

# 2013 BENEFITS GUIDE



## WELCOME TO NABORS!

At Nabors, we pride ourselves on attracting and retaining highly skilled and talented people. We realize that it is through the full participation of all employees that we can achieve superior results. In return for this effort, we provide a comprehensive benefits program with a choice of many valuable options to ensure nationwide access and coverage for all our employees.

Please carefully review this Enrollment Guide, so that you can make the best decisions for you and your family. If you have any questions or concerns, please contact the Benefits department at 1-866-266-9040 or via email at [benefits@nabors.com](mailto:benefits@nabors.com).

Sincerely,

**BENEFITS DEPARTMENT**

SALARIED

## WHO IS ELIGIBLE?

If you are a full-time employee of a participating employer who works at least 30 hours per week, you are eligible to join the plans from your 1<sup>st</sup> through your 30<sup>th</sup> day of employment. You will be effective the 1<sup>st</sup> pay period following your 30<sup>th</sup> day of employment. Your legal spouse and dependent children under age 26 may also be enrolled in the medical, dental and vision plans. If you leave the company, benefits end on your date of termination. **Note: If your spouse is eligible under their own employer sponsored plan, they are not allowed to be covered by the Nabors plan.**

## HEALTH PROGRAM

The Health Program consists of medical, dental and prescription drug coverage. Medical and Dental can be elected independently of one another: For example, you may elect family Medical and single Dental, or employee and spouse Dental and no Medical, etc.

### Medical Plan Options:

The medical plan uses a nation-wide preferred provider organization (PPO) network through Blue Cross Blue Shield of TX.

**In-Network Care:** When you seek medical services from a preferred provider, you receive the higher, in-network level of benefits. This means when you use preferred providers, you reduce the amount both you and Nabors pay for medical services. Your provider also files your claims for you.

**Out-of-Network Care:** You may choose to receive care from a provider not a part of the network, that is, a non-preferred provider, but you receive a lower level of benefits. Your benefits are based on the amount that is considered reasonable and customary and you are responsible for any amount above the allowed charges. You may also have to file your own claims.

**Alaska Members without access to contracting providers:** If care is not available from **BCBS** network providers within 75 miles of your residence, and BCBS authorizes your visit to an Out-of-Network provider to be covered at the In-Network benefit level, In-Network benefits will be paid up to the allowed amount. The allowed amount is equal to 400% of what Medicare would have paid. Since the provider is not In-Network, the non-contracted provider is NOT required to accept the 400% of Medicare payment as payment in full and may balance bill you for the difference between 400% of Medicare and the non-contracting provider bill charges. You will be responsible for the balance bill amount, which may be considerable.

## Medical Highlights

### In-Network Benefits

### Out-of-Network Benefits

#### Annual Deductible

\$600 per individual  
\$1,800 per family

\$600 per individual  
\$1,800 per family

#### Hospital Admission Deductible (per admission)

\$500

\$500

#### Annual Benefit Maximum

per person for all covered benefits

**\$2,000,000**

**\$2,000,000**

#### Annual Out-of-Pocket Maximum

in-network & out-of-network maximums are separate

\$4,500 per person  
\$9,000 per family

Additional \$4,500 per person  
Additional \$9,000 per family, if you live in a network service area

#### Office Visits

Primary Care Physician / Specialist

\$25 / \$35

Deductible and Coinsurance Apply

#### Preventive Coverage

Includes routine physicals, immunizations, pap smears, Mammograms, hearing exams & diagnostic testing

Payable at 100%

Deductible and Coinsurance Apply

#### Other Covered Services - coinsurance

80%

80%

## PRESCRIPTION DRUG COVERAGE

Prescription drug coverage is provided under the medical plan with an additional deductible. Your cost depends on the type of prescription (generic, preferred brand or non-preferred brand). If you have maintenance prescriptions, they may be purchased through the mail order program and received at your home. This service is provided by MyPrime (Prime Therapeutics) and you can register at MyPrime.com.

### Prescription Drug Highlights

### Participating Pharmacy

**Annual Deductible** – per person

\$100

**Retail Pharmacy**

up to a 30-day supply

**Generic** - \$10

**Preferred Brand Name** - \$25

**Non-Preferred Brand Name** - \$50

**Mail Service – Prime Therapeutics**

up to a 90-day supply

**Generic** - \$20

**Preferred Brand Name** - \$50

**Non-Preferred Brand Name** - \$100

## DENTAL PLAN

Dental covers most necessary dental services and supplies, including diagnostic and preventive care (such as exams, cleanings and X-rays), as well as basic and major restorative services (such as fillings, crowns and dentures).

### Dental Plan Highlights

### Plan Benefits

**Annual Deductible** – per person

\$100

**Annual Benefit Maximum**

\$1,500 per person

\$3,000 per family

**Preventive Services**

2 exams (cleaning and X-rays) once every 6 months

100%

**Basic Services**

Fillings, extractions, root canals,  
Periodontal scaling and surgery

80%

**Major Services**

Crowns, bridges, dentures

50%



## SPECIAL FEATURES

### 24/7 Nurse Line

Health Program participants have access to a 24 hour, 7 day week Nurse Line that provides knowledgeable nursing staff who understands your health care concerns. 1-800-581-0368

### Custom Web Access

Nabors has their own custom web access link to help you find information on your health program benefits. Go to: [www.bcbstx.com/nabors](http://www.bcbstx.com/nabors) for access to benefit summaries, provider finder, print ID cards, log in & view your personal Explanation of Benefits (EOB'S).

## VISION PLAN

Coverage is available through United Healthcare Vision, offering eye exams, lenses, frames and contacts for you and your eligible dependents once every twelve months. Your copay is \$10 for exams and \$15 for materials. Vision coverage is not included in the Health Program costs. Employees that choose vision coverage pay all of the cost.

## PER PAY PERIOD BENEFIT COSTS

Deductions are made every pay period – this means 26 times per year. Costs for medical, dental, vision, optional life, and optional AD&D coverage are deducted from your paycheck on a before-tax basis.

## LIFE AND AD&D INSURANCE

Nabors automatically provides you with Life and Accidental Death and Dismemberment (AD&D) insurance equal to one times your annual base pay. There is no cost to you for this benefit. The Life and AD&D will become effective on the first pay period following your 90th day of employment. The maximum benefit is \$2,000,000.

### Dependent Coverage

In addition, Nabors provides basic life insurance for your eligible dependents at no cost to you. Coverage is \$10,000 for your spouse and \$2,500 for your unmarried children from live birth to age 25. The employee is automatically the beneficiary.

### Optional Employee Coverage Available for Life Insurance and AD&D

You may purchase Optional Life insurance in the amount of 1, 2, 3, or 4 times your annual base pay up to \$2,000,000. You may also purchase Optional AD&D insurance from \$20,000 to \$2,000,000 (but not more than 10 times your annual base pay) in \$10,000 increments. Any amount over \$350,000 will require Evidence of Insurability (EOI).

### Optional Dependent Coverage Available for Optional Life and Optional AD&D

You may purchase additional Optional life Insurance for your spouse in the amount of \$10,000 or \$20,000; and \$2,500 or \$5,000, for your unmarried child(ren) from live birth to age 25. Also available for purchase is Optional AD&D Insurance for your spouse and for your eligible children. The payable amount is equal to 50% of coverage elected for your spouse, 15% of elected coverage amount per child; or for spouse and children 40% of elected coverage and 10% of coverage for children. Child coverage limit is \$25,000 for unmarried dependent child(ren) from live birth to age 26.

## PROOF OF GOOD HEALTH

Please review this section to see if you must furnish proof of good health to the insurance company. If proof of good health is required, you must complete an Evidence of Insurability (EOI) Form, which must be approved before your additional coverage becomes effective. (Forms provided by Prudential). You must submit proof of good health for yourself or spouse:

- If, you increase Optional Life Insurance by more than an additional one (1) times your annual base pay or if the one (1) times increase exceeds the \$350,000 guarantee issue amount.
- If, you are electing Optional Life Insurance of more than \$350,000 for the first time.
- If, you elect Spouse Optional Life and this is not the first opportunity for you to enroll, or if you are increasing your Spouse Optional Life Amount.





## FLEXIBLE SPENDING ACCOUNTS

You can set aside money in a Flexible Spending Account (FSA), before taxes are deducted to pay for certain health and dependent care expenses, lowering your taxable income and increasing your take home pay. You can use your Bank of America debit card to pay for eligible expenses with your own untaxed dollars and the amount will be automatically deducted from your FSA account. Be sure to keep your receipts in case you are asked to substantiate your claim. You may participate in one or both of the FSA's. Only expenses for services incurred during the plan year while you are actively employed are eligible for reimbursement from your accounts.

### Flexible Spending Accounts

The **Health Care Flexible Spending Account** helps you pay for medical, dental, and vision expenses that are not covered or fully reimbursed by your other benefit plans, for example, copays, coinsurance amounts, and amounts above benefit maximums. Over the counter medicines are not reimbursable without a prescription. You may use your account for yourself and eligible family members whether or not anyone is enrolled in the Nabors medical plan.

The **Dependent Care Flexible Spending Account** reimburses you for **eligible dependent** expenses that enable you (and your spouse, if you are married) to work (for example, **day care** and elder care). *The dependent care is **not** to be used for medical expenses. Medical expenses are covered under the Health Care Flexible Spending Account.*

The maximum amounts you can contribute are:

- Health Care FSA - \$2,500
- Dependent Care FSA - \$5,000 if you are single or married filing jointly, or \$2,500 if you are married filing separately.

**FSA elections do not automatically carry over into the next plan year.  
You must make an active election every year.**



## DISABILITY INCOME REPLACEMENT

### Short Term Medical Leave

A full-time, salaried employee is eligible for Short Term Medical Leave (STML) beginning one (1) year after full-time employment. STML benefits are based on years of service as stated in the Nabors Industries, Inc. Human Resources Policies and Procedures Manual.

### Long Term Disability

Nabors automatically provides salaried employees with Long Term Disability (LTD), if you have been employed for 30 days. LTD coverage may replace a portion of your monthly base pay if you are unable to work due to sickness or injury after 180 continuous calendar days. Benefits continue up to age 65 provided you re-main totally disabled. LTD benefits are calculated by using your annual base pay prior to the date your disability begins. LTD benefits are reduced by the amount of disability benefits you receive from other sources, such as Social Security or Workers Compensation. This LTD coverage pays 60% of your monthly base pay up to \$18,000 per month (reduced by certain other disability benefits you may receive from other sources). The minimum monthly benefit is \$100. Benefits received are taxable since the premium is paid by Nabors.

## EMPLOYEE ASSISTANCE PROGRAM

The Employee Assistance program (EAP) is provided to all eligible employees, and offers confidential counseling service to help address personal issues you may be facing. Guidance Resources offers consultants to call when you have a question about relationships, stress, anxiety, depression, marital conflicts, or job conflicts. Counselors are available 24 hours a day, 7 days a week. You may also receive 3 face-to-face sessions for specific issues with a mental health provider per issue, per year, per person in your family. Call 1-800-311-4327, TDD 1-800-697-0353, or visit online at [www.guidanceresources.com](http://www.guidanceresources.com) and enter in Company ID: MGR311

## WILL PREPARATION

Estate Guidance is provided to all eligible employees, and offers free online simple will preparation at no cost to you. You also have access to additional legal documents, at your cost, such as Living Wills, Living Trusts, Name Change documents, Prenuptial Agreements, and Divorce. Beneficiary Financial Counseling is also available. Details for these programs are provided on the Help screen of the Annual Election Enrollment.

Call GuidanceResources at 1-800-311-4327 or go to [www.myguidanceresources.com](http://www.myguidanceresources.com) and enter our company Web ID: MGR311.

## TRAVEL ASSISTANCE PROGRAM

This service is provided to all eligible employees and offers employees and dependents medical, travel, legal, and financial assistance 24/7. When faced with an emergency while traveling internationally or domestically (more than 100 miles from home), with one phone call you have access to a broad range of travel assistance services. Services include emergency evacuation, critical care monitoring, medically supervised repatriation, dispatch of prescription medication, emergency message transmission, transportation to join a patient, care for minor children, return of mortal remains, legal referrals, general travel information, lost document and luggage assistance, emergency cash/bail assistance, political evacuation, pet housing and return. Just call 1-800-565-9320 within the US, or call collect when outside the US at 1-312-935-3654.

## CHANGING ELECTIONS DURING THE YEAR

If you do not enroll yourself or your dependents within your 50 day eligibility enrollment window, the only other opportunity you may enroll is within 30 days of a Qualified Life Family Status Change, or during the next Open Enrollment period.

Any change in your elections must be consistent with the change in status and you must submit your election within 30 days following the status change by using the change form on: [myNabors/Employees/myBenefits/Enrollment/Qualified Life Status Change](#). Proof of relationship and documentation is required for all dependents and changes submitted.

**Qualified Life Status Changes Are:** Marriage, Divorce, Birth or Adoption of a Child, Death, Loss or gain of coverage under governmental or education program, Change in Employment Status for you or your Spouse or Dependent or a Significant Change in a covered Spouse's Benefit Plan.

If your spouse is eligible for coverage through their employer, they are not eligible for coverage on the Nabors Plan.

## PROVIDER CONTACTS

BlueCross BlueShield of TX – [www.bcbstx/nabors](http://www.bcbstx/nabors): 1-888-233-6724

Prime Therapeutics (Rx): [www.myrxhealth.com](http://www.myrxhealth.com) – 1-888-645-9303

United Health Care: [www.myuhcvision.com](http://www.myuhcvision.com) – 1-800-638-3120

Merrill Lynch (401K): [www.benefits.ml.com](http://www.benefits.ml.com) – 1-800-228-4015

Bank of America (FSA): [www.bankofamerica.com/benefitslogin](http://www.bankofamerica.com/benefitslogin) - 1-866-791-0250

## EMPLOYEE COST

Nabors pays for the Basic Life, Basic AD&D and Basic Dependent Life. Listed below is what your cost will be per pay period if you enroll in the Medical, Dental, Vision, Optional Spouse Life and Optional Dependent Life Insurance. Also listed are the rates and tables needed to calculate cost for the Optional Life and Optional AD&D plans.

MEDICAL / Rx	BCBS PPO (Cost per pay period)
Employee only	\$38.73
Employee & Spouse	\$203.06
Employee & Child(ren)	\$125.60
Employee & Spouse & Child(ren)	\$281.56

DENTAL	Cost per pay period	VISION	Cost per pay period
Employee only	\$ 6.00	Employee only	\$2.80
Employee & Spouse	\$13.00	Employee & Spouse	\$5.20
Employee & Child(ren)	\$11.00	Employee & Child(ren)	\$5.40
Employee & Spouse & Child(ren)	\$18.00	Employee & Spouse & Child(ren)	\$8.35



Optional Long Term Disability	Rate per \$100 of Coverage
Under age 25	\$ .62
Age 25 – 29	\$ .65
Age 30 – 34	\$ .85
Age 35 – 39	\$1.10
Age 40 – 44	\$1.56
Age 45 – 49	\$2.36
Age 50 – 54	\$3.49
Age 55 – 59	\$4.11
Age 60 and Over	\$5.11

### How to calculate your long-term disability per pay-period cost:

Divide annual base pay (hourly rate x 2080) by 100.  
Multiply that amount by the rate based on age.  
That gives you the annual premium.  
Divide that amount by 26 to get your per pay-period amount.

Example: based on age 40 through 44 rate

$\$50,000 / 100 = \$500.00$   
 $\$500.00 \times \$1.56 = \$780.00$   
 $(\$780.00 / 26 = \$30.00)$

Short Term Disability		
Options	Weekly Benefit	Per Pay Period
Option 1	\$300	\$6.16
Option 2	\$400	\$8.15
Option 3	\$500	\$10.34
Weekly benefit cannot exceed 60% of your weekly base pay.		

**Nabors Alaska Drilling and Peak Oilfield Services annual base pay is calculated by your hourly wage x 1.328 x 2080 hours.**



### Optional AD&D (Employee Paid)

Coverage Level:	Rate:
Employee Only	\$0.08
Employee & Spouse	\$0.10
Employee & Child(ren)	\$0.095
Employee & Family	\$0.115

May elect: \$20,000 to \$2,000,000 (not to exceed 10X annual base pay) and Must be increments of \$10,000

#### How to calculate your per pay-period cost:

Divide amount of coverage elected by \$1,000.  
Multiply by the rate based on coverage level  
Example based on employee only coverage.  
Multiply that amount by 12 to get yearly amount and divide that amount by 26 to get your per pay-period amount.

$\$30,000/\$1,000 = \$30.00$   
 $\$30.00 \times \$0.08 = \$2.40$   
 $(\$2.40 \times 12)/26 = \$1.11$

### Optional Employee Life Insurance

Optional Life  
(Employee Paid)

Age	Rates
Less than 30	\$0.10
30 through 34	\$0.11
35 through 39	\$0.12
40 through 44	\$0.18
45 through 49	\$0.30
50 through 54	\$0.49
55 through 59	\$0.74
60 through 64	\$0.92
65 through 69	\$1.65
70 through 74	\$3.24
75 and over	\$5.90

(Rate shown per \$1,000 coverage)

May elect: one to four times annual base pay with \$2,000,000 maximum

May require Evidence of Insurability if over \$3,000,000 or more than a one times annual base pay increase from prior enrollment

#### How to calculate your per pay-period cost:

Divide annual base pay by \$1,000.  
Multiply by the rate based on your age.  
(Example based on age 40 through 44 rates).  
Multiply that amount by 12 to get yearly amount and divide that amount by 26 to get you per pay-period amount.

$\$30,000/\$1,000 = \$30.00$   
 $\$30.00 \times \$0.18 = \$5.40$   
 $(\$5.40 \times 12)/26 = \$2.49$

### Optional Dependent Life

Spouse Options	Amount	Cost Per Pay Period
Option 1	\$10,000	\$0.79
Option 2	\$20,000	\$1.57
Child(ren) Options	Amount	Cost Per Pay Period
Option 1	\$2,500	\$0.10
Option 2	\$5,000	\$0.19

## 401K RETIREMENT PLAN

You have a great opportunity to save for retirement through the Nabors Retirement Savings Plan. The benefit you get from this plan will depend on how willing you are to take an active role in planning for your retirement. You always have control over your contribution amount and your investment election. You can contact Merrill Lynch, the plan services provider, to enroll. You may increase or decrease your Salary Deferral Contributions or you can stop contributing altogether at any time. You are eligible to enroll beginning with your first day of employment as long as you are age 18 or older. The Company match will occur on your first payroll deduction. You may contribute up to 40% of your eligible compensation on a pre-tax basis, subject to IRS limits. The Company will match your first 1% to 3% dollar for dollar. On the next 4% to 5%, the Company will match \$ .50 on the dollar. The Company matching contributions are vested based on your years of service as follows, and will be 100% vested after 5 years of service.

Less than 1 year – 0%  
 1 to 2 years – 20%  
 2 to 3 years – 40%  
 3 to 4 years – 60%  
 4 to 5 years – 80%  
 5 or more years – 100%

**For additional information or assistance  
Call Merrill Lynch at 1-800-228-4015**

## BENEFICIARY DESIGNATION FORM

**It is important to periodically review the beneficiaries you have on file for all benefits plans.  
Please complete the provided Beneficiary Designation Form to ensure your designations are current.**



## HOW TO ENROLL

1. To enroll for benefit elections, log on at [www.myNabors.com](http://www.myNabors.com), 24 hours a day, 7 days a week during your eligibility enrollment period, (between your 1<sup>st</sup> and 30<sup>th</sup> day of hire). Enter your Nabors Windows Login and password. If you do not have a Nabors Windows Login, enter your 9-digit Employee ID # from your paycheck statement, your Social Security #, and your complete date of birth (MM/DD/YYYY). Once logged in, click myBenefits, then Enrollment.
2. To enroll, select "click here to enroll" under Enrollment Eligibility. Enrollment Type: **New Hire**
3. For additional information on each plan, click **Help (?)**
4. **Be sure to print your confirmation page or write down the confirmation number at the end of your enrollment** as this will be necessary as a reference if you need to contact the Benefits Department regarding your enrollment.
5. If you do not get a confirmation number at the end of your enrollment, **you must redo** the enrollment process as it did not complete correctly.
6. **Check your first pay check** following your 90th day of employment to make sure your deductions are correct. If you notice an error, contact the Benefits Department at 1-866-266-9040, option #1, selection #2 or by email at [benefits@nabors.com](mailto:benefits@nabors.com), with your confirmation number or a copy of your completed enrollment. If your enrollment did not process and you do not notify the Benefits Department within 30 days of enrollment, you will not have the option for benefits until Annual Enrollment 2014, or unless you have a Qualified Life Status Change. No exceptions.

## NO ONLINE ACCESS?

- Call our special enrollment number: 1-866-266-9040, option #1, selection #3, with your enrollment choices and the birth dates and Social Security numbers of your dependents. For everyone's protection, we only accept calls from the employee, not family members.
- The enrollment line will be staffed from 8:00 a.m. to 5:00 p.m. CST, Monday through Friday.
- If you reach voice mail, please leave the employee's **name, employee's ID#, phone number** with an area code and time of day when you can be reached. If you do not leave a detailed message stating the reason for your call prior to your deadline, you will be too late to enroll, (No Exceptions). You can also send an email message through Benefits Help or create a ticket for help.
- You must speak to the Benefits Department in person to make your elections if you cannot access the online enrollment form via the Employee Portal. Calls will be returned by the end of the next business day. Your plan can also be seen on NaborsNet at any time.
- Call 1-866-266-9040, option #1, selection #2, to request a printed copy of the plan for review.

**Please do not use the enrollment line for other benefit questions. For other benefit questions, contact Benefits at 1-866-266-9040, option #1, selection #2 or at [Benefits@nabors.com](mailto:Benefits@nabors.com).**

**YOU MUST CHECK YOUR FIRST PAYCHECK FOLLOWING YOUR 90<sup>TH</sup> DAY OF EMPLOYMENT TO CONFIRM YOUR ENROLLMENT.**

## FOR YOUR INFORMATION

### **Women's Health and Protection Rights Act**

The Women's Health and Cancer Rights Act of 1998 (Women's Health Act) includes protections for breast cancer patients who elect to have breast reconstruction in connection with a mastectomy. This plan includes benefits made available through the Women's Health and Cancer Rights Act of 1998. This law mandates that a participant or eligible beneficiary who is receiving benefits, on or after the law's effective date (January 1, 1999 for our Plan), for a covered mastectomy and who elects breast reconstruction in connection with the mastectomy, will also receive coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymph edemas.

This coverage will be provided in consultation with the patient and the patient's attending physician and will be subject to the same annual deductible, coinsurance, and/or co-payment provisions otherwise applicable under the Plan.

### **The Newborns' And Mothers' Health Protection Act**

Under Federal law, benefits may not be restricted for any hospital stay in connection with childbirth for the mother or newborn child to less than 48 hours following a normal vaginal delivery, or less than 96 hours following a cesarean section. However, benefits may be paid for a shorter stay if the mother's or newborn's attending provider, after consulting with the mother, discharges the mother or newborn earlier. In addition, a plan may not require the provider to obtain authorization from the plan for prescribing a length of stay of up to 48 hours (or 96 hours).

### **HIPAA Privacy Rules**

The HIPAA (Health Insurance Portability and Accountability Act of 1996) Privacy Rules affect group health plans, and HMOs. The privacy standards set restrictions on the ability of a plan to disclose protected health information (PHI) to an employer or to permit the disclosure of that information to the plan sponsor by a health insurer or HMO. A plan may only use or disclose individually identifiable health information for its own payment or health care operations. Under the regulations, individuals have a right to access to inspect and obtain a copy of protected medical information concerning them.

The Company maintains a detailed description of the plan's privacy practices with regard to PHI. If you would like a copy of this notice, you may contact the Benefits Department.

### **Continuation Required By Federal Law For You And Your Dependents (COBRA)**

Federal law enables you or your dependent(s) to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than for gross misconduct). Federal law also enables you or your dependents to continue health insurance if their coverage ceases due to your death, divorce or legal separation, or with respect to a dependent child, failure to continue to qualify as a dependent. Continuation must be elected in accordance with the rules of your employer's group health plan(s) and is subject to federal law, regulations and interpretations.

The continuation required by federal law does not apply to any benefits for loss of life, dismemberment or loss of income.

### **Notice of Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards 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). If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance. To request special enrollment or obtain more information, contact the Benefits Department.