





2022

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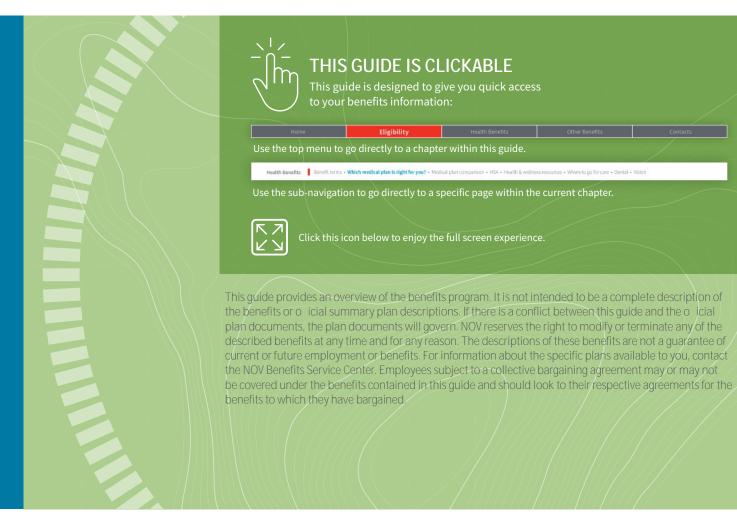
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Welcome to your NOV benefits!

NOV is committed to providing you and your family with valuable benefits and wellness opportunities. We are proud to provide the following benefits to our U.S. employees at no cost to you:



- Basic short-term disability*
- Basic long-term disability*
- Employee assistance program (EAP)
- 401(k) retirement plan
- Business travel accident (BTA) insurance
- International SOS travel assistance service



In addition to the company-provided benefits, we are pleased to o er the following benefits at competitive rates:

- Medical, prescription drug, dental, and vision coverage
- Health savings account (HSA), only available with enrollment in Consumer Plan + HSA
- Flexible spending accounts for health and dependent care reimbursements
- Voluntary life and AD&D insurance*
- Buy up long-term disability coverage*
- Supplemental benefits, including group hospital indemnity, group critical illness insurance, and whole life insurance

We invite you to take a closer look at the information provided in this guide to learn more about the benefit and wellness programs NOV o ers to you and your family. Taking the time to research your options now will help you choose the plans that best meet your family's needs now and in the future.

*Part-time employees are not eligible for these plans.







Visit usbenefits.nov.com for access to all

your benefits information in one location.











Eligibility & making changes • How to enroll

Eligibility & making changes

As a regular full-time employee working at least 30 hours per week or a regular part-time employee, you are eligible for benefits on your date of hire (or date of eligibility if assignment status changes). If you are classified as a regular part-time employee, you are not eligible for the life, AD&D, and disability benefits.

The election choices you make when you first become eligible are in e ect for the remainder of the plan year. It's important to review your benefit options and choose the best coverage for you and your family.

You have three opportunities to enroll in or make changes to your benefits on hub.nov.com:

- 1. Within 31 days of your eligibility date, which is typically your date of hire
- 2. During the annual enrollment period
- 3. Within 31 days of a qualified life event. For complete details on qualified life events, see the Summary Plan Descriptions. Here are some examples:
 - Marriage or divorce
 - Birth or adoption of a child
 - Death of a dependent
 - Loss or gain of other health coverage for you and/or dependents
 - Change in employment status

Eligible dependents

You may enroll your eligible dependents in many of the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse
- Your biological, adopted, or stepchildren up to age 26 (Regular full-time or part-time employees who are dependent children of NOV employees are required to enroll as an employee. Your coverage as a dependent child will end e ective your date of hire.)
- Any child for whom you have been granted legal custody, or you are required to cover as part of a qualified medical child support order
- Biological grandchildren, if residing with you and claimed as a dependent on your federal income tax return

Supporting documentation

If you are enrolling dependents in medical coverage for the first time, you will be required to provide supporting documentation verifying their eligibility status, such as a marriage certificate or birth certificate. You will receive information about the type of documentation needed as well as the required steps to submit the documents at your home address shortly a er enrolling them for the first time.



















Eligibility Health Benefits Other Benefits

Eligibility & making changes • How to enroll

How to enroll

Follow these steps to enroll in your benefits.

1. Evaluate your needs.

Be a smart healthcare consumer and ask yourself the following questions:

- Who should I cover? Evaluate your coverage options for all dependents who meet eligibility requirements.
- How much did I spend on healthcare last year? Consider your past expenses to help you plan for your future needs.
- Will I need more, or less, health coverage next year? Estimate the amount of healthcare you will require in the upcoming year.

2. Review your options.

- Review this benefit guide to compare your options and evaluate plan costs and potential savings.
- Visit **usbenefits.nov.com** to access additional benefits information and resources.

3. Enroll online at hub.nov.com.

Contact the NOV Benefits Service Center with questions at benefits@nov.com or call 1-877-668-2363.

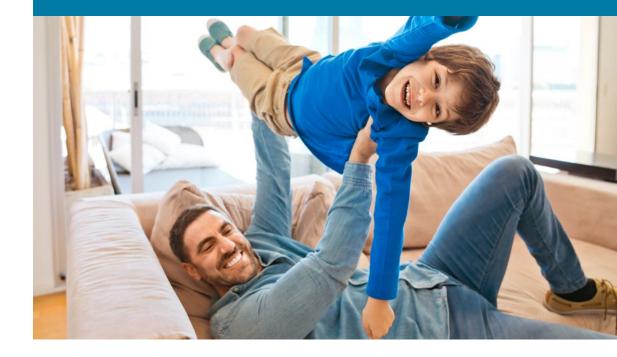
4. Confirm your elections.

Review your confirmation statement carefully to make sure your benefits and dependent information are correct.



Health questionnaire: Evidence of Insurability/Statement of Health

If you do **not** enroll for voluntary life or buy up long-term disability when you are first eligible, you will have to complete a health questionnaire for the insurance company and have the coverage approved before it is e ective. Coverage is not guaranteed. The paperwork will be sent to you shortly a er the enrollment period



















Health Benefits

Benefit terms • Which medical plan is right for you? • Medical plan comparison • HSA • Where to go for care • Health & wellness resources • Dental • Vision

Helpful benefit terms & definitions

To better understand your coverage, it's helpful to be familiar with benefits vocabulary. Take a moment to review these terms, which may be referenced throughout this guide.

Benefit acronyms

AD&D Accidental Death & Dismemberment	EAP Employee Assistance Program
FSA Flexible Spending Account	HMO Health Maintenance Organization
HSA Health Savings Account	LTD Long-Term Disability
OOPM Out-of-Pocket Maximum	PPO Preferred Provider Organization
Short:	

Disability

Balance bill

When a healthcare provider bills a patient for the di erence between what the patient's health insurance reimburses and the provider charges.

Copay

A fixed dollar amount you pay the provider at the time of service.

Coinsurance

The percentage paid for a covered service, shared by you and the plan. Coinsurance can vary by plan and provider network. Review the plans carefully to understand your responsibility. You are responsible for coinsurance until you reach your plan's out-of-pocket maximum.

Deductible

The amount you pay each calendar year before the plan begins paying benefits. Not all covered services are subject to the deductible. For example, the deductible does not apply to preventive care services.

Emergency room care

Care received at a hospital emergency room for life-threatening conditions.

Guarantee issue

The amount of life insurance available to you without having to provide a Statement of Health (SOH) or Evidence of Insurability (EOI).

In-network care

Care provided by contracted doctors within the plan's network of providers. This enables participants to receive care at a reduced rate compared to care received by out-of-network providers.

Out-of-network care

Care provided by a doctor or at a facility outside of the plan's network. Your out-of-pocket costs may be higher, and services may be subject to balance billing.

Out-of-pocket maximum

The maximum amount you pay per year before the plan begins paying for covered expenses at 100%. This limit helps protect you from unexpected catastrophic expenses.

Premium

The cost of your plans to the insurance company. You share this cost with the company and pay your portion through regular payroll deductions.

Preventive care

Routine healthcare, including annual physicals and screenings, to prevent disease, illness, and other health complications. In-network preventive care is covered at 100%.

Urgent care

Visit urgent care for sudden illnesses or injuries that are not life-threatening. Urgent care centers are helpful when care is needed quickly to avoid developing more serious pain or problems.

















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Which medical plan is right for you?

Choosing the right medical plan to meet your needs is the first step to living your healthiest life. We over four medical plans through Blue Cross Blue Shield of Texas (BCBSTX), the Consumer Plan + HSA, 1000 PPO Plan, 1400 PPO Plan, and Houston HMO Plan. When deciding which medical plan is right for you and your family, it is important to consider the total cost of coverage. This includes what you pay in premiums from your paycheck and what you pay for services out of your pocket.

Plan highlights

Consumer Plan + HSA: This plan is paired with a tax-favored Health Savings Account (HSA) that you can use to pay for eligible medical, dental, and vision expenses. This plan allows access to in-network and out-of providers but requires you to meet the deductible before the plan begins to pay toward your healthcare.

1000 PPO & 1400 PPO Plans: These plans of er in-network and out-of-network provider access with more predictable out-of-pocket costs but higher premiums from your paycheck than the Consumer Plan + HSA. Each PPO plan has a its own set of plan costs and coverage levels.

Houston HMO Plan: This plan provides in-network only coverage through a specific network of doctors, hospitals, and other providers in the greater Houston area.

Benefit	Consumer Plan + HSA	1000 PPO Plan & 1400 PPO Plan	Houston HMO Plan
Annual deductible to satisfy	✓	✓	✓
Copayment for services	√ (a er deductible is met)	✓	✓
Coinsurance for services	✓	✓	✓
In-network coverage	✓	✓	✓
Out-of-network coverage	✓	✓	-
Eligible to enroll in HSA	✓	-	-
Kelsey-Seybold physician(s)*	-	-	✓

^{*}Required with no referral required for Kelsey-Seybold specialist



Preventive care

In-network preventive care and prescriptions for preventive medications are covered under all plans at no cost to you. This means your annual check-ups, well-child visits, immunizations, and other preventive services are covered at 100% when using an in-network provider, even if deductibles have not been met.

Stay in-network for care

Consumer Plan + HSA and PPO plans

The Consumer Plan + HSA and PPO plans give you the choice of using any doctor or facility - either "in" or "out" of the plan's network. But when it comes to getting the most out of your healthcare dollars, it pays to stay in-network.

HMO plan

The HMO plan o ers in-network coverage only. When you make an appointment with a provider, imaging center, urgent care, or hospital, be sure to ask if they are in the plan's network.

All Plans

It's best to ask these questions up-front so you don't receive unexpected medical bills. Log on to bcbstx.com to find a provider near you.















Health Benefits

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Medical plan comparison

Plan features	Consumer	Plan + HSA	1000 P	PO Plan	1400 P	PO Plan	Houston HMO Plan
with BCBSTX	In-network EE only/Other tiers	Out-of-network EE only/Other tiers	In-network Individual/Family	Out-of-network Individual/Family	In-network Individual/Family	Out-of-network Individual/Family	Kelsey-Seybold Network Individual/Family
Annual deductible	\$1,750 / \$3,500*	\$3,500 / \$7,000*	\$1,000 / \$2,000**	\$3,000 / \$6,000**	\$1,400 / \$2,800**	\$4,200 / \$8,400**	\$750 / \$1,500**
Annual out-of-pocket maximum	\$3,500 / \$7,000*	\$7,000 / \$14,000*	\$4,250 / \$8,500**	\$8,500 / \$17,000**	\$4,500 / \$9,000**	\$9,000 / \$18,000**	\$4,000 / \$8,000**
NOV 2022 HSA contribution	First time	\$1,000 enrollees: \$1,000 lump sum	N	I/A	Ν	I/A	N/A
	You	pay:	You	pay:	You	pay:	You pay:
Preventive care visit	Covered in full	50% a er deductible	Covered in full	50% a er deductible	Covered in full	50% a er deductible	Covered in full
Virtual Medical Visits powered by MDLIVE	\$44 before deductible	e, \$35 a er deductible	\$30 (copay	\$35 (copay	\$30 copay
Primary care visit	20% a er deductible	50% a er deductible	\$30 copay	50% a er deductible	\$35 copay	50% a er deductible	\$30 copay
Specialist visit	20% a er deductible	50% a er deductible	\$60 copay	50% a er deductible	\$65 copay	50% a er deductible	\$60 copay

^{*}All coverage tiers with the exception of employee only have an aggregate deductible and OOPM. This means that any one person or combination of family members covered by the plan can meet the family deductible and OOPM.

Medical plan comparison continued...















^{**}All coverage tiers with the exception of employee only have an embedded deductible and OOPM. This means that you will have both an individual and a family deductible and OOPM. No individual will satisfy more than the individual deductible or OOPM.

Eligibility **Health Benefits** Other Benefits

Health Benefits Benefit terms • Which medical plan is right for you? • Medical plan comparison • HSA • Where to go for care • Health & wellness resources • Dental • Vision

Medical plan comparison continued

Plan features with CVS Caremark	Consumer Plan + HSA	1000 PPO Plan	1400 PPO Plan	Houston HMO Plan
Prescription drugs: retail	(up to a 30-day supply)			
Generic drugs	Up to \$10 copay a er deductible	Up to \$10 copay	Up to \$10 copay	Up to \$10 copay
Preferred drugs	\$30 copay or 25% a er deductible, whichever is greater	\$30 copay or 25%, whichever is greater	\$30 copay or 25%, whichever is greater	\$30 copay or 25%, whichever is greater
Non-preferred drugs	\$50 copay or 30% a er deductible, whichever is greater	\$50 copay or 30%, whichever is greater	\$50 copay or 30%, whichever is greater	\$50 copay or 30%, whichever is greater
Specialty drugs	30% a er deductible up to \$200	30% up to \$200	30% up to \$200	30% up to \$200
Prescription drugs: mail o	order (up to a 90-day supply)			
Generic drugs	Up to \$20 copay a er deductible	Up to \$20 copay	Up to \$20 copay	Up to \$20 copay
Preferred drugs	Up to \$60 copay a er deductible	Up to \$60 copay	Up to \$60 copay	Up to \$60 copay
Non-preferred drugs	Up to \$100 copay a er deductible	Up to \$100 copay	Up to \$100 copay	Up to \$100 copay

Cost for coverage

2022 bi-weekly premium	Consumer Plan + HSA	1000 PPO Plan	1400 PPO Plan	Houston HMO Plan
Employee only	\$34.00	\$80.00	\$50.00	\$65.00
Employee + spouse	\$80.00	\$225.00	\$129.00	\$177.00
Employee + child(ren)	\$68.00	\$174.00	\$112.00	\$143.00
Employee + family	\$125.00	\$323.00	\$214.00	\$269.00

Note: Employees who are paid weekly should calculate payroll deductions by dividing amounts by 2.















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How the health savings account (HSA) works

If you enroll in the Consumer Plan + HSA, you may be eligible to open a health savings account (HSA) through HSA Bank to help pay for eligible healthcare expenses not paid for under your medical, dental, or vision plan. An HSA makes it easy to pay for current healthcare costs and save for future healthcare needs in retirement.



What are the benefits of an HSA?

- NOV contributes FREE money to your account!
- You can set aside tax-free* money to pay for out-of-pocket healthcare expenses.
- An HSA is your personal account. If you leave the company, the account goes with you.
- All unused funds roll over year to year.
- You can change your contribution amount to your HSA anytime during the year. HSAs can make great retirement savings accounts for healthcare.

*State taxes apply in certain states such as CA and NJ. For detailed tax implications of an HSA, please contact your professional tax advisor.



How are contributions made to an HSA?

When you enroll in the Consumer Plan + HSA, a health savings account is opened for you. You will receive an HSA Bank debit card to pay for eligible healthcare expenses, or you can submit receipts for reimbursement online through your own personal account at **hsabank.com**.

NOV will automatically contribute to your HSA each year. First time enrollees will receive an additional lump sum contribution from NOV, as shown in the table below. You can also contribute pre-tax dollars from your paycheck up to annual IRS maximum to pay for eligible healthcare expenses now or into retirement.

HSA contributions made by both you and NOV cannot exceed the annual IRS maximums.

Coverage tiers	2022 IRS maximum contribution limits	First-time NOV lump sum contribution**	2022 NOV annual contribution*** (funded each paycheck)	Catch-up contribution (age 55 or over)
Employee only	\$3,650	\$500	\$500	
Employee + spouse Employee + child(ren) Employee + family	\$7,300	\$1,000	\$1,000	Additional \$1,000 (above the IRS maximum)

^{**}Contributed within 60 days, or as soon as administratively feasible, for first time enrollees.

Health savings account continued...















^{***}Prorated for new hires and newly eligible.

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HSA eligibility requirements

- You must be enrolled in the Consumer Plan + HSA
- You cannot be covered under another non-qualified health plan, including your spouse's health FSA. Participation in a limited health FSA is acceptable.
- You cannot be enrolled in Medicare or Tricare.
- You cannot be claimed as a dependent on someone else's tax return, excluding your spouse.

Questions? Refer to IRS Publication 969 for complete HSA rules.

HSA highlights

- You must be enrolled in the Consumer Plan + HSA to be eligible to participate.
- Take advantage of FREE company funding to help pay for your annual deductible and other healthcare expenses.
- Contributions, qualified expenses, and earnings are tax-free.
- Personal contributions from your paycheck help lower your taxable income.
- Funds never expire and the account goes with you.

















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Where to go for care

Need medical attention, but it's not a true emergency? Save time and money by using telehealth services or visiting urgent care.

Emergency room copays are expensive, and the average wait time is 4.5 hours! Telehealth services and urgent care centers provide quality care just like the ER, but you could save hundreds of dollars and hours of time in the waiting room for non-life-threatening issues.



\$

Telehealth











(Non-life-threatening) (Non-life-threatening)

Benefit:

- Lower cost
- Speak to a doctor from anywhere
- Reduced waiting room time

Reasons to go:

- Headaches
- Fever & flu symptoms
- Cough, cold & sore throat
- Skin irritations & rashes
- Counseling services

Benefit:

- In-person examination
- Reasonable price in-network
- Familiarity with regular PCP

Reasons to go:

- Earaches and infections
- Headaches
- Regular treatment for chronic conditions
- Skin irritations & rashes

Benefit:

Lower cost than an FR visit

(Non-life-threatening)

Same-day visits o en available

Reasons to go:

- Faraches & infections
- Minor cuts, bumps, sprains & burns
- Fever & flu symptoms
- Allergic reactions
- Animal bites
- Mild asthma
- Headaches
- Urinary tract infections

Benefit:

Necessary for life-threatening conditions

Reasons to go:

(Life-threatening)

- Sudden numbness or weakness
- Disorientation or di iculty speaking
- Seizure or loss of consciousness
- Severe cuts or burns
- Overdoses
- Uncontrolled bleeding
- Coughing or vomiting blood
- Heart attack or chest pain















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Health & wellness resources

Telehealth Care from the comfort of home

Skip the waiting rooms and scheduling hassles. Telehealth services, through MDLIVE, put you in control of when and where you access care. For a simple copay, you can speak with a licensed physician, psychologist, or psychiatrist 24/7/365 via phone or computer. Phone consultations and online video visits give you direct access to a licensed medical professional who may be able to:

- Define treatment of common medical conditions, such as colds, flu, bronchitis, allergies, rashes, depression, etc.
- Provide specialist referrals
- Prescribe medication

You and your dependents must be enrolled in NOV medical coverage to utilize MDLIVE. To schedule an appointment, call 1-888-681-4083 or go online to **mdlive.com/nov**.

Kelsey-Seybold Medical HMO -Additional resources to keep you healthy

Houston HMO enrollees have access to a variety of value-added programs. Visit **kelsey-seybold.com/nov** for details.

Airrosti musculoskeletal care Relief from pain

Chronic pain can cause a variety of issues. If you are experiencing pain in your muscles, joints, knees, back, or other areas of the body, there may be a solution that does not involve surgery, needles, prescriptions, or long-term treatment plans.

Airrosti's doctors are trained to evaluate and treat the root cause of your symptoms, resolving pain at the source — typically in just three visits. You can see one of these experts for no cost, even if you have not met your deductible (PPO plans only). If you are enrolled in the Consumer Plan + HSA, there is no cost once you have met your annual deductible. For more information, call 1-800-404-6050 or visit airrosti.com.

Virta Health Reverse type II diabetes

Through Virta Health, you can take steps toward reversing type II diabetes. This free program focuses on lowering your blood sugar and A1c through nutritional ketosis, so you can reduce your diabetes medications and lose weight. With one-on-one health coaching, diabetes test supplies, medical supervision, educational tools, and peer support, you can be on your way to better health. Reach out to virtahealth.com/join to get started.

BCBSTX wellness programs Earn money for taking healthy steps

If enrolled in NOV medical coverage, BCBSTX o ers special programs to help you and your family members improve and manage your health. Explore BCBSTX programs at **bcbstx.com**.

- The Women's and Family Health Program o ers expectant mothers and new mothers support and education from early pregnancy until six weeks a er delivery. Call 1-888-421-7781 to enroll as soon as you know about the pregnancy.
- The **Condition Management Program** can help you and your covered dependent(s) manage chronic health conditions, such as asthma, diabetes, COPD, hypertension, congestive heart failure, coronary artery disease, and low back pain. Personal coaching, online support tools, and resources are available to help you achieve your goals. Call 1-855-212-1613 for more information on the condition management program.
- The Case Management Program provides the support you and your covered dependent(s) need if you experience a serious or complex illness or injury, such as cancer or transplant surgery. Registered case managers help you understand your benefits and identify the right healthcare resources. Nurses from BCBSTX will reach out to you via a phone call if you are eliqible to enroll in this program.

For up to date wellness incentive opportunities, check out the Well-being section of **usbenefits.nov.com**.

Health & wellness resources continued...















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BCBSTX resources for PPO and Consumer + HSA plans – Make the most of your coverage

As a part of your medical coverage, BCBSTX o ers resources to help you and your family members make informed choices and save money.

BCBSTX Benefits Value Advisor (BVA)

Save time and money by calling a specially trained advisor at 1-855-212-1613 who can answer your questions and:

- Explain your benefits
- Compare cost estimates at di erent hospitals and facilities
- Locate in-network providers
- Schedule appointments
- Help with precertification
- Tell you about online educational tools

Member rewards

Use the Member Rewards Program to earn cash rewards when you shop for medical care. When you select a lower-cost provider for a recommended procedure, you may qualify for a Member Reward payment of up to several hundred dollars in addition to saving on out-of-pocket costs. Call a BVA for assistance or use the online tools at **bcbstx.com**.

Blue Distinction Center (BDC) & Blue Distinction Center + (BDC+)

BDC and BDC+ facilities have demonstrated expertise in delivering clinically proven specialty healthcare. A BDC+ is also recognized for e iciency in delivering specialty care. When you use one of these facilities, you will receive the highest level of benefits and reassurance that the facility has a record of providing proven e ective care, and the plan will pay more in coinsurance, lowering your out-of-pocket costs. Some services (e.g. bariatric surgery) require the use of a BDC facility, and some services (e.g. transplants, knee, hip, or spine surgery) receive a higher level of coverage when a BDB or BDC+ facility is used. Learn more at bcbs.com/why-bcbs/blue-distinction or call BCBSTX at 1-855-212-1613.

Blue Cross Blue Shield Global Core

When you are enrolled in one of the NOV BCBSTX medical plans, you are eligible for Blue Cross Blue Shield Global Core while traveling abroad, either on business or pleasure. Simply call the Blue Cross Blue Shield Global Core Center 24/7 at 1-800-810-2583 or 1-804-673-1177 (collect) to find a doctor or hospital near you. You can also download the Blue Cross Blue Shield Global Core app on your smartphone (Login: NVL). Visit bcbsglobalcore.com for more details.



Health & wellness resources continued...



















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Kelsey-Seybold resources – Make the most of your Houston HMO plan

To make your experience with the NOV Houston HMO Plan through Kelsey-Seybold as hassle-free as possible, we o er a complimentary concierge service that is available exclusively to NOV Houston HMO Plan members.

Here are just some of the services provided by your Kelsey-Seybold Concierge:

- Scheduling appointments.
- Selecting a physician.
- Guidance on services available at each location.
- Resolution of complex billing and eligibility issues.
- Expert help with questions and concerns regarding the Kelsey-Seybold HMO Plan.

Simplified access to medical care

The Houston HMO Plan includes a variety of resources to enhance your care experience.

- Choose any doctor from the large network of Kelsey-Seybold providers and make an appointment (no referral required). Your doctors will work together to collaborate and coordinate the best care for you.
- Speak to a Kelsey-Seybold nurse whenever you have a concern a er hours, just call 1-713-442-0000.
- Saturday appointments are available for sick care at multiple locations.
- Join MyKelseyOnline to securely view your lab results and email your physician's o ice with questions and follow-ups.

Personalized service for **Houston HMO enrollees**

Call your Kelsey-Seybold HMO Plan Concierge at 1-713-442-8977, 8 a.m. - 5 p.m., Monday through Friday or visit **kelsey-seybold.com/nov** for more information.



Health & wellness resources continued.

















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Choose Well-being – On track for health

At NOV, we want to make reaching your wellness goals easy and attainable. To help you get the results you want, we are pleased to o er a voluntary wellness program to support your e orts to develop and maintain a healthy lifestyle.

Our Choose Well-being wellness program can help you and your covered spouse achieve health and wellness goals through activities, incentives, and tools:

- Digital educational tools providing immediate access to health information
- Health assessment questionnaire
- Free health screenings
- Health management programs through BCBSTX

By participating in NOV's Choose Well-being wellness program, you are taking key steps toward achieving and maintaining your own health, all while earning the following incentives:

- \$75 for completing the CarePlus Mobile Health Assessment
- \$75 for participating in a Biometric Screening
- \$50 per level for participating in Point Program activities

Download the CarePlus Mobile Health app and link it with your BCBSTX medical plan and view your dental and vision plan summaries. Wellness incentives are paid within 45 days following the end of the quarter in which they are earned, or as soon as administratively feasible. Most wellness incentives can be earned once per calendar year. Taxes are withheld as required. Your health information will not be shared with NOV or any of its employees.







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Employee assistance program (EAP) – Support for life's ups and downs

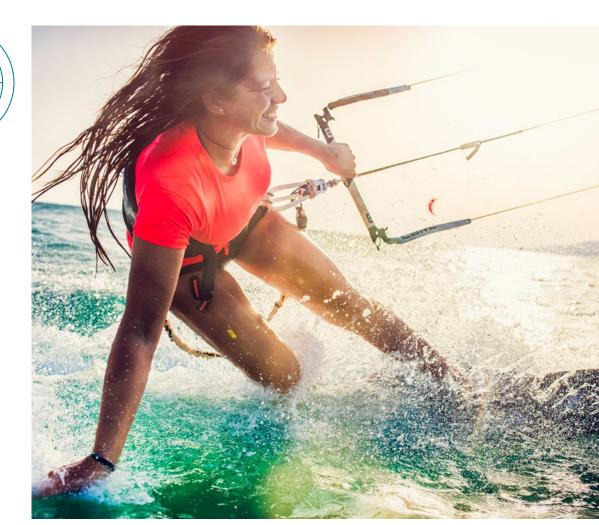
When you need help with work, home, personal, or family issues, the employee assistance program (EAP), through Unum, o ers value-added programs and services at no charge.

You and your household family members can access this confidential service to help with life's challenges including elder-care, illness, grief and loss, stress, depression, financial counseling, family challenges, legal matters, and much more. These services can help you overcome challenges while saving you time and money.

The EAP gives you access to:

- Online and phone support: Unlimited, confidential, 24/7 sessions
- Up to six face-to-face confidential sessions per individual per calendar year
- Child-care and elder-care assistance
- Financial and legal resources
- Community and consumer services
- Medical Bill Saver program, which can lower balance billing on uncovered medical and dental bills over \$400

Contact the EAP anytime, day or night, by calling 1-800-226-9767 (multi-lingual) or visit unum.com/worklifesupport.

















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Dental plan Smiles abound

We o er two Cigna dental plans to help you maintain a healthy smile through regular dental care and fix any problems as soon as they occur

The **DHMO plan** o ers lower premium costs and the convenience of having a network general dentist (NGD) coordinate your care. There is no annual deductible, calendar year maximum, or out-ofnetwork coverage.

The **DPPO plan** o ers you the freedom and flexibility to choose any licensed dentist. You receive the greatest savings when you visit an in-network provider. If you visit an out-of-network provider, you will pay a percentage of the usual, customary, and reasonable (UCR) fee based on the provider's rates.

To find an in-network provider near you, visit mycigna.com.

Dental plan providers

- The DHMO plan o ers access to in-network dentists only. There is no out-of-network option.
- The DPPO plan gives you the freedom to choose any dentist. However, you will receive a greater discount when you visit

	Dental HMO (DHMO)	Dental PPO (DPPO)
Plan features with Cigna	In-network only	In-network
	You pay:	You pay:
Network	Cigna Dental Care Access Plus	Total Cigna DPPO
Calendar year deductible (waived for preventive services)	None	\$50 Individual / \$100 Family
	Plan pays:	Plan pays:
Calendar year benefit maximum	None	\$2,000
Diagnostic & preventive services (e.g., x-rays, cleanings, exams)	Covered in full	100%*
Basic & restorative services** (e.g., fillings, extractions, root canals)		80%
Major services** (e.g., dentures, crowns, bridges)	Copays vary	50%
Orthodontia (adults and children)		50%
Orthodontia lifetime maximum		\$2,000

^{*}Covered at 100% of usual, customary, and reasonable for the area

Cost for dental coverage

2022 bi-weekly premium	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
DHMO Plan	\$3.50	\$7.50	\$7.00	\$11.00
DPPO Plan	\$7.00	\$15.00	\$14.00	\$22.00

Note: Employees who are paid weekly should calculate payroll deductions by dividing amounts by 2.















^{**}Some oral surgery expenses, such as impacted wisdom teeth, may be treated as medical expenses. Confirm coverage with BCBSTX or other medical provider, if applicable.

Health Benefit

Benefit terms • Which medical plan is right for you? • Medical plan comparison • HSA • Where to go for care • Health & wellness resources • Dental • Vision

Vision plan A bright outlook



Keep your vision clear and your eyes in good health with regular eye exams. The vision plan o ers an extensive network of optometrists and vision care specialists. You will save money by visiting in-network providers. Your vision coverage is through Vision Service Provider (VSP). To find an in-network provider near you, visit vsp.com.

What you need to know about your vision plan

- Make sure your provider is part of the VSP "Signature" network.
- Mention that you have VSP coverage when you make your appointment. You will not receive an ID card for vision coverage.
- Your VSP provider will obtain authorization through the VSP system at the time of service.
- If you use out-of-network providers, you will pay the full cost and submit your receipts to VSP for reimbursement.

	Vision Plan			
Plan features with VSP	In-network	Out-of-network		
	You pay:	Plan reimburses you:		
Exam once every 12 months	\$25 copay for exam and materials	Up to \$50 a er \$25 copay		
Frames once every 24 months for adults and every 12 months for dependent children	Up to \$160 a er copay	Up to \$70 a er copay		
Lenses once every 12 months				
Single Vision		Up to \$50 a er copay		
Bifocal	Covered in full a er copay	Up to \$75 a er copay		
Trifocal	a ci copay	Up to \$100 a er copay		
Contact lenses (in lieu of lenses and frames) once e	very 12 months			
Medically necessary	Covered in full a er copay	Up to \$210 a er copay		
Elective	Up to \$150	Up to \$105		

Cost for vision coverage

If you elect vision coverage for 2022, a premium cost will apply.

2022 bi-weekly premium	Employee only	Employee + spouse	Employee + child(ren)	Employee + family
Vision Plan	\$3.25	\$6.50	\$6.00	\$9.25















Other Benefits

FSAs · Life and AD&D insurance · Disability · Supplemental benefits · 401(k) · Additional company-provided benefits · Vacation & holidays

Flexible spending accounts (FSAs) Make your money work for you



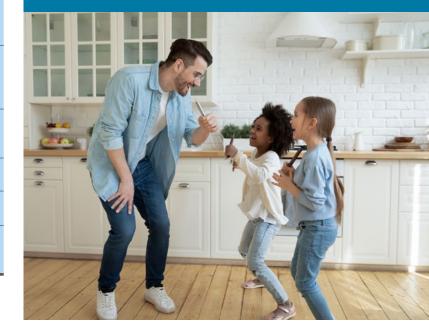
FSAs o er a smart way to stretch your dollars by setting aside pre-tax dollars to pay for eligible healthcare and dependent care expenses. Each year, you must elect the annual amount you want to contribute to each account. Your contributions will be deducted pre-tax from your paycheck which helps reduce your taxable income.

	Health FSA	Limited health FSA (Consumer Plan + HSA participants only)	Dependent care FSA
Annual contribution limit	\$2,750	\$2,750	\$5,000 (\$2,500 if married and filing separately)
Eligible expenses*	Healthcare plan deductibles, copays, coinsurance, and prescriptions, including dental and vision expenses	Dental and vision expenses only	Daycare for children up to age 13, disabled children, and dependent adults
Availability of funds The full annual amount you elect is available on your plan e ective date		The full annual amount you elect is available on your plan e ective date	You can be reimbursed up to the amount available in your account
Payment or reimbursement options	Debit card or reimbursement	Debit card or reimbursement	Claim reimbursement
Deadline for services	Services must be incurred by 12/31/22	Services must be incurred by 12/31/22	Services must be incurred by 12/31/22
Deadline for submission for reimbursement	Reimbursement must be submitted by 3/31/23	Reimbursement must be submitted by 3/31/23	Reimbursement must be submitted by 3/31/23

^{*}Refer to IRS Publication **502** and **503** for a complete list of eligible expenses or **usbenefits.nov.com**.

FSA rules to keep in mind

- You can only change your contribution amount during the year if you experience a life event.
- Each account functions separately. You cannot transfer funds from one FSA to another.
- You will lose funds not used during plan year if not reimbursed by deadlines.



















Other Benefits

FSAs · Life and AD&D insurance · Disability · Supplemental benefits · 401(k) · Additional company-provided benefits · Vacation & holidays

Life and accidental death & dismemberment (AD&D) insurance Your plan for a rainy day

Life and AD&D insurance, through MetLife, provides financial security to you and your family if you pass away or become seriously injured.

Basic life and AD&D insurance

As a regular full-time employee, you automatically receive basic life and AD&D coverage in the amount of two times your annual base salary up to a maximum of \$1,000,000. The amount of coverage will be reduced to 65% of the coverage amount at age 65, and to 25% at age 80. NOV pays the full cost of this coverage. No Statement of Health is required.

Voluntary life and AD&D insurance

In addition to basic life and AD&D, regular full-time employees may buy additional life and AD&D coverage at discounted rates. The chart describes the amounts of coverage you can buy for yourself, your spouse, and your child(ren).

	Voluntary life insurance				
Benefit features	Employee	Spouse	Dependent child(ren) (up to age 26)		
Coverage options	Increments of \$10,000 up to 5x your annual base salary	Increments of \$10,000, up to 100% of employee amount	\$10,000 per child		
Maximum \$1,500,000 or 5x your annual base salary, whichever is less		\$250,000 (cannot exceed employee's combined basic and voluntary life coverage)	\$10,000 per child		
Guarantee issue (if purchased when first eligible)	\$1,000,000	\$100,000	\$10,000 per child		
Statement of Health (SOH) approval by MetLife	Required if you don't enroll when initially eligible or if the coverage amount requested exceeds \$1,000,000	Required if you don't enroll when initially eligible or if the coverage amount requested exceeds \$100,000	N/A		

	Voluntary AD&D insurance		
Benefit features	Employee	Spouse	Dependent child(ren) (up to age 26)
Coverage options	Increments of \$10,000 up to 10x your annual base salary	Up to 60% of employee coverage amount	Up to 20% of employee coverage amount
Maximum	\$600,000 or 10x your annual base salary, whichever is less	\$300,000	\$75,000

Choosing a beneficiary

You may choose anyone to be the beneficiary of your life and AD&D insurance in the event of your death. Review your beneficiary designation periodically to ensure it reflects your current wishes. You may change your beneficiary any time by going to the My Benefits section of Hub.



Life and AD&D insurance continued...















Other Benefits

FSAs • Life and AD&D insurance • Disability • Supplemental benefits • 401(k) • Additional company-provided benefits • Vacation & holidays

How much voluntary life insurance should I buy?

When deciding how much voluntary life insurance to buy, consider the following:

- **1.** How much will your dependents need to pay debts, such as a mortgage, car loans, or credit card balances?
- **2.** How much do your dependents need to maintain their current standard of living?
- **3.** What kind of future would you like to provide for your dependents or others who depend on you for financial support?

Voluntary employee & dependent life insurance coverage

The cost of voluntary life insurance for you and your spouse depends on age and coverage amount. When you or your spouse reach a new age band, life insurance premiums will increase on the next paycheck. For voluntary AD&D rates, log in to **Hub** as rates vary.

	Voluntary life insurance			
	Employee	Spouse		
Age	Monthly cost per \$1,000	Monthly cost per \$1,000		
<25	\$0.055	\$0.05		
25-29	\$0.066	\$0.06		
30-34	\$0.088	\$0.08		
35-39	\$0.099	\$0.09		
40-44	\$0.143	\$0.13		
45-49	\$0.231	\$0.21		
50-54	\$0.407	\$0.37		
55-59	\$0.704	\$0.64		
60-64	\$0.957	\$0.87		
65-69	\$1.551	\$1.41		
70 and over	\$2.266	\$2.06		
Child life	\$1.06 per month (no matter the number of children designated)			















Other Benefits

FSAs · Life and AD&D insurance · Disability · Supplemental benefits · 401(k) · Additional company-provided benefits · Vacation & holidays

Disability coverage Income replacement when you need it

If you experience an injury or illness that prevents you from working, disability coverage provides partial income replacement to assist you financially.



Short-term disability (STD)

As a regular full-time employee, short-term disability coverage, through Unum, provides you with a portion of income replacement if you are unable to work due to a non-occupational illness or injury. You are automatically enrolled in STD at no cost to you.

Once you are approved for disability by Unum, the following will apply:

Short-term disability			
Elimination period	Percent of earnings paid	Weekly maximum paid	Maximum duration
14 days	66 2/3%	\$8,150	24 weeks

NOV coordinates with Workers Compensation and states that o er short-term disability insurance. Contact Unum for detailed information on how this process works.

Pre-existing conditions

You are considered to have a pre-existing condition if:

- You received medical treatment, consultation, care, or services including diagnostic measures, or took prescribed drugs or medicines in the three months just prior to your e ective date of coverage; and
- The disability begins in the first 12 months a er your e ective date of coverage.

Refer to the SPD for additional details. You can access the SPD on the U.S. Benefits website at usbenefits.nov.com.





















Other Benefits

FSAs • Life and AD&D insurance • **Disability** • Supplemental benefits • 401(k) • Additional company-provided benefits • Vacation & holidays

Basic long-term disability & buy up long-term disability (LTD)

As a regular, full-time employee, LTD pays you a portion of your earnings if you are disabled for 180 days due to an illness or injury.

You will continue to receive benefits as long as you meet the definition of disability in the policy or reach your Social Security Normal Retirement Age. Benefits are reduced by other sources of disability income you may qualify for such as Social Security and Workers' Compensation.

You are automatically enrolled in basic LTD at no cost to you. NOV o ers a buy-up option for LTD coverage that will increase your monthly benefit if you were to need long-term disability. If you don't enroll within 31 days of becoming eligible, approval by Unum will be required before coverage is e ective. To determine the cost of buy up LTD, go to the Benefits Enrollment section under My Benefits in Hub.

Long-term disability				
Plan options	Elimination period	Percent of earnings paid	Monthly maximum paid	Maximum duration
Basic LTD	180 days	50%	\$4,000	Up to Social Security Normal Retirement Age
Buy up LTD (increases monthly base benefit to these amounts)	180 days	66 2/3%	\$15,000	Up to Social Security Normal Retirement Age



Evidence of Insurability (EOI) & Statement of Health (SOH) are both health questionnaires; however, insurance carriers may refer to them by dierent names. The buy up LTD health questionnaire is called an EOI.

If you elect buy up LTD a er your initial eligibility, you must complete an EOI for Unum's approval. Your active coverage amount will not include the requested amount, nor will you pay premiums on that amount, until it is approved by Unum. The paperwork to complete the EOI will be sent to you a er your election is made.

















Other Benefits Health Benefits

FSAs · Life and AD&D insurance · Disability · Supplemental benefits · 401(k) · Additional company-provided benefits · Vacation & holidays

Supplemental benefits Complete your coverage

Supplemental benefits complement your existing benefits and help protect you financially from unexpected events – both in the short term and long term. You are responsible for the cost of this benefit and may obtain coverage for yourself, your spouse, and your children. Enrollment in supplemental benefits is only available during annual enrollment. Coverage is individually owned, so you can take your policy with you if you leave NOV. If you have any questions about these benefits, please contact Unum at 1-866-314-0353 or text #NOV to 45037.



Hospital indemnity insurance

An unexpected hospital stay can be expensive, even with medical insurance. As an eligible employee, you can buy Unum hospital indemnity insurance to help pay for expenses and bills related to being admitted or confined in a hospital. Hospital indemnity insurance pays a lump-sum benefit for hospital admission of \$1,000 per insured per calendar year and includes a \$100 per day hospital confinement benefits for a maximum of 15 days per calendar year. Benefits are paid directly to you, and the funds can be used as you see fit.

Whole life insurance

In addition to providing a death benefit to your beneficiaries if something should happen to you, whole life insurance can also build cash value that you can utilize while you are still living. You can purchase coverage for yourself, your spouse, your children, and your grandchildren. Coverage can be elected in the following amounts:

- Employee: Increments of \$10,000 up to \$100,000
- Spouses: Increments of \$10,000 up to \$30,000
- Children: \$10.000

Critical illness insurance

As an eligible employee, you can buy Unum critical illness insurance to help pay for expenses related to the diagnosis of a critical illness such as a heart attack, coma, stroke, blindness, or cancer. The policy pays directly to you a lump sum benefit, \$5,000 to \$30,000 (in increments of \$5,000) for you or \$5,000 to \$15,000 for your spouse, if diagnosed with a covered condition. You can use this benefit any way you choose deductibles and coinsurance, expenses your family incurs to be by your side, or simply to replace lost earnings from being out of work. Critical Illness insurance also provides a wellness benefit, which pays an annual benefit if a covered health screening test is performed (such as blood tests, stress tests, colonoscopies, chest x-rays, mammograms, etc.).

Children are automatically covered at 50% of the employee's amount at no extra cost. Keep in mind that you must have comprehensive medical coverage before purchasing group critical illness insurance.

Visit usbenefits.nov.com for access to all

your benefits information in one location.

















Other Benefits

FSAs · Life and AD&D insurance · Disability · Supplemental benefits · 401(k) · Additional company-provided benefits · Vacation & holidays

401(k) Plan A secure future begins now

Being retirement ready is an important part of financial wellness. The key to success is to start saving now. NOV Inc. 401(k) Plan, administered by Principal, of ers you the option to save a portion of your eligible pay for retirement.



Eligibility & enrollment

Regular full-time and part-time employees are eligible to participate in the 401(k) plan on your first day of employment. You may enroll in the 401(k) plan at **principal.com**, designate beneficiaries, make contribution changes, and update investment election at any time. You do not need to wait for annual enrollment to make changes. Make sure you review your retirement goals periodically to ensure your contribution matches your target retirement income.

Automatic enrollment

Employees who do not waive participation or make an election in the first 60 days of employment will be automatically enrolled to contribute 4% of their pay. Your contributions will automatically be invested in the appropriate Target Retirement Date Model fund which closely matches your retirement date, based on your birth date, and assuming retirement at age 65. If you do not wish to participate, a refund of contributions deducted through auto-enrollment may be requested within 90 days of the first deduction. Contact a Principal retirement service representative for details.

NOV matching contribution

A er one year of service, NOV will match every dollar you invest in the 401(k) plan, up to a maximum of 4% of your base pay and overtime each pay period. This matching contribution applies to your pre-tax, regular a er-tax, and Roth 401(k) a er-tax contributions, up to a combined 4% limit. This match will be provided for each pay period in which you make a contribution, up to the applicable annual IRS limit, beginning in January 2022.

Loans & withdrawals

For information on taking a loan, in-service withdrawal, or hardship withdrawal from your 401(k), log on to your account at **principal.com** or contact the Principal Contact Center at 1-800-547-7754.

Employees covered by a collective bargaining agreement may or may not be covered under the benefits and provisions contained in this section. Employees subject to a collective bargaining agreement should look to their respective agreements for the benefits to which they have bargained.

Employee contributions

Your contributions may be pre-tax, regular a er-tax, Roth 401(k) after-tax, or a combination of these (in whole percentages) up to the applicable annual IRS maximums. Contributions are based on base pay plus overtime. You are always 100% vested in your total 401(k) account.

- Pre-tax & Roth 401(k): Contribute up to 100% of eligible pay
- After-tax: Contribute up to 18% of your eligible pay

If you are age 50 or older during the calendar year, you are entitled to make an additional "catch-up contribution" on either a pre-tax and/or Roth 401(k) basis. The catch-up amount is determined annually by the IRS.

Keep track of your 401(k)

Principal

Call 1-800-547-7754
Online at principal.cor



401(k) fast facts

- NOV matches 100% of your contribution up to 4%!
- You are eligible to participate in the 401(k) plan on your date of hire.
- If you are age 50 or older, you can make "catch-up" contributions.
- Eligible pay is base salary and overtime pay.

Helpful tips on saving for retirement

- Start saving as soon as possible to grow your retirement account
- Begin with small contributions, if necessary, and increase contributions over time.
- Make setting aside money for retirement a habit
- Understand investment returns may fluctuate
- Let it sit. Avoid penalties by leaving funds in your 401(k) until retirement
- If you change jobs, you can roll over your retirement account.



















Other Benefits Health Benefits

FSAs · Life and AD&D insurance · Disability · Supplemental benefits · 401(k) · Additional company-provided benefits · Vacation & holidays

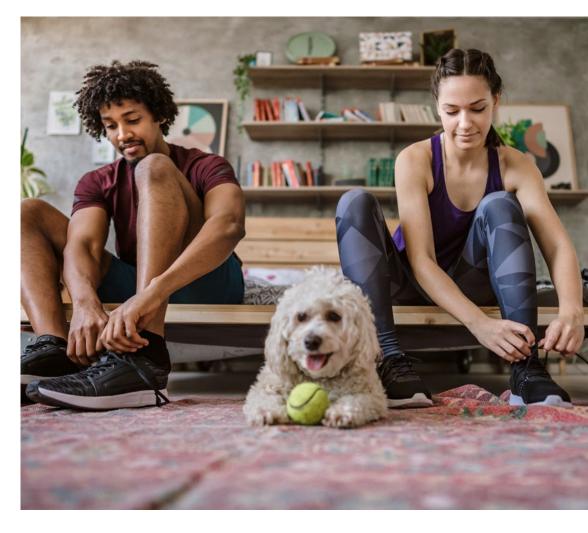
Additional company-provided benefits For your protection

Business travel accident insurance

All regular full-time employees have business travel accident insurance coverage. The benefit payable is up to \$250,000 for accidental death or dismemberment claims that occur while an employee is traveling on company business.

International SOS

For your support and protection, NOV has contracted with International SOS to provide medical, security, and travel assistance to employees traveling on NOV business. International SOS benefits are not available to employees on vacation. To learn more about these services, visit internationalsos.com and enter our member number, 11AMMS000002, as your login.







Visit usbenefits.nov.com for access to all

your benefits information in one location.











Other Benefits

FSAs • Life and AD&D insurance • Disability • Supplemental benefits • 401(k) • Additional company-provided benefits • Vacation & holidays

Vacation & holidays

NOV provides paid time o of work, so you can focus on relaxing and celebrating holidays with family and friends.

Vacation

Regular, full-time employees earn paid vacation time based on years of service:

2022 annual entitlement		
Years of service Hours		
0-9	120 hours (3 weeks)	
10-19	160 hours (4 weeks)	
20+ 200 hours (5 weeks)		

Regular part-time employees will receive half the annual entitlement and accrue at half the rate of regular, full-time employees.

You may request vacation up to your yearly entitlement even if you have not yet accrued the vacation hours. At the end of the calendar year, any vacation that is accrued, but unused will be forfeited unless applicable law states otherwise. If you leave NOV, all accrued vacation will be paid, and any negative accruals will be deducted from your final paycheck.

Collective bargaining agreement

Employees subject to a collective bargaining agreement should refer to their respective agreements for the benefits to which they have bargained.

FYI

Facilities that are closed for maintenance should check with their local HR representative for their holiday schedule.

Holidays

NOV observes the following paid holidays.

Holiday	2022 Observed date	
Flexible Holidays	2 days at employee's request*	
New Year's Day	Monday, January 3, 2022	
Memorial Day	Monday, May 30	
Independence Day	Monday, July 4	
Labor Day	Monday, September 5	
Thanksgiving Day	Thursday, November 24	
Day a er Thanksgiving	Friday, November 25	
Christmas	Friday, December 23 and Monday, December 26	
New Year's Eve	Friday, December 30	

^{*}Check with your manager for approval.















Vendor

Your benefit contacts

NOV Employee Benefit Plans

U.S. Benefits website: **usbenefits.nov.com**Benefits enrollment: **hub.nov.com**

NOV Benefits Service Center benefits@nov.com

1-877-668-2363

Monday - Friday: 8am - 5pm CST (closed 12pm - 1pm)

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

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(benefit plan)	Phone	Website
Blue Cross Blue Shield of Texas (Medical)	1-855-212-1613	bcbstx.com
Kelsey-Seybold (Medical-Houston HMO)	1-713-442-0427	kelsey-seybold.com/nov
CVS Caremark (Prescription drugs)	1-855-310-2475	caremark.com
Virtual Visits Powered by MDLIVE (Telehealth)	1-888-681-4083	mdlive.com/nov
Airrosti (Muscle and joint pain treatment)	1-800-404-6050	airrosti.com
Cigna (Dental)	1-800-244-6224	cigna.com
VSP (Vision)	1-800-877-7195	vsp.com
HSA Bank (Health savings account)	1-855-731-5220	hsabank.com
WEX (Flexible spending accounts)	1-866-451-3399	wexinc.com
MetLife (Life and AD&D)	1-866-492-6983	metlife.com/mybenefits
Unum (Leave of absence, short and long-term disability)	1-866-779-1054	unum.com
Unum (Supplemental benefits: group hospital indemnity, group critical illness, whole life insurance)	1-866-314-0353	Text #NOV to 45037
Unum/Health Advocate (Employee assistance program)	1-800-226-9767 (multi-lingual)	unum.com/worklifesupport
Principal (401(k) & Retirement Savings Plan)	1-800-547-7754	principal.com















