

# Accident Insurance

## SAMPLE ELIGIBLE EXPENSE

- » Emergency Room Visits
- » Medical Exams Including major diagnostic exams
- » Fractures and Dislocations
- » Hospital Stays
- » Physical Therapy
- » Transportation and Lodging

SAMPLE REIMBURSEMENT	
Ground Ambulance	\$250
Emergency Room w/ X-Ray	\$310
MRI	\$350
Hospital Stay – Admission + 5 days	\$6,000
Dislocated Hip – Open Reduction	\$4,500
Appliances - Crutches	\$120
Physical Therapy (4 sessions)	\$80
TOTAL BENEFIT PAID	\$5,850

## HOW THE PLAN WORKS

- » On his way to work, John was in a car accident.
- » He was transported by ground ambulance to the emergency room and admitted to the hospital.
- » He had a dislocated hip and spent five days in the hospital
- » He had several physical therapy sessions before returning to work.
- » John submitted his accident claim and received \$11,610 from his accident insurance coverage.
- » He used it toward his deductible, copay and supplemental income for his missed work days.

ACCIDENT INSURANCE (MONTHLY RATES)	
Employee	\$8.79
Employee + Spouse	\$11.61
Employee + Child(ren)	\$13.05
Employee + Family	\$16.29



# Hospital Indemnity Insurance

## SAMPLE COVERED CONDITIONS

- » Hospital Admission
- » Hospital Confinement
- » Surgical Care
- » Medical Diagnostic and Imaging
- » Hospital Intensive Care
- » Transportation and Lodging

SAMPLE REIMBURSEMENTS	
Hospital Admission	\$ 1,000
Hospital Confinement - 4 days	\$400
Surgery	\$400
Physician Visits	\$75
TOTAL CASH BENEFIT	\$1,875



## HOW THE PLAN WORKS

- » In April, Sarah unexpectedly needed back surgery.
- » Sarah was admitted to the hospital for surgery.
- » After surgery, she began physical therapy to increase her strength and flexibility.
- » Sarah submitted her claim and received a lump-sum payment of \$1,875.

### HOSPITAL CHOICE 1 - PER PAYCHECK (52 DEDUCTIONS)

Individual (Age 18-49)	\$ 8.88
Individual (Age 50-59)	\$ 9.36
Individual (Age 60-75)	\$ 9.57
Insured/Spouse (Age 18-49)	\$14.40
Insured/Spouse (Age 50-59)	\$15.57
Insured/Spouse (Age 60-75)	\$16.29
One-Parent Family (Age 18-49)	\$13.17
One-Parent Family (Age 50-59)	\$13.41
One-Parent Family (Age 60-75)	\$13.65
Two-Parent Family (Age 18-49)	\$16.11
Two-Parent Family (Age 50-59)	\$16.32
Two-Parent Family (Age 60-75)	\$17.28



# Cancer Insurance



While major medical insurance can help with the cost of cancer treatment, you may still have out-of-pocket expenses that are not covered by your major-medical insurance, including travel, food, lodging, childcare and household help. Meanwhile, living expenses such as car payments, mortgage or rent payments, and utility bills continue, whether or not you are able to work. And if a family member has to stop working to take care of you, the loss of income may be doubled.

This policy provides a fixed benefit for the early detection, incidence and treatment of cancer as well as related expenses. You can use the benefit any way you choose—to pay your mortgage, clear debts, or replace lost income, for instance; you do not have to use the benefit to pay for treatment.

The benefits are paid directly to you, unless you choose otherwise. This means you will have additional resources to help with the financial consequences of cancer that may not be covered by major medical insurance.

- » No deductible and no copayments
- » Fully portable
- » Guaranteed renewable
- » No network restrictions—you choose your own medical treatment provider

CANCER PROTECTION ASSURANCE 3 - PER PAYCHECK (52 DEDUCTIONS)	
Employee	\$12.51
Employee + Spouse	\$22.11
Employee + Child(ren)	\$12.51
Employee + Family	\$22.11

## HOW THE PLAN WORKS

- » John chooses coverage.
- » John has an annual wellness test, is diagnosed with cancer.
- » John travels 200 miles for pre-op testing and is admitted to the hospital for surgery.
- » In Hospital:
- » John has surgery with anesthesia, receives medication and is visited by his doctor during his 3-day stay.
- » Out of Hospital:
- » Every 2 weeks John has radiation/chemo, is given medication and sees his doctor 3 times. He also purchases a hair prosthesis.

## SAMPLE REIMBURSEMENTS

Wellness Exam	\$100
Hospital Confinement	\$600
Cancer Initial Diagnosis	\$6,000
Non-Local Transportation	\$300
Surgery	\$1,500
Anesthesia	\$375
Radiation/Chemo	\$4,500
Inpatient Medicine	\$150
<b>TOTAL CASH BENEFIT</b>	<b>\$6,450</b>

# Getting paid is as easy as 1-2-3 with Aflac SmartClaim®

- 1 Visit [aflac.com/myaflac](https://aflac.com/myaflac) or download the **MyAflac mobile app** to register and log in to your account. If you choose not to register, you can file a claim as a guest.
- 2 **Enroll in claims direct deposit**<sup>1</sup> and file an Aflac SmartClaim to get paid quickly.
- 3 **File your Aflac SmartClaim** online at [aflac.com/myaflac](https://aflac.com/myaflac) or on the **MyAflac mobile app**.<sup>3</sup> You may file up to 20 claims within a 24-hour period, and submit claims as far back as 10 years.

Track the status of your Aflac SmartClaim in the My Claims section on the **MyAflac<sup>SM</sup> mobile app** or at [aflac.com/myaflac](https://aflac.com/myaflac)

Not sure what you need to file your claim? Go to [aflac.com/myresources](https://aflac.com/myresources) to find out.



- Pays cash benefits to you, not doctors or hospitals
- Use the money however you wish
- You own the policies, take them with you if you leave Kelley Oilfield Services
- Receive cash for wellness benefits
- File claims online or via the MyAflac app

# Employee Assistance Program



## AETNA RESOURCES FOR LIVING

Check out these Employee Assistance Program (EAP) web tools and get information and advice on the things that matter to you. Your member website is a single source for information on your career, health and personal life. With just a couple clicks you can:

- » Search for child or elder care providers
- » Learn about health conditions
- » Take well-being assessments
- » Access self-help tools and information
- » Find discounts on over 3 million products and services, like computers and electronics, travel, fitness centers, restaurants and more.

### AETNA RESOURCES FOR LIVING

[www.mylifevalues.com](http://www.mylifevalues.com)

Username: peaceofmind

Password: solutions

# Health Benefit Glossary

**Coinsurance.** A percentage of a health care cost — such as 20 percent — that the covered employee pays after meeting the deductible.

**Copayment.** The fixed dollar amount — such as \$30 for each doctor visit — that the covered employee pays for medical services.

**Deductible.** A fixed dollar amount that the covered employee must pay out of pocket each calendar year before the plan will begin reimbursing for non-preventive health expenses. Plans usually require separate limits per person and per family.

**Formulary.** A list of prescription drugs covered by the health plan, often structured in tiers that subsidize low-cost generics at a higher percentage than more expensive brand-name or specialty drugs.

**Preferred Provider Option Network (PPO).** The PPO means your insurance company will have a network of care providers available to you at your discretion. The care provider will file the claim with your PPO carrier, and you pay the difference between the bill and the insurance payment.

**In-network.** Doctors, clinics, hospitals and other providers with whom the health plan has an agreement to care for its members. Health plans cover a greater share of the cost for in-network health providers than for providers who are out-of-network.

**Out-of-network.** A health plan will cover treatment for doctors, clinics, hospitals and other providers who are out-of-network, but covered employees will pay more out-of-pocket to use out-of-network providers than for in-network providers.

**Out-of-pocket limit.** The most an employee could pay during a coverage period (usually one year) for his or her share of the costs of covered services, including co-payments and co-insurance.

**Premium.** The amount that must be paid for a health insurance plan by covered employees, by their employer, or shared by both. A covered employee's share of the annual premium is generally paid periodically, such as monthly, and deducted from his or her paycheck.





## Required Notices





## 2025 Benefits Overview

Disclaimer: This brochure highlights the main features of Kelley Oilfield Services, Inc Employee Benefits Program. It does not include all plan rules, details, limitations, and exclusions. The terms of your benefit plans are governed by legal documents, including insurance contracts. Should there be an inconsistency between this brochure and the legal plan documents, the plan documents are the final authority. Kelley Oilfield Services, Inc reserves the right to change or discontinue its employee benefits plans at any time.



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BY BEYOND RISK