Greater Opportunities of the Permian Basin, Inc.

Building Families Across the Permian Basin

2024 -2025 Benefits Guide

Effective October 1, 2024

INSURICA

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INTRODUCTION

Whether you are a new employee enrolling into your benefits for the first time or considering your benefits during open enrollment, this guide is designed to help you through the process.

Greater Opportunities of the Permian Basin is proud to offer you a broad range of benefit options. You may choose from a number of plans including medical, dental, vision, voluntary life and voluntary supplemental plans.

Please take the time to read this information and ask questions so you can make the best benefit decisions for both you and your family.

QUESTIONS

If you should have any questions:

1. Contact the carrier directly. Phone number and website information is on page 3.
2. Contact Delma Lozano, HR Manager at 432-337-1352 ext. 224 or delma.lozano@gopb.org

CARRIER CONTACTS

Refer to this list when you need to contact one of your benefit carriers or the number on the back of your ID card. For general information, contact Human Resources.

MEDICAL

United Healthcare
The number on the back of your card or Member Services: 866-414-1959
www.myuhc.com

DENTAL

United Healthcare
866-414-1959
www.myuhc.com

VISION

United Healthcare
800-638-3120
www.myuhcvision.com

EMPLOYER PAID LONG TERM DISABILITY

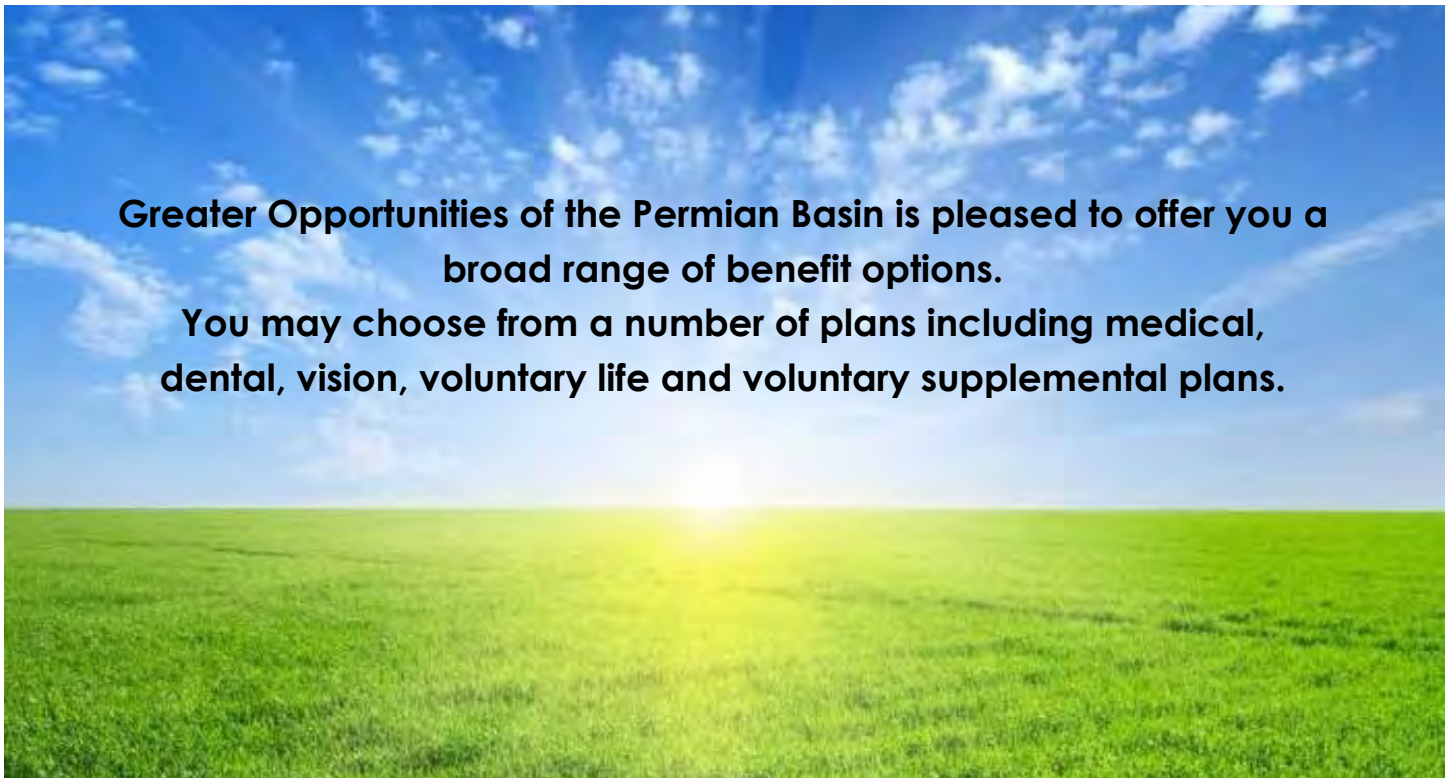
United Healthcare
888-299-2070
www.myuhcfp.com

LIFE INSURANCE

United Healthcare
888-299-2070
www.myuhcfp.com

ADDIITONAL VOLUNTARY PRODUCTS

Colonial Life
800-325-4368
www.coloniallife.com



ELIGIBILITY

All Greater Opportunities of the Permian Basin employees hired as full-time or permanent part-time and are working 25 or more hours per week are eligible to enroll in benefits. Medical benefits will begin the first day of the month following 60 days from your date of hire. Dental, vision, voluntary life and voluntary supplemental plans will also begin the first of the month following 60 days from date of hire.

Your dependents are eligible to enroll also. These include:

- Your legal spouse;
- Dependent children under the age of 26. These include natural, adopted and step-children;
- Your Domestic Partner and dependent children.

This booklet highlights important features of Greater Opportunities of the Permian Basin benefits for it's benefit eligible employees. While every effort has been made to ensure the accuracy of the information presented, in the event of any discrepancies your actual coverage and benefits will be determined by the legal plan documents and the contracts that govern these plans. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions, please contact Human Resources.

ENROLLMENT INFORMATION

OPEN ENROLLMENT

This is your one time per year to make changes. Please review your current benefits, verify all of your personal information and make any updates. The decisions you make during open enrollment can have a significant impact on your life and finances. Once open enrollment closes you will **not** be able to make any changes until next open enrollment unless you experience a life-changing, qualifying event. An enrollment counselor will be at your location during open enrollment to assist you with your elections or changes. You **must** visit with an enrollment counselor to confirm your benefits or make changes. You can also get your benefit questions answered.

All employees MUST re-enroll by visiting with an enrollment counselor.

Failure to re-enroll will result in loss of coverage.

If you do not visit with an enrollment counselor during open enrollment, you will be required to wait until next **Open Enrollment** period or until a **Qualifying Event** occurs.

NEW EMPLOYEES

As a new GOPB employee you are eligible to enroll in your benefits within the first 60 days after your date of hire. These benefits will become effective the first day of the month following 60 days from your date of hire. You will be required to enroll through your ADP WorkForce Now login. **It is imperative that you make your elections before the end of the 60 days. If you do not, you will be considered waiving all benefits offered and will not be allowed to enroll until next open enrollment period or if you experience a qualifying event.**

QUALIFYING LIFE EVENTS

The elections you make during Open Enrollment or during your initial benefits eligibility period will remain in effect for the plan year October 1, 2024 - September 30, 2025. During that time, if your life or family status changes according to the recognized events below, you are permitted to revise your benefit elections to accommodate your new status.

IRS regulations govern under what circumstances you may make changes to your benefits, which benefits you can change and what kinds of changes are permitted.

It is your responsibility to notify HR within 30 days of your life-changing event to make changes to your benefits.

Qualifying Events Include:

- Marriage, divorce, death of spouse
- Spouse gains or loses coverage from another source
- Spouse's Open Enrollment
- Birth or adoption of a child
- Death of dependent child
- Dependent becomes ineligible for coverage

COBRA

In most cases, if your employment ends, benefits will terminate on the last day of the month in which you worked. Only medical, dental and vision plans will terminate at the end of the month. These are the COBRA eligible plans. All other benefits will terminate on your date of termination.

Through federal legislation know as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), you may choose to continue coverage by paying the full monthly premium cost plus an administrative fee of 2%.

Each individual who is covered by a Greater Opportunities of the Permian Basin medical, dental or vision benefit plan, may be eligible to continue his or her medical, dental or vision coverage through COBRA.

The right to continuation is coverage ends at the earliest of the date:

- You, your spouse or dependents become covered under another group health plan; or
- You become entitled to Medicare; or
- Your COBRA Continuation Period expires

MEDICAL INSURANCE

Staying healthy means regular check-ups with your medical provider. To help you achieve good health, all Greater Opportunities of the Permian Basin full-time employees and permanent part-time employees (working 25 hours or more per week), medical insurance will be available through United Healthcare. This plan use the broad Choice Plus network. Please refer to the Summary of Benefits and Coverage for a more detailed description of plan details.

- The United Healthcare DQ7I plan is a PPO with a **$3,000** individual deductible. You will have flat copays for your office visits, prescriptions and urgent care. However, if you use a Tier I Specialist, you will pay the lowest copay. All other coverage is subject to deductible and coinsurance.
- **This plan, effective October 1, 2024, labs and x-ray performed in the provider's office will now be covered at 20% after deductible and no longer part of your office visit copay. Your Wellness visit will still cover preventive labs at no charge.**

PLEASE NOTE: This plan is a PPO (Preferred Provider Organization) that does not require a designated Primary Care Provider (PCP) nor does it require a referral to see a specialist. However, if you use a Tier 1 provider, you will pay the lower of the 2 copays. This plan also includes out-of-network coverage, although the deductible is larger as is the coinsurance.

We strongly encourage you to set-up your personal account at www.myuhc.com. From there you can see your Explanation of Benefits (EOBs), price a prescription or find a provider. You can also download the UHC app and access your information via your smartphone or tablet.

MEDICAL INSURANCE

United Healthcare - DQ7I PPO - 3000 80/50

This chart below is a **BRIEF** overview of benefits provided under this plan. Please refer to your Benefit Plan Summary for more detailed descriptions of the benefits covered.

United Healthcare DQ7I Network: Choice Plus	In-Network	Out-of-Network
Deductible	$3,000 Single $6,000 Family	$7,500 Single $15,000 Family
Coinsurance - Member Pays	20% after deductible	50% after deductible
Out-of-Pocket Maximum	$8,150 Single $16,300 Family	$15,000 Single $30,000 Family
Office Visit - **Deductible Does Not Apply**	Under age 19 PCP: $0 copay/visit Primary: $15 copay/visit Specialist: $50*/$100 copay/visit	50% after deductible 50% after deductible 50% after deductible
Preventive Care	No charge	50% after deductible
Diagnostic X-Ray and Lab Services	20% after deductible	50% after deductible
Major Diagnostic Tests CT/PET scans MRIs	20% after deductible	50% after deductible
Virtual Visits - Designated Network	$0 copay	50% after deductible
Urgent Care	$25 copay; deductible does not apply	50% after deductible
Emergency Room Care	$400 copay plus 20% after deductible	
Outpatient Surgery		
Facility Fees	20% after deductible	50% after deductible
Physician/Surgeon Fees	20% after deductible	50% after deductible
Inpatient Hospital		
Facility Fees	20% after deductible	50% after deductible
Physician/Surgeon Fees	20% after deductible	50% after deductible
Prescription Drug Coverage **30 day supply**		
Tier 1:	$15 copay	$15 copay
Tier 2:	$45 copay	$45 copay
Tier 3:	$85 copay	$85 copay
Tier 4:	$200 copay	$200 copay
Mail Order:	2.5 times copay	Not Covered

The information in this Benefits Summary is presented for illustrative purposes and is based on information provided by the employer. The text contained in this Summary was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the Benefits Summary and the actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about this summary, contact Human Resources.

MEDICAL RATES

Semi - Monthly - 24 Paychecks

United Healthcare $3,000 deductible 80%/50%	
MEDICAL	**EE Cost per 24 paychecks**
Employee Only	**$74.42**
Employee/Spouse	**$497.12**
Employee/ Child(ren)	**$315.54**
Family	**$768.01**

Choose smart. Look for blue hearts.

Choosing a physician is one of the most important health decisions you'll make. The UnitedHealth Premium® program can help you find physicians who are right for you and your family.

Connecting you to quality care

UnitedHealth Premium program evaluates physicians in various specialties to identify those who meet the quality care criteria, which includes safe, timely, effective and efficient care. It's easy to find a UnitedHealth Premium Care Physician. Go to **myuhc.com**® or the UnitedHealthcare® app, click **Find a Provider** and look for the blue hearts next to the provider's name.

Here to help make your health a priority

Studies show that people who actively engage in their health care decisions have fewer hospitalizations, fewer emergency visits, higher utilization of preventive care and overall lower medical costs.

As your health ally, we're committed to helping you make informed decisions when seeking out and choosing a provider.

Look for the following icon and description

Premium Care Physician

When you see the blue hearts, you can be sure that the physician meets the criteria for safe, timely, effective and efficient care.

continued

The UnitedHealth Premium program includes these specialties and subspecialties

Allergy
- Allergy
- Allergy and Immunology

Cardiology
- Cardiology
- Cardiac Diagnostic
- Cardiovascular Disease
- Clinical Cardiac Electrophysiology
- Interventional Cardiology

Ear, Nose and Throat
- Head and Neck Surgery
- Laryngology
- Otolaryngology
- Otology
- Pediatric Otolaryngology
- Rhinology

Endocrinology
- Endocrinology, Diabetes and Metabolism

Family Medicine
- Family Practice
- General Practice
- Preventive Medicine

Gastroenterology
- Gastroenterology
- Hepatology—Liver Disease

General Surgery
- Abdominal Surgery
- Colon and Rectal Surgery
- Proctology
- Surgery

Internal Medicine
- Geriatric Medicine
- Internal Medicine
- Pediatric Internal Medicine

Nephrology
- Nephrology

Neurology
- Neurology
- Neurology and Psychiatry
- Neuromuscular Disease

Neurosurgery, Orthopedics and Spine
- Back and Spine Surgery
- Hand Surgery
- Knee Surgery
- Neurological Surgery
- Orthopedic Surgery
- Shoulder Surgery
- Sports Medicine

Obstetrics and gynecology
- Gynecology
- Obstetrics
- Obstetrics and Gynecology

Pediatrics
- Adolescent Medicine
- Pediatrics
- Pediatric Adolescent

Pulmonology
- Pulmonary Medicine

Rheumatology
- Rheumatology

Urology
- Urology

Questions?

Call the phone number on your health plan ID card

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com®. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

When you need care, Care Cash may help

What is Care Cash?

It's a preloaded debit card that helps guide you to eligible network* care (and helps pay for it). Care Cash® comes loaded with $200 for individual or $500 for family plans.

What care can I use it for?

UnitedHealth Premium® Care Providers

Primary care* (routine care from physical to behavioral health) and Specialty care (for specific concerns from cardiology to orthopedics).

Urgent care

From care at convenience clinics (for flu shots and minor injuries) to urgent care (for broken bones and infections).

24/7 Virtual Visits

Virtual urgent care for common concerns (from the flu to allergies).

Learn more uhc.com/carecash

United Healthcare

*Must be a UnitedHealthcare Network provider to be eligible for Care Cash.

Care Cash provides a pre-loaded debit card which can be used for certain health care expenses. If the card is used for ineligible 213(d) expenses, individuals may incur tax obligations and should consult an appropriate tax professional to determine if they have such obligations. The information provided in connection with Care Cash is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional to determine what may be right for them.

24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

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Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates.

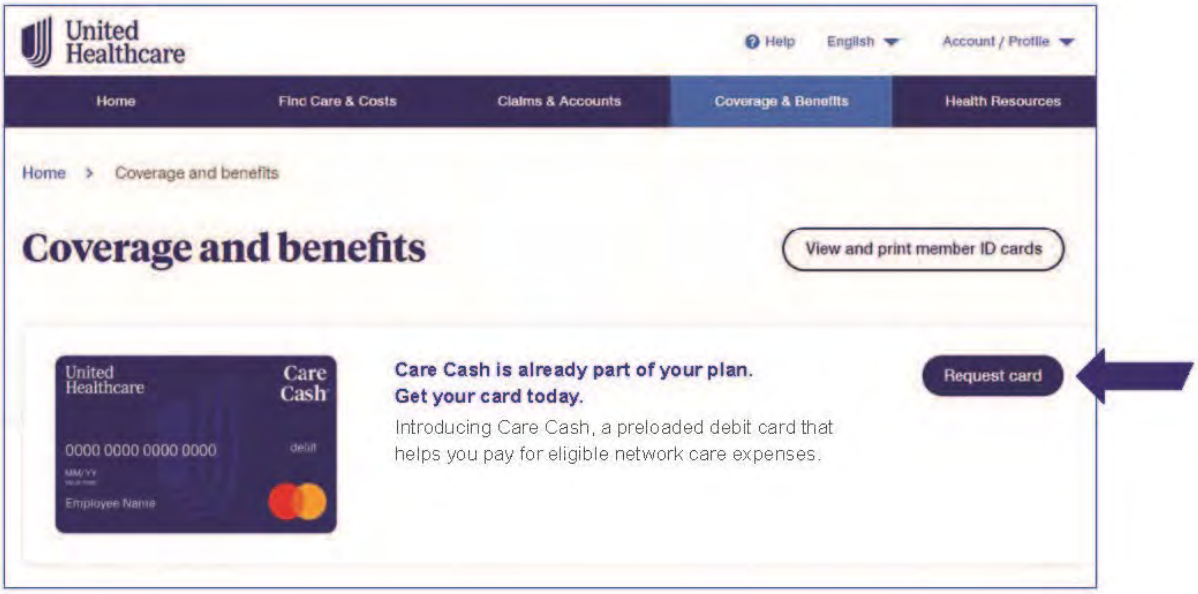
Administrative services provided by United HealthCare Services, Inc. or their affiliates.

How to request your Care Cash card

Care Cash® is a preloaded debit card that helps you pay for program eligible network care.*

Follow these 5 steps to get your card

1. Go to myuhc.com® > **Coverage & Benefits**. If you haven't yet registered at myuhc.com, you'll need to do that first.
2. Scroll to the Care Cash section and select the **Request card** button.



*Must be a UnitedHealthcare Network provider to be eligible for Care Cash.

continued

United Healthcare

Visit with a doctor 24/7—whenever, wherever.

With a Virtual Visit, you can talk—by phone or video—to a doctor who can diagnose common medical conditions and even prescribe medications, if needed.*

Virtual Visits may make it easier than ever to get treated by a doctor.

Whether using **myuhc.com**® or the UnitedHealthcare® app, Virtual Visits let you video chat with a doctor 24/7—without setting up additional accounts or apps. But, if you'd rather just speak with a doctor, you can simply do a Virtual Visit over the phone.

With a UnitedHealthcare plan, your cost for a Virtual Visit is $0.**

Use a Virtual Visit for these common conditions:

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches
- And more

$0 cost

An estimated 25% of ER visits could be treated with a Virtual Visit—bringing a potential $2,100*** cost down to $0.

Get started.

Sign in at **myuhc.com/virtualvisits** | Download the UnitedHealthcare app | Call **1-855-615-8335**

United Healthcare®

*Certain prescriptions may not be available, and other restrictions may apply.

**The Designated Virtual Visit Provider's reduced rate for a virtual visit is subject to change at any time.

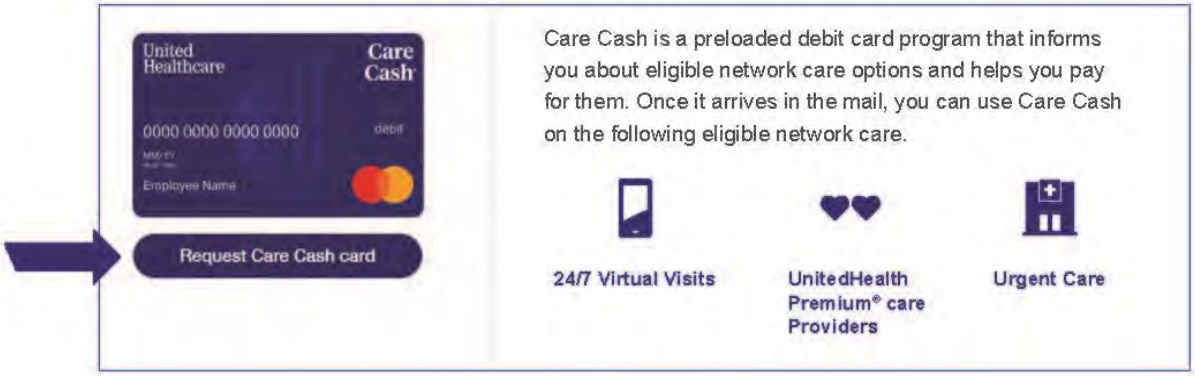
***UnitedHealthcare data: based on analysis of 2016 UnitedHealthcare ER claim volumes, where ER visits are low acuity and could be treated in a Virtual Visit, primary care physician or urgent/convenient care setting.

The UnitedHealthcare® app is available for download for iPhone® or Android™. iPhone is a registered trademark of Apple, Inc. Android is a trademark of Google LLC.

Virtual Visits phone and video chat with a doctor are not an insurance product, health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company and its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

3 Once you're on the Care Cash page, select the **Request Care Cash card** button.



4 Follow the prompts to verify your address and contact info or make any required updates. When you're finished, select the **Request Care Cash card** button.

5 Make sure you get the confirmation message. When you do, you'll know your request is complete.

Once you receive your card, there's one final step

After completing your request, your card should arrive by mail within 7–10 business days. You'll need to activate it, which you can do by calling the toll-free phone number that's listed on the card sticker.

Questions? Call the toll-free number on your health plan ID card

United Healthcare

Care Cash provides a pre-loaded debit card which can be used for certain health care expenses. If the card is used for ineligible 213(d) expenses, individuals may incur tax obligations and should consult an appropriate tax professional to determine if they have such obligations. The information provided in connection with Care Cash is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional to determine what may be right for them.

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$0 cost for certain medications*

We're making medications that may be essential to your health more affordable.

The new UnitedHealthcare Vital Medication Program offers certain drugs at **no additional cost.*** This means there may be no out-of-pocket costs for preferred insulins and certain other medications, including:

- ✔ **Insulin** – rapid, short and long-acting
- ✔ **Epinephrine** – allergic reactions
- ✔ **Glucagon** – hypoglycemia (low blood sugar)
- ✔ **Naloxone** – opioid overuse
- ✔ **Albuterol** – asthma

To see if you're eligible for no out-of-pocket costs on preferred insulins and other prescription drugs, sign in to myuhc.com/rx

United Healthcare

*Available to eligible members. Check your coverage details at **myuhc.com/rx**.

If you are not currently enrolled with UnitedHealthcare pharmacy benefit coverage, you may access your health plan's member website for additional information during your open enrollment period or you may contact your employer or health plan for additional information.

Medications are categorized by common therapeutic conditions in this reference guide for ease of reference only. These categories do not determine coverage for the medication for your condition. Your benefit plan determines how these medications may be covered for you.

Where differences are noted between this reference guide and your benefit plan documents, the benefit plan documents will govern. This document applies to commercial group members of UnitedHealthcare plans.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Health plan coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Stop-loss insurance is underwritten by All Savers Insurance Company (except CA, MA, MN, NJ and NY), UnitedHealthcare Insurance Company in MA and MN, UnitedHealthcare Life Insurance Company in NJ, UnitedHealthcare Insurance Company of New York in NY, and All Savers Life Insurance Company of California in CA. Optum Rx® is an affiliate of United HealthCare Insurance Company.

2024 Vital Medication Program

This is a list of drugs in the **Vital Medication Program**. If your plan elects to participate in the Vital Medication Program these drugs will be available to members at a $0 cost share without the member having to satisfy their deductible. Please note this list may not be all-inclusive, is subject to change throughout the year and some of the drugs may have quantity limits and other clinical requirements.

Your plan participates in this program.

Therapeutic Drug Classes	Requirements & Limits
Asthma	
albuterol HFA (generic ProAir HFA, generic Proventil HFA)	SL
albuterol nebulized solution (generic Proventil)	SL
Diabetes - Insulin[1]	
Humalog cartridge, KwikPen	SL
Humalog Junior KwikPen	SL
Humalog mix 50/50 KwikPen, vials	SL
Humalog mix 75/25 KwikPen, vials	SL
Humulin 70/30 KwikPen, vials	SL
Humulin N KwikPen, vials	SL
Humulin R KwikPen, vials	SL
Insulin Lispro Junior KwikPen (unbranded **Humalog Junior KwikPen)**	SL
Insulin Lispro KwikPen, vials (unbranded **Humalog)**	SL
Insulin Lispro Protamine/Insulin Lispro KwikPen Mix 75/25 (unbranded **Humalog Mix 75/25 KwikPen)**	SL
Lantus SoloStar, vials	SL
Lyumjev KwikPen, vials	SL
Toujeo Max SoloStar	SL
Toujeo SoloStar	SL
Hypoglycemia	
Baqsimi	SL
glucagon (generic Glucagon Kit)	SL
Gvoke	SL
Zegalogue	SL
Opioid overuse	
Kloxxado nasal spray	SL
naloxone nasal spray (generic Narcan)[2]	SL
naloxone injection (generic Narcan)[1]	SL
Narcan nasal spray[2]	SL
Zimhi	SL
Allergic reactions	
Auvi-Q	SL
epinephrine (generic Adrenaclick, generic EpiPen)	SL
epinephrine (generic EpiPen Jr)	SL
Symjepi	SL

[1] Syringes and needles used for the administration of these Vital Medications may also be covered at $0.
[2] Includes over-the-counter when processed through the pharmacy benefit at a participating pharmacy.

Bold type = Brand-name drug
[Plain type = Generic drug]
SL = Supply Limits—Specifies the largest quantity of medication covered per copayment or in a defined period of time. Supply limits can be found at **https://www.uhcprovider.com/en/resource-library/drug-lists-pharmacy.html**.

Health Management
PCP $0 kid copay

Save your employees money with $0 primary care physician copays for kids.

Family friendly. Family focused.

With the $0 primary care physician (PCP) Copays for Kids[1] program, your employees will discover how UnitedHealthcare is working to help them improve health and lower their overall out-of-pocket medical costs. Designed for employees with unmarried dependents under the age of 19,* this benefit is available for enrollees in copay-based medical plan designs.

Making health care and cost decisions easier for families.

Incentives to use PCPs should result in fewer emergency room visits, less need for specialty care and increased preventive health care. All of which helps lower overall health care costs for everyone.

Contact your UnitedHealthcare representative for additional information.

[1] Does not apply to FlexPoint or non-copay plan designs.

* See the Certificate of Coverage for the full definition of a dependent child.

Facebook.com/UnitedHealthcare Twitter.com/UHC Instagram.com/UnitedHealthcare YouTube.com/UnitedHealthcare

UnitedHealthcare®

Get in on UHC Rewards

Good news—your health plan comes with a way to earn up to $300.
UnitedHealthcare Rewards is included in your health plan at no additional cost.

There's so much good to get

With UHC Rewards, a variety of actions—including things you may already be doing, like tracking your steps or sleep—lead to rewards. The activities you go for are up to you, and the same goes for ways to spend your earnings.

Here are just a few of the ways you can earn:

Connect a tracker	**$25**
Take a health survey	**$15**
Get an annual checkup	**$25**
Get a biometric screening	**$50**

Visit UHC Rewards for the full list of rewardable activities that are available to you—and look for new ways of earning rewards to be added throughout the year.

Earn up to
$300

United Healthcare

continued

There are 2 ways to get started

On the UnitedHealthcare® app

- Scan this code to download the app
- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards and start earning
- Though not required, connect a tracker and get access to even more reward activities

On myuhc.com®

- Sign in or register
- Select **UHC Rewards**
- Activate UHC Rewards
- Choose reward activities that inspire you—and start earning

Your health

Get in on an experience that's designed to help inspire healthier habits

Your goals

Personalize how you earn by choosing the activities that are right for you

Your rewards

Earn up to $300 for completing rewardable activities

Questions?

Call customer service at **1-866-230-2505**

United Healthcare

When life gets challenging, you've got caring, confidential help

Your Employee Assistance Program (EAP) provides support and resources to help you, and your family, with a range of issues, including:

- Managing stress, anxiety and depression
- Improving relationships at home or work
- Getting guidance on legal and financial concerns
- Coping with occupational stress and burnout support
- Addressing substance use issues

This service is provided to you at no additional cost.

$0

Call today for access to EAP resources at no additional cost

EAP provides coverage for 3 free counseling sessions per incident, per year.

Services are completely confidential and will not be shared with your employer.

Get started – call EAP 24/7 at **1-888-887-4114**

United Healthcare

DENTAL INSURANCE & RATES

United Healthcare

For dental health, dental insurance is available for all Greater Opportunities of the Permian Basin full-time and permanent part-time employees and their dependents through United Healthcare on a voluntary basis. You will be responsible for the full cost of coverage through payroll deductions.

The dental plan is a PPO plan (Preferred Provider Organization) and has both in-network and out-of-network benefits. However, if you plan to use an out-of-network provider, you will incur a larger expense than if you were to use an in-network provider. The PPO plan does pay your out-of-network provider at the Usual and Customary 90th percentile. This will reduce your maximum out-of-pocket if you do use an out-of-network provider.

On the following page is a brief summary of the Dental plan that will take effect October 1, 2024. Please refer to your United Healthcare dental benefit summary for a more detailed list of coverages. Once enrolled, you can contact UHC's customer service department with any questions related to your benefits or claims. You can also login to the United Healthcare website which allows easy access to all of your dental benefit information, including a list of network providers. We strongly encourage you to register and create a user ID and password at www.myuhc.com.

United Healthcare Dental - DPPO	
DENTAL	**EE Cost per 24 paychecks**
Employee Only	**$15.17**
Employee + Spouse	**$29.77**
Employee + Child(ren)	**$35.92**
Employee + Family	**$55.63**

DENTAL INSURANCE

United Healthcare

United Healthcare Dental	Benefits	In-Network Provider	Out-of-Network Provider
Deductible	Calendar Year (Annual) deductible. Waived for : In Network - Preventive and Out-of-Network Preventive	$50 Individual $150 Family	$50 Individual $150 Family
Maximum Benefit	Calendar year maximum for Preventive, Basic, and Major services	$1,500	$1,500
Diagnostic and Preventive	• Periodic Oral Evaluations • Radiographs • Lab and Other Diagnostic Tests • Routine Cleanings • Topical Fluoride Treatments • Space Maintainers Sealants	100%	100%
Basic	• Fillings: Amalgams or Composite • Posterior Composites • Emergency Treatment/General Services • Simple Extractions • Oral Surgery • Periodontics • Endodontics	80%	80%
Major	• Inlay/Onlays • Crowns • Implants • Complete and removable partial dentures • Denture reline/rebase procedures • Fixed bridgework • Prosthetics placed over implants	50%	50%
Orthodontics	• Adult coverage and dependent children to age 19 • Lifetime maximum per participant	50% $1,500	50% $1,500

Welcome to your dental plan.

With the UnitedHealthcare Dental PPO Plan, you have one of the largest dental networks in the country, the freedom to see any specialist without a referral and a lot more.

Dental benefits that give you freedom and choice.

With this plan, you can see any dentist you want, anywhere across the country. When you choose a dentist who is part of your plan's large national network, you may receive discounted rates only available to members.

Preventive care.

As long as you see a network dentist, your plan pays for all or most of your preventive dental care, including routine checkups, cleanings and annual oral cancer screens for adults. You can get 2 cleanings in a 12-month period—one every 6 months. Some plans cover more cleanings for an additional copay.

Preventive visits are important because your dentist can catch problems early when they're easier to treat. Good oral health helps protect your teeth and gums and is also linked to your overall health.

Fillings, crowns and more.

The plan also covers fillings and may cover procedures, such as crowns and bridges. Some plans only cover silver fillings for back teeth. If you choose white fillings, you may need to pay the difference.

Cosmetic procedures are not covered.
Your plan doesn't cover services, such as teeth whitening, that are done only to improve the look of your teeth.

Extra dental visits when you're pregnant.

Increased bacteria levels in a pregnant woman's mouth can lead to tooth decay. Your plan covers extra visits for cleanings and gum treatments when you're pregnant, as recommended by your dentist. Ask your dentist to submit a claim to the address on your ID card. Be sure to include the name of your OB/GYN and your pregnancy due date.

CONTINUED

UnitedHealthcare®

Make the most of your dental plan.

Find a network dentist.

You have 2 options to help you in your search:

1. Log in to **myuhc.com®** and use the Find a Dentist tool to search by name, facility or location to see a list of dentists in your network.
   OR
2. Call the number on your ID card.

If a network dental provider is not available within a reasonable distance of where you live or work, you may be referred to an out-of-network dental provider and still receive services at the network rate. Please use **myuhc.com** to see your official dental plan documents for all of the details about your plan coverage or call the number on the back of your ID card.

Use your dental ID card.

All members receive an ID card. Your card only lists the name of the person who signed up for the plan, but everyone covered by your plan should use the card. Be sure to bring it with you each time you see the dentist.

Print your ID card anytime at **myuhc.com**.

Estimate your costs.

Use the dental cost calculator on **myuhc.com** to calculate your out-of-pocket costs ahead of time.

1. Select **Coverage & Benefits**.
2. Select **Dental**.
3. Select **Dental Cost Calculator**.

How your plan works.

Deductible.
For services other than preventive care, you may have to pay a deductible—a set dollar amount—before your coverage kicks in.

Cost sharing.
Your dental plan benefits begin as soon as you meet the deductible. After that, you and your plan will share the costs of the services you receive. (This is known as coinsurance, the percentage of costs you pay for covered dental care after you've paid your deductible.)

Annual maximum.
Your plan pays for services up to a set dollar amount, called an annual maximum. Preventive services, including routine dental checkups, may count toward your annual maximum. If you reach the maximum amount, you'll need to pay the entire cost of any additional dental care you receive that year. Find your annual maximum on **myuhc.com** or call the number on your ID card.

Pre-treatment estimates.
If you're planning to have a procedure that may cost more than $500, ask your dentist to send UnitedHealthcare X-rays and notes about your condition. We will review the treatment to make sure it's medically necessary. (The plan doesn't cover unnecessary procedures.) After the review, your dentist will receive an estimate of what the plan will pay and what your out-of-pocket costs will be.

Out-of-network services.
If you use a dentist outside the network, you may need to pay the difference between what the plan covers and what your dentist charges for the services. Plus, you may need to submit your own claims.

Submit claims online.
You can easily submit claims on **myuhc.com**. It only takes a few minutes, helps reduce errors and helps you get reimbursed faster.

Need help?
Log in to **myuhc.com** or call **1-800-445-9090**, TTY **711**,
Monday–Friday, 7 a.m.–10 p.m. CT.

UnitedHealthcare®

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the member toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), hay de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (Chinese), 我們免費為您提供語言協助服務。請致電：1-800-445-9090, TTY 711.

VISION INSURANCE

United Healthcare

To help keep your eyes healthy, vision insurance is available for all Greater Opportunities of the Permian Basin full-time and permanent part-time employees and their dependents through United Healthcare on a voluntary basis. You will be responsible for the full cost of coverage through payroll deductions. As with the medical and dental plans, the vision plan uses a network of vision providers. Your cost will be less if you use a network vision provider.

On the next page is a summary of the benefits that will take effect October 1, 2024. Once enrolled, you can contact United Healthcare's customer service department with any questions related to your benefits or claims. You can also login to the United Healthcare website at www.myuhcvision.com which allows easy access to all of your vision benefit information, including a list of network providers.

Vision Plan	In-Network	Out-of-Network Reimbursement
Routine Vision Exam With dilation as necessary	$10 copay	Up to $40
Lens (per pair)		
Single Vision	$10 copay	Up to $40
Bifocal	$10 copay	Up to $60
Trifocal	$10 copay	Up to $80
Lenticular	$10 copay	Up to $80
Frames	Up to $130 + 30% frame overage at participating providers	Up to $45
Contact Lens		
Allowance:	Up to $130	Up to $105
Fitting and Follow-up	Up to $60	$0
Necessary Lenses	100%	Up to $210
Frequencies	Exam: Every 12 months Lenses (In lieu of contacts): Every 12 months Contact Lenses (In lieu of lenses): Every 12 months Frames: Every 24 months	

United Healthcare - Vision	
Vision	**EE Cost per 24 paychecks**
Employee Only	**$4.14**
Employee + Spouse	**$7.86**
Employee + Child(ren)	**$7.77**
Employee + Family	**$12.15**

Specialty Benefits | ExpressExam

Renew eyewear prescriptions in minutes

As a UnitedHealthcare Vision member, you can now renew your eyewear prescription virtually with ExpressExam. This is available at no additional cost and is a quick, simple way to ensure you're prioritizing your vision care.

How it works:

Take the exam

Use your phone or computer to take an online vision exam. It only takes about 10 minutes.

Doctor review

A certified ophthalmologist in your state reviews your exam results.

Get your prescription

If approved, your renewed prescription will be ready to use within a few hours.

Get started

Visit **1800contacts.com/uhc** or scan the QR code with your phone to start your exam.

United Healthcare | 1800 contacts | EXPRESS exam

Some restrictions may apply. Please verify ExpressExam is participating in your plan.

ExpressExam may not be available in all states. ExpressExam is currently not available in DE, DC, GA, HI, ID, KS, LA, MI, NJ, NM, PR, SC, SD and WV, but this list is subject to change.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX., VPOL.13.TX or VPOL.18.TX and associated COC form number VCOC.INT.06.TX, VCOC.CER.13.TX or VCOC.18.TX. Plans sold in Virginia use policy form number VPOL.06.VA, VPOL.13.VA or VPOL.18.VA and associated COC form number VCOC.INT.06.VA, VCOC.CER.13.VA or VCOC.18.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

With our large vision network, there's always a provider in sight

Finding a trustworthy provider who meets your lifestyle, eye care and eyewear needs is easier with UnitedHealthcare.

With our large national eye care network, UnitedHealthcare Vision Network, you can take advantage of personalized care at a private practice or convenient evening and weekend hours at your favorite retail chain.

Well-known practices and brands in our large national network include:

- **1-800 Contacts**
- 20/20 Vision Center
- 3 Guys Optical
- All About Eyes
- Allegany Optical
- America's Best
- Bard Optical
- **befitting.com**
- Boscov's Optical
- Clarkson Eyecare
- Cohen's Fashion Optical
- Costco Optical
- Crown Vision Center
- Dr. Tavel Family Eye Care
- Eye Boutique
- Eye Care Center
- Eye Doctor's Optical Outlets
- EyeCare Associates
- Eyeglass World
- EyeMart Express
- Eyetique
- For Eyes
- General Vision Services
- **GlassesUSA.com**
- Henry Ford OptimEyes
- Horizon Eye Care
- Houston Eye Associates
- JCPenney Optical
- LensCrafters
- Meijer Optical
- Midwest Vision Centers
- My Eye Lab
- MyEyeDr.
- National Vision
- Nationwide Vision
- Optyx
- Pearle Vision

Making it easier for you to find a provider

To find the provider who best meets your needs, sign in to **myuhcvision.com** or call **1-800-638-3120.**

Some providers or locations may not participate in your plan.

continued

United Healthcare

LIFE AND AD&D INSURANCE

United Healthcare

Greater Opportunities of the Permian Basin provides all full-time and permanent part-time employees with $25,000 group life and accidental death and dismemberment (AD&D) at no cost to you. **PLEASE NOTE:** Your Basic Life amount will reduce at age 65 and older as follows:

Age 65 reduces to 65% ($16,500)
Age 75 and up reduces to 50% ($12,500)

You also have an opportunity to purchase additional life coverage for you and your dependents through United Healthcare. The premiums will be payroll deducted if you choose to purchase additional coverage. **PLEASE NOTE: Any increase above the Guaranteed Issue Amount will require an Evidence of Insurability** form to be completed and approved by United Healthcare before receiving any amount over the Guarantee Issue. During open enrollment, you can buy up to the Guarantee Issue with no health questions asked,

To make sure your benefits are paid to those you want to receive them, it is important to update your beneficiaries after marriage birth, adoption of a child or after the death of a named beneficiary.

	Supplemental Voluntary Life and AD&D	Guaranteed Issue Amount
Employees:	Increments of $10,000 up to a maximum of lesser of 5 times annual earnings or $500,000	$100,000
Spouse:	Increments of $5,000 up to a maximum of $100,000 Dependent life may not exceed 100% of the Employee amount in force	$30,000
All Dependent Children:	Increments of $1,000 up to a maximum of $10,000 Dependent life may not exceed 100% of the Employee amount in force	$10,000

Age	Employee (Monthly) Per $1,000	Spouse * (Monthly) Per $1,000
Under 25	$0.037	$0.037
25-29	$0.044	$0.044
30-34	$0.059	$0.059
35-39	$0.088	$0.088
40-44	$0.136	$0.136
45-49	$0.220	$0.220
50-54	$0.347	$0.347
55-59	$0.514	$0.514
60-64	$0.699	$0.699
65-69	$1.084	$1.084
70-74	$1.851	$1.851
75+	$5.510	$5.510

AD&D	$0.020 per $1,000 of Coverage (Monthly)
Child Life and AD&D	$0.190 per $1,000 of Coverage (Monthly)

***Spouse's age is calculated based on the employee's age.**

LONG-TERM DISABILITY

United Healthcare

Greater Opportunities of the Permian Basin provides all full-time and permanent part-time employees with long term disability income benefits and pays the full cost for this benefit. In the event that you become disabled from a non-work related injury or sickness, disability income benefits are provided as a source of income. In most cases, you are not eligible to receive long term disability benefits if you are receiving Workers' Compensation benefits.

Eligibility	All Active Full Time Employees working a minimum of 25 Hours per week.
Basic Annual Earnings Definition	The average monthly earnings received from the Covered Person's Employer for the 12-month period ending just prior to the date of Disability. Pre-Disability Monthly Earnings includes commissions, averaged over the lesser of the most recent 24-month period or the Covered Person's period of employment. It does not include bonuses, overtime pay, and other extra compensation.
Benefit Qualification	
Definition of Disability	Residual
Own Occupation Period	24 months (2 year) own occupation
Earnings Test	80% Own Occupation / 60% Any Occupation
Requires Loss of Earnings/Duties	Loss of Earnings and Duties
Elimination Period	90 days
Accumulation of Elimination Period	15 Days
Recurrent Disability	6 months
Benefits Payable	
Benefit Percentage	60%
Maximum Monthly Benefit	$5,000
Minimum Monthly Benefit	Greater of $100 or 10% of gross monthly benefit
Guaranteed Issue Benefit	$5,000
Social Security Integration	Family
Maximum Benefit Duration	Reducing Benefit Duration w/SSNRA
Limitations and Exclusions	
Pre-existing Conditions Exclusion	3/12
Mental and Nervous Limitation	24 months lifetime
Substance Abuse Limitation	24 months lifetime
Subjective Symptoms Limitation	No Limit
General Exclusions	Standard
Additional Features	
Work Incentive Benefit	12 months
Survivor Income Benefit	3 months Gross
Rehabilitation	Voluntary
Transplant Benefit	Elimination Period waived for Disability resulting from organ donation. Limited pay up to 12 months.
Employer FICA Match	Included without Reimbursement
Member Assistance Program	Included

ADDITIONAL PRODUCTS

Colonial Life

COLONIAL LIFE COVERAGE

ACCIDENT PLAN ON AND OFF JOB COVERAGE

Sample Benefits Paid	Preferred	Premier
Treatment	$125 Initial + $55 Follow-up	$150 Initial + $65 Follow-up
Dislocations & Fractures	$100 - $6,000	$125 - $7,500
Medical Imaging	$200	$250
Ambulance	$200 Ground/ $2,000 Air	$300 Ground/ $2,000 Air
Burns	$1,000 - $12,000	$2,000 - $18,000
Lacerations	$30 - $600	$30 - $600
Hospitalizations	$1,000 Admission + $250 Daily	$1,500 Admission + $300 Daily
Accidental Death	$40,000	$50,000
Annual Wellness	$50	$50
Election	**Payroll Deduction**	**Payroll Deduction**
Employee only	$10.85	$13.53
Employee & Spouse	$16.32	$20.32
Employee & Child(ren)	$18.48	$22.42
Family	$23.72	$28.90

SHORT TERM DISABILITY

Maximum Monthly Benefit	Lesser of 60% of monthly earnings or $6500
Benefit Elimination/ Duration	0 day Accident, 7 day Sickness/ up to 3 months
Coverage	Off-Job Injuries, Illnesses, Pregnancy

Issue Age	$800 Per Month	$1000 Per Month	$1200 Per Month	$1500 Per Month	$2000 Per Month
17-49	$12.76	$15.95	$19.14	$23.93	$31.90
50-64	$15.60	$19.50	$23.40	$29.25	$39.00
65-74	$18.88	$23.60	$28.32	$35.40	$47.20

INDIVIDUAL MEDICAL BRIDGE

Benefits	Option 1 Payouts	Option 2 Payouts
Hospital Confinement (1 x annual)	$1,500	$1,500
Inpatient Rehabilitation Unit (following hospital confinement)	$100 per day (up to 30 days)	$100 per day (up to 30 days)
Outpatient Surgical Procedure (max of $2500 annual)	N/A	$750/$1500
Wellness Benefit	$50 annual	$50 annual

Option 1 Payroll Deductions				
Age	**Employee**	**Employee & Spouse**	**Employee & Children**	**Employee & Family**
17-49	$10.45	$19.63	$13.70	$22.88
50-59	$14.08	$26.48	$17.33	$29.73
60-64	$18.75	$35.35	$22.00	$38.60
65-74	$24.50	$46.28	$27.75	$49.53

Option 2 Payroll Deductions				
Age	**Employee**	**Employee & Spouse**	**Employee & Children**	**Employee & Family**
17-49	$15.33	$28.88	$20.08	$33.63
50-59	$21.21	$40.03	$25.96	$44.78
60-64	$27.45	$51.88	$32.20	$56.63
65-74	$34.85	$65.96	$39.60	$70.71

CANCER PLAN

Sample Benefits Paid	Level 2	Level 3
Radiation/Chemotherapy (medical personnel assisted)	$500 per week	$750 per week
Radiation/Chemotherapy (self-injected, pump, topical)	$200 per week	$300 per week
Surgical Procedures	Up to $3,000 per procedure	Up to $5,000 per procedure
Outpatient Surgical Center	$200 per day	$300 per day
Hospital Confinement	$150 per day (30 days or less) $300 per day (31 days or more)	$250 per day (30 days or less) $500 per day (31 days or more)
Experimental Treatments	$250 per day	$300 per day
Ambulance	$250 per trip (ground) $2,000 per trip (air)	$250 per trip (ground) $2,000 per trip (air)
Medical Imaging	$125 per study	$175 per study
Lodging/ Transportation	$50 per day/ Up to $1,000 per trip	$75 per day/ Up to $1,200 per trip
Skin Cancer Initial Diagnosis	$300	$400
Annual Wellness	$75	$75
Election	**Payroll Deduction**	**Payroll Deduction**
Employee only	$9.88	$12.38
Employee & Spouse	$15.45	$20.73
Employee & Child(ren)	$10.03	$12.60
Family	$15.60	$20.95

CRITICAL ILLNESS PLAN

Diagnosis	Benefit Amount
Heart Attack (Myocardial Infarction), Stroke, Major Organ Failure, End Stage Kidney Failure, Permanent Paralysis due to covered accident, Coma, Blindness, Occupational Infectious HIV or Hepatitis B, C, D	$15,000 Employee *$7,500 Spouse* *$3,750 Child(ren)*
Coronary Artery Bypass Graft Surgery	$3,750
Annual Wellness	$50

Payroll Deductions				
Age	**Employee**	**Employee & Spouse**	**Employee & Children**	**Employee & Family**
17-24	$2.88	$4.35	$2.88	$4.35
25-29	$3.41	$5.25	$3.41	$5.25
30-34	$4.01	$6.23	$4.01	$6.23
35-39	$5.81	$8.93	$5.81	$8.93
40-44	$7.01	$10.73	$7.01	$10.73
45-49	$9.26	$14.18	$9.26	$14.18
50-54	$11.96	$18.38	$11.96	$18.38
55-59	$14.88	$22.80	$14.88	$22.80
60-64	$18.56	$28.50	$18.56	$28.50
65-70	$22.61	$34.73	$22.61	$34.73

LIFE INSURANCE – (rates available upon request)

Employee Benefits	
Term Life	10, 15, 20, or 30 year terms available
Whole Life	Paid off at either 70 or 100 years of age. Accumulates cash value that can be used for policy loans.
Both Plans Included:	* Fixed Rates - rate does not change * Level Death Benefit – death benefit amount does not change * Coverage is portable with no increase in rates, no decrease in benefit amount, and no health questions * Plans available for dependents

IMPORTANT NOTICES

Important Notice from Greater Opportunities of the Permian Basic, Inc. (GOPB)
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 GOPB, Inc. 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. GOPB has determined that the prescription drug coverage offered by the GOPB Group Health Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

CMS Form 10182-CC
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

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

If you decide to join a Medicare drug plan, your current GOPB coverage will not be affected. [*See* pages 7- 9 of the CMS Disclosure of Creditable Coverage To Medicare Part D Eligible Individuals Guidance (available at http://www.cms.hhs.gov/CreditableCoverage/), which outlines the prescription drug plan provisions/options that Medicare eligible individuals may have available to them when they become eligible for Medicare Part D.

If you do decide to join a Medicare drug plan and drop your current GOPB coverage, be aware that you and your dependents will be able to get this coverage back.

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

You should also know that if you drop or lose your current coverage with GOPB 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 GOPB 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 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, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

CMS Form 10182-CC **Updated April 1, 2011**

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

Date: October 1, 2024
Name of Entity/Sender: Greater Opportunities of the Permian Basin
Contact: Delma Lozano, Human Resources
Address: 206 West 5th Street, Odessa, TX 79761
Phone Number: 432-337-1352

Newborns' and Mothers' Health Protection Act

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).

Women's Health and Cancer Rights Act
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;
- Prosthesis; and
- Treatment of physical complication 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.

SPECIAL ENROLLMENT NOTICE

This notice is being provided to make certain that you understand your right to apply for group health coverage. You should read this notice even if you plan to waive health coverage at this time.

Loss of Other Coverage

If you are declining coverage 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).

Example: You waived coverage under this Plan because you were covered under a plan offered by your spouse's employer. Your spouse terminates employment. If you notify your employer within 30 days of the date coverage ends, you and your eligible dependents may apply for coverage under this Plan.

Marriage, Birth or Adoption

If you have a new dependent as a result of a 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, or placement for adoption.

Example: When you were hired, you were single and chose not to elect health insurance benefits. One year later, you marry. You and your eligible dependents are entitled to enroll in this Plan. However, you must apply within 30 days from the date of your marriage.

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**.

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** 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** 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 January 31, 2024. Contact your State for more information on eligibility –

ALABAMA – Medicaid Website: http://myalhipp.com/
Phone: 1-855-692-5447

ALASKA – Medicaid

The AK Health Insurance Premium Payment Program
Website: http://myakhipp.com/

Phone: 1-866-251-4861

Email: CustomerService@MyAKHIPP.com

Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx

ARKANSAS—Medicaid

Website: http://myarhipp.com/

Phone: 1-855-MyARHIPP (855-692-7447)

CALIFORNIA – Medicaid

Health Insurance Premium Payment (HIPP) Program Website:
http://dhcs.ca.gov/hipp

Phone: 916-445-8322

Fax: 916-440-5676

Email: hipp@dhcs.ca.gov

COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: https://www.healthfirstcolorado.com/
Health First Colorado Member Contact Center:

1-800-221-3943/State Relay 711

CHP+: https://hcpf.colorado.gov/child-health-plan-plus
CHP+ Customer Service: 1-800-359-1991/State Relay 711

Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/
HIBI Customer Service: 1-855-692-6442

FLORIDA – Medicaid

Website: https://www.flmedicaidtplrecovery.com/
flmedicaidtplrecovery.com/hi pp/index.html

Phone: 1-877-357-3268

GEORGIA – Medicaid

GA HIPP Website: https://medicaid.georgia.gov/health-insurance- premium-payment-program-hipp

Phone: 678-564-1162, Press 1

GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra

Phone: 678-564-1162, Press 2

INDIANA – Medicaid

Healthy Indiana Plan for low-income adults 19-64 Website:
http://www.in.gov/fssa/hip/

Phone: 1-877-438-4479

All other Medicaid

Website: https://www.in.gov/Medicaid/

Phone: 1-800-457-4584

IOWA – Medicaid and CHIP (Hawki)

Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366

Hawki Website: http://dhs.iowa.gov/Hawki

Hawki Phone: 1-800-257-8563

HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to- z/hipp

HIPP Phone: 1-888-346-9562

KANSAS – Medicaid

Website: https://www.kancare.ks.gov/

Phone: 1-800-792-4884

HIPP Phone: 1-800-967-4660

KENTUCKY – Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI- HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx

Phone: 1-855-459-6328

Email: KIHIPP.PROGRAM@ky.gov

KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718

Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms

LOUISIANA – Medicaid

Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp

Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)

MAINE – Medicaid

Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US
Phone: 1-800-442-6003

TTY: Maine relay 711

Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms
Phone: 1-800-977-6740

TTY: Maine relay 711

MASSACHUSETTS – Medicaid and CHIP Website: https://www.mass.gov/masshealth/pa
Phone: 1-800-862-4840 TTY: 711

Email: masspremassistance@accenture.com

MINNESOTA – Medicaid

Website: https://mn.gov/dhs/people-we-serve/children-and- families/health-care/health-care-programs/programs-and- services/other-insurance.jsp

Phone: 1-800-657-3739

MISSOURI – Medicaid

Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm
Phone: 573-751-2005

MONTANA – Medicaid

Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
Phone: 1-800-694-3084

Email: HHSHIPPProgram@mt.gov

NEBRASKA – Medicaid

Website: http://www.ACCESSNebraska.ne.gov

Phone: 1-855-632-7633

Lincoln: 402-473-7000

Omaha: 402-595-1178

NEVADA – Medicaid

Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900

NEW HAMPSHIRE – Medicaid

Website: https://www.dhhs.nh.gov/programs- services/medicaid/health-insurance-premium-program

Phone: 603-271-5218

Toll free number for the HIPP program: 1-800-852-3345, ext. 5218

NEW JERSEY – Medicaid and CHIP

Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/
Medicaid Phone: 609-631-2392

CHIP Website: http://www.njfamilycare.org/index.html
CHIP Phone: 1-800-701-0710

NEW YORK – Medicaid

Website: https://www.health.ny.gov/health_care/medicaid/
Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid Website: https://medicaid.ncdhhs.gov/
Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Website: https://www.hhs.nd.gov/healthcare
Phone: 1-844-854-4825

OKLAHOMA – Medicaid and CHIP Website: http://www.insureoklahoma.org Phone: 1-888-365-3742

OREGON – Medicaid

Website: http://healthcare.oregon.gov/Pages/index.aspx
Phone: 1-800-699-9075

PENNSYLVANIA – Medicaid and CHIP

Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx

Phone: 1-800-692-7462

CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)

CHIP Phone: 1-800-986-KIDS (5437)

RHODE ISLAND – Medicaid and CHIP

Website: http://www.eohhs.ri.gov/

Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)

SOUTH CAROLINA – Medicaid Website: https://www.scdhhs.gov
Phone: 1-888-549-0820

SOUTH DAKOTA – Medicaid Website: http://dss.sd.gov
Phone: 1-888-828-0059

TEXAS – Medicaid

Website: www.Health Insurance Premium Payment (HIPP) Program | Texas Health and Human Services

Phone: 1-800-440-0493

UTAH – Medicaid and CHIP

Medicaid Website: https://medicaid.utah.gov/

CHIP Website: http://health.utah.gov/chip

Phone: 1-877-543-7669

VERMONT– Medicaid

Website: Health Insurance Premium Payment (HIPP) Program | Department of Vermont Health Access

Phone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Website: https://coverva.dmas.virginia.gov/learn/premium- assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health- insurance-premium-payment-hipp-programs

Medicaid/CHIP Phone: 1-800-432-5924

WASHINGTON – Medicaid Website: https://www.hca.wa.gov/

Phone: 1-800-562-3022

WEST VIRGINIA – Medicaid and CHIP

Website: https://dhhr.wv.gov/bms/ or http://mywvhipp.com/
Medicaid Phone: 304-558-1700

CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP

Website: https://www.dhs.wisconsin.gov/badgercareplus/p- 10095.htm

Phone: 1-800-362-3002

WYOMING – Medicaid

Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/

Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2024, or for more information on special enrollment rights, contact either:

U.S. Department of Labor - Employee Benefits Security Administration

www.dol.gov/agencies/ebsa or 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services - Centers for Medicare & Medicaid Services

www.cms.hhs.gov or 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 and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

HEALTH INSURANCE MARKETPLACE

When key parts of the health care law took effect in 2014, there was a new way to buy health insurance: the **Health Insurance Marketplace.** To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace.

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. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment through the Market place for health insurance coverage begins November 1, 2024 and ends December 15, 2024 for coverage starting as early as January 1, 2025.

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

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax 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 meets certain standards.

If the cost of a plan from your employer that would cover you (and not any members of your family) is more than 8.39 percent of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit. (An employer-sponsored 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 that 60 percent of such costs.)

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage - is often excluded from income for federal and state tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the Benefits Administrator. 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, as well as an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

Greater Opportunities of the Permian Basin, Inc.

Building Families Across the Permian Basin

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