



CONSOLIDATED
OWS Management, Inc.

CONSOLIDATED
Oil Well Services, LLC

Oklahoma
Oilwell Cementing Company

EMPLOYEE BENEFITS 2010- 2011



NOTICES

Dependents

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in the Consolidated OWS Management, Inc. plan. Individuals may request enrollment for such children for 30 days from the date of notice. Enrollment will be effective November 1, 2010.

For more information contact Kaylene Long at 620-431-9210 or kdick@cows.bz.

Lifetime Limits

The lifetime limit on the dollar value of benefits under the Consolidated OWS Management, Inc. plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. Individuals have 30 days from the date of this notice to request enrollment.

For more information contact Kaylene Long at 620-431-9210 or kdick@cows.bz.

Disclosure of Grandfathered Status

Consolidated OWS Management, Inc. believes these plans are “grandfathered health plans” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Kaylene Long at 620-431-9210 or kdick@cows.bz. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This web site has a table summarizing which protections do and do not apply to grandfathered health plans.

MEDICAL BENEFITS

Group # 76-410541

See below for Provider website

866-868-7406

	PLAN A		PLAN B		PLAN C	
	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
Annual Deductible						
<ul style="list-style-type: none"> Individual Family 	\$500	\$1,000	\$1,000	\$2,000	\$2,500	\$5,000
Out of Pocket Maximum						
<ul style="list-style-type: none"> Individual Family 	\$2,000	\$4,000	\$2,000	\$4,000	\$2,000	\$4,000
	\$4,000	\$8,000	\$4,000	\$8,000	\$4,000	\$8,000
Lifetime Maximum Benefit	Unlimited		Unlimited		Unlimited	
Physician Office Visits	\$25 copay	Plan pays 60% after deductible	\$25 copay	Plan pays 60% after deductible	\$25 copay	Plan pays 60% after deductible
Routine / Preventive Care	\$25 copay	Plan pays 60% after deductible	\$25 copay	Plan pays 60% after deductible	\$25 copay	Plan pays 60% after deductible
Diagnostic X-Ray and Lab						
<ul style="list-style-type: none"> Billed through Physician's Office Outside Lab and X-Ray MRI, CAT Scan, PET Scan, Nuclear 	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Emergency Room						
<ul style="list-style-type: none"> Hospital Charges Physician, Lab Charges 	\$150 copay, then plan pays 80% after deductible	\$150 copay, then plan pays 80% after deductible	\$150 copay, then plan pays 80% after deductible	\$150 copay, then plan pays 80% after deductible	\$150 copay, then plan pays 80% after deductible	\$150 copay, then plan pays 80% after deductible
	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible
Chiropractic Care	\$25 copay	Plan pays 60% after deductible	\$25 copay	Plan pays 60% after deductible	\$25 copay	Plan pays 60% after deductible
<i>Limited to 8 visits / calendar yr</i>						
Durable Medical Equipment	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Therapy Services						
<ul style="list-style-type: none"> Physical, Speech, Occupational 	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
Mental Health Care						
<ul style="list-style-type: none"> Inpatient Outpatient 	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible
	\$25 copay	Plan pays 60% after deductible	\$25 copay	Plan pays 60% after deductible	\$25 copay	Plan pays 60% after deductible
All Plans Prescription Drugs	Retail Pharmacy 34-day supply	Retail Maintenance 90-day supply	Mail Order 90-day supply	* Generic Program - If you request more expensive branded product be dispensed, then in addition to the appropriate copay, you will pay the difference in cost between the generic and brand product.		
<ul style="list-style-type: none"> Generic Brand Name Non-Formulary 	\$10 copay	\$20 copay	\$10 copay			
	\$25 copay*	\$50 copay*	\$25 copay*			
	\$40 copay*	\$80 copay*	\$40 copay*			

Provider Lookup For All Locations

www.UMR.com

Network: United Healthcare Options PPO

Access personal benefits and health information, including claims and balances, who is covered, order replacement ID cards, provider information. **Register on www.umar.com and follow the instructions.**

DENTAL BENEFITS

Group # 76-410541

866-868-7406

Annual Deductible No deductible
 Annual Maximum Benefit \$1,500 per person
 Orthodontic Maximum Benefit \$2,500 per lifetime

Plan pays 100%	Plan pays 80%	Plan pays 50%
<ul style="list-style-type: none"> • Oral Exams • Bitewing X-rays • Cleanings • Space Maintainers (children only) • Fluoride (children only) • Sealants (children only) 	<ul style="list-style-type: none"> • Oral Surgery • Fillings • Simple Extractions • General/Local Anesthesia • Antibiotics • Recementing bridges, crowns 	<ul style="list-style-type: none"> • Periodontics • Endodontics • Dental Implants • Crowns • Dentures • Bridgework
<p>Orthodontia - Plan pays 50%, no deductible</p> <ul style="list-style-type: none"> • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia. • Available to adults and children 		

VISION BENEFITS

Group # 76-410541

866-868-7406

<p>Eye Examination - In Network or Out of Network</p> <p>Copay \$25 Percentage payable 100% Maximum payable per Calendar Year \$75</p>	
<p>Hardware - In Network or Out of Network</p> <p>Frames/Lenses/Contacts and fitting - In Network or Out of Network</p> <p>Copay \$25 Percentage payable 100% Maximum payable per Calendar Year \$150</p>	

DISABILITY

Short Term Disability is provided by the company. In addition, Long Term Disability is available through Mutual of Omaha and is 100% Employer Paid. To be eligible for these benefits, you must be enrolled in the Medical plan.

Long Term Disability

Mutual of Omaha

www.mutualofomaha.com

800-369-3809

After you have been disabled for 180 days, your Long Term Disability coverage provides you with 60% of your basic monthly earnings, up to \$8,000 per month. The period of disability payments depends on the nature of your disability and your occupation at the time you became disabled. Long Term Disability benefits are offset by any other deductible source of income for which you may become eligible, including, but not limited to, Social Security benefits or Workers' Compensation.

LIFE INSURANCE

Mutual of Omaha Group # 24-0896J

www.mutualofomaha.com

800-369-3809

BASIC LIFE and AD&D - The company provides life insurance and accidental death and dismemberment (AD&D) insurance benefits for all employees in the flat amount of \$25,000.

VOLUNTARY LIFE - You may purchase additional voluntary term life insurance for you, your spouse, and your dependent child(ren).

	Employee	Spouse	Child(ren)
Minimum	\$10,000	\$5,000	\$2,000
Maximum	5 times annual salary, up to \$500,000	50% of employee's benefit, up to \$100,000	50% of employee's benefit, up to \$10,000
Guarantee Issue Amount	5 times annual salary, up to \$100,000	50% of employee's benefit, up to \$50,000	50% of employee's benefit, up to \$10,000

BI-WEEKLY PAYROLL RATES

PLAN	DEDUCTIBLE	EMPLOYEE ONLY	EMPLOYEE + 1	EMPLOYEE + FAMILY
A	\$500	\$78.00	\$144.00	\$204.00
B	\$1,000	\$63.00	\$115.00	\$173.00
C	\$2,500	\$29.00	\$58.00	\$104.00

This is a brief summary of your benefits.
Refer to the Master Contract/Summary Plan Description for plan details.

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) Offer Free or Low-cost Health Coverage to Children and Families

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the next page, you can 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, you can 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, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

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 September 1, 2010. You should contact your State for further information on eligibility.

To see if any more States have added a premium assistance program since September 1, 2010, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565



ALABAMA – Medicaid

Web site: <http://www.medicaid.alabama.gov>
 Phone: 1-800-362-1504

ALASKA – Medicaid

Web site: <http://health.hss.state.ak.us/dpa/programs/medicaid/>
 Phone (Outside of Anchorage): 1-888-318-8890
 Phone (Anchorage): 907-269-6529

ARIZONA – CHIP

Web site: <http://www.azahcccs.gov/applicants/default.aspx>
 Phone: 1-877-764-5437

ARKANSAS – CHIP

Web site: <http://www.arkidsfirst.com/>
 Phone: 1-888-474-8275

CALIFORNIA – Medicaid

Web site: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
 Phone: 1-866-298-8443

COLORADO – Medicaid and CHIP

Medicaid Web site: <http://www.colorado.gov/>
 Medicaid Phone: 1-800-866-3513
 CHIP Web site: <http://www.CHPplus.org>
 CHIP Phone: 303-866-3243

FLORIDA – Medicaid

Web site: <http://www.fdhc.state.fl.us/Medicaid/index.shtml>
 Phone: 1-866-762-2237

GEORGIA – Medicaid

Web site: <http://dch.georgia.gov/>
 Click on Programs, then Medicaid
 Phone: 1-800-869-1150

IDAHO – Medicaid and CHIP

Medicaid Web site: www.accessstohealthinsurance.idaho.gov
 Medicaid Phone: 1-800-926-2588
 CHIP Web site: www.medicaid.idaho.gov
 CHIP Phone: 1-800-926-2588

INDIANA – Medicaid

Web site: <http://www.in.gov/issa/2408.htm>
 Phone: 1-877-438-4479

IOWA – Medicaid

Web site: www.dhs.state.ia.us/hipp/
 Phone: 1-888-346-9562

KANSAS – Medicaid

Web site: <https://www.khpa.ks.gov>
 Phone: 800-766-9012

KENTUCKY – Medicaid

Web site: <http://chfs.ky.gov/dms/default.htm>
 Phone: 1-800-635-2570

LOUISIANA – Medicaid

Web site: www.lahipp.dhh.louisiana.gov
 Phone: 1-888-342-6207

MAINE – Medicaid

Web site: <http://www.maine.gov/dhhs/orns/>
 Phone: 1-800-321-5557

MASSACHUSETTS – Medicaid and CHIP

Medicaid & CHIP Web site: <http://www.mass.gov/MassHealth>
 Medicaid & CHIP Phone: 1-800-462-1120

MINNESOTA – Medicaid

Web site: <http://www.dhs.state.mn.us/>
 Click on Health Care, then Medical Assistance
 Phone: 800-657-3739

MISSOURI – Medicaid

Web site: <http://www.dss.mo.gov/mhd/index.htm>
 Phone: 573-751-6944

MONTANA – Medicaid

Web site: <http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml>
 Phone: 1-800-694-3084

NEBRASKA – Medicaid

Web site: <http://www.dhhs.ne.gov/med/index.htm>
 Phone: 1-877-255-3092

NEVADA – Medicaid and CHIP

Medicaid Web site: <http://dwss.nv.gov/>
 Medicaid Phone: 1-800-992-0900
 CHIP Web site: <http://www.nevadacheckup.nv.org/>
 CHIP Phone: 1-877-543-7669

NEW HAMPSHIRE – Medicaid

Web site: <http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/default.htm>
 Phone: 1-800-852-3345 x 5254

NEW JERSEY – Medicaid and CHIP

Medicaid Web site: <http://www.state.nj.us/humanservices/dmahs/clients/medicaid>
 Medicaid Phone: 1-800-356-1561
 CHIP Web site: <http://www.njfamilycare.org/index.html>
 CHIP Phone: 1-800-701-0710

NEW MEXICO – Medicaid and CHIP

Medicaid Web site: <http://www.hsd.state.nm.us/mad/index.html>
 Medicaid Phone: 1-888-997-2583
 CHIP Web site: <http://www.hsd.state.nm.us/mad/index.html>
Click on Insure New Mexico
 CHIP Phone: 1-888-997-2583

NEW YORK – Medicaid

Web site: http://www.nyhealth.gov/health_care/medicaid/
 Phone: 1-800-541-2831

NORTH CAROLINA – Medicaid

Web site: <http://www.nc.gov>
 Phone: 919-855-4100

NORTH DAKOTA – Medicaid

Web site: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>
 Phone: 1-800-755-2604

OKLAHOMA – Medicaid

Web site: <http://www.insureoklahoma.org>
 Phone: 1-888-365-3742

OREGON – Medicaid and CHIP

Medicaid and CHIP Web site: <http://www.oregonhealthykids.gov>
 Medicaid and CHIP Phone: 1-877-314-5678

PENNSYLVANIA – Medicaid

Web site: <http://www.dpw.state.pa.us/partnersproviders/medicallassistance/doingbusiness/003670053.htm>
 Phone: 1-800-644-7730

RHODE ISLAND – Medicaid

Web site: www.dhs.ri.gov
 Phone: 401-462-5300

SOUTH CAROLINA – Medicaid

Web site: <http://www.scdhhs.gov>
 Phone: 1-888-549-0820

TEXAS – Medicaid

Web site: <https://www.gethiptexas.com/>
 Phone: 1-800-440-0493

UTAH – Medicaid

Web site: <http://health.utah.gov/medicaid/>
 Phone: 1-866-435-7414

VERMONT – Medicaid

Web site: <http://ovha.vermont.gov/>
 Telephone: 1-800-250-8427

VIRGINIA – Medicaid and CHIP

Medicaid Web site: <http://www.dmas.virginia.gov/rcp-HIPP.htm>
 Medicaid Phone: 1-800-432-5924
 CHIP Web site: <http://www.famis.org/>
 CHIP Phone: 1-866-873-2647

WASHINGTON – Medicaid

Web site: <http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtml>
 Phone: 1-877-543-7669

WEST VIRGINIA – Medicaid

Web site: <http://www.wvrecovery.com/hipp.htm>
 Phone: 304-342-1604

WISCONSIN – Medicaid

Web site: <http://dhs.wisconsin.gov/medicaid/publications/p-10095.htm>
 Phone: 1-800-362-3002

WYOMING – Medicaid

Web site: <http://www.health.wyo.gov/healthcarefin/index.html>
 Telephone: 307-777-7531

Women's Health Act

The Women's Health and Cancer Rights Act of 1998 requires that all health insurance plans that cover mastectomy also cover the following medical care:

- Reconstruction of the breast on which the mastectomy was performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas, and mastectomy bras and external prostheses limited to the lowest cost alternative available that meets the patient's physical needs.

Continuation Required by Federal Law for You and Your Dependents

The Continuation Required by Federal Law does not apply to any benefits for loss of life, dismemberment or loss of income.

Federal law enables you or your Dependent 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 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.

Newborns' and Mothers' Health Protection Act

Federal law (Newborns' and Mothers' Health Protection Act of 1996) prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a Cesarean delivery or from requiring the provider to obtain preauthorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for Cesarean delivery.

Health Insurance Portability and Accountability Act (HIPAA)

Consolidated OWS Management, Inc., in accordance with HIPAA, protects your Protected Health Information (PHI). Consolidated OWS Management, Inc. will only discuss your PHI with medical providers and third party administrators when necessary to administer the plan that provides you your medical, dental, and vision benefits or as mandated by law. A copy of the Notice of Privacy Practices is available upon request in the Human Resources department.

This brochure summarizes the health care and income protection benefits that are available to Consolidated OWS Management, Inc. employees and their eligible dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department.

Information provided in this brochure is not a guarantee of benefits.