

NEWFIELD



BENEFITS

MAKE YOUR CHOICES COUNT

Your 2018 Guide to Employee Benefits



FOR THE BEST POSSIBLE TEAM NEWFIELD AND THE BEST POSSIBLE YOU

As a business, we recognize our team makes us stronger. As a vital member of that team, we want to provide you and your family with the very best—and that’s why we offer a range of benefit options, designed to support you in all aspects of your life.

We know that keeping your family healthy is a top priority. To give you peace of mind throughout the year, our package includes comprehensive healthcare coverage for you and your loved ones, as well as savings programs to help secure your financial future. Though we know healthcare is important to you, Newfield benefits are designed with well-being in mind—and that means more than just medical coverage. Our popular plans and other offerings are detailed within this guide, giving you choice, variety and all the tools you need to make the most of 2018.

Understand your options, decide how best to care for yourself and your family, and make your benefits count...

This year, you need to actively enroll in a medical plan—even if you don’t want to change your current coverage. Your previous plan choices won’t carry over if you don’t make an election.

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Visit www.newfieldbenefits.com, our dedicated benefits website, which provides additional resources to help you understand the options available. For benefit-related questions, the Benefits Department is always on hand. Call **281-210-5461** or email benefits@newfield.com.

HOW TO MAKE THE MOST OF YOUR BENEFITS

1. UNDERSTAND

Read through this benefits guide carefully. There is a wide selection available that you can make the most of all year round.

Make sure you have all your dependents' information with you for a smooth enrollment.

Visit **ALEX**[®], your online benefits counselor, at benefits.myalex.com/newfield/2018.

ALEX can help you learn more about your benefits and what they could mean for you this year.



2. ENROLL

The enrollment window opens November 1, 2017. You will not be able to change your choices once **the enrollment period closes on November 15, 2017**, unless you experience a qualifying life event. Skip to page 05 of this guide for details.

NEW FOR THIS YEAR—You will need to enroll through the Fusion system. Find more details on the next page.

If you are a new hire, your benefits take effect on the first day of employment. You must enroll within 31 days of your date of hire to be eligible for coverage.

3. COVER

You can cover your spouse and dependent children up to age 26, or any age if they are physically or mentally incapable of supporting themselves.

WHAT HAPPENS IF YOU LEAVE NEWFIELD?

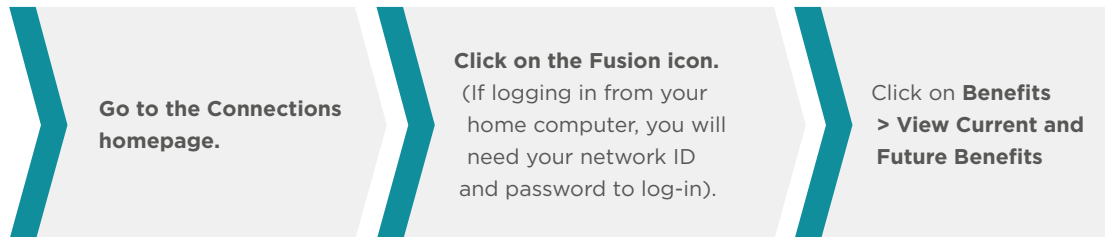
Coverage ends on the last day of the month in which you terminate. When you leave, you'll be contacted about continuing your coverage for:

- Medical
- Prescription drug
- Dental
- Vision
- Employee Assistance Program (EAP)
- Wellness Program

This year, you need to actively enroll in a medical plan—even if you don't want to change your current coverage. **Your previous plan choices won't carry over if you don't make an election.**

YOUR ENROLLMENT ESSENTIALS

To elect your 2018 benefits, you will need to enroll through the Fusion system.



IN FUSION YOU CAN:

- ✓ Enroll in your health and welfare benefit elections
- ✓ Update your beneficiaries
- ✓ Change your W-4 payroll information
- ✓ Update your address and other personal information, such as training and emergency contacts
- ✓ Request a fitness reimbursement



The enrollment window opens on November 1, 2017 and closes on November 15, 2017, and this year, there's a new way to enroll.



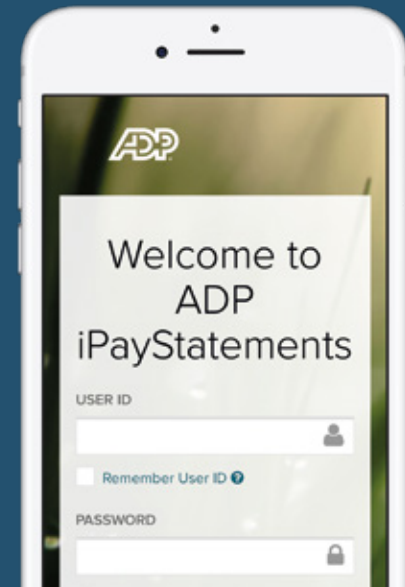
If you've recently joined the company and you are outside the open enrollment window, you will have 31 days from joining to make your elections.

VERIFY YOUR DEDUCTIONS WITH ADP iPAY

To view your pay statements and verify your benefit deductions, log in to ADP iPay at **iPay.adp.com**.

If you haven't registered yet, click **Register Now** and enter the self-service registration passcode. (If you don't have the passcode, contact the payroll department).

After registering, you can access your pay statements anytime, anywhere at iPay.adp.com. To continue receiving paper vouchers, log in to ADP iPay and make an election. For payroll questions, email **newfieldpayroll@newfield.com**.



QUALIFYING LIFE EVENTS

November 1 through November 15 is this year's Open Enrollment window. This is **your** opportunity to select your benefits for 2018.

The elections you make within this period will be effective for the entire plan year. However, if you experience a qualifying life event, you may be eligible to make changes ahead of next year's Open Enrollment.

SO, WHAT QUALIFIES?

- ✓ MARRIAGE
- ✓ DIVORCE
- ✓ BIRTH OF A CHILD
- ✓ ADOPTION/PLACEMENT FOR ADOPTION
- ✓ LOSS OF OTHER COVERAGE
- ✓ GAIN OF OTHER COVERAGE

Upon experiencing a life event, you can adjust certain benefits to suit your needs. Benefits available to change include **Health Plans, Voluntary Life Insurance, Hospital Indemnity, Lifelock, Critical Illness, Accidental Injury** and **Healthcare/Dependent Care FSA**, where you can increase or decrease coverage for your dependents.

Any change you make must be consistent with your change in status.

You must notify the Benefits Department within **31 days** of your life event if you wish to change your elected benefits.



A smiling woman with long dark hair and glasses is the central focus of the image. She is wearing a white top. The background is a blurred industrial facility with metal structures, stairs, and pipes. A purple semi-transparent box is overlaid on the left side of the image, containing the text.

STAYING ON TRACK

Health and Income Protection Plans

MEDICAL PLANS

When it comes to medical care, choosing the right plan to suit your family's needs is one of the most important decisions you can make.

WE PROVIDE THREE PLANS FROM WHICH TO CHOOSE, SO YOU CAN SELECT THE ONE THAT SUITS YOU BEST:

1. HDHP

or

2. ACO

or

3. PPO

YOU PAY A CONTRIBUTION FOR YOUR COVERAGE, AND IF YOU NEED TO ACCESS HEALTHCARE...

HDHP: Visit your provider and **pay medical and prescription costs** until you meet the plan's annual deductible.

ACO/PPO: A **copay applies** for office visits to a primary care or specialist provider, and prescriptions.

When you reach your annual deductible, you pay a percentage of the cost for inpatient, outpatient and ER services.

When you reach your out-of-pocket maximum, your plan will cover the rest of your in-network* medical costs, with no further financial impact to you.



WITH THE **HDHP**, NEWFIELD WILL CONTRIBUTE INTO A HEALTH SAVINGS ACCOUNT (HSA) TO HELP WITH YOUR COSTS, WHICH MEANS:

Any contributions to the HSA **YOU** make will be tax-free.

Your savings can earn interest (tax-free).

Paying for your healthcare is tax-free when you use HSA funds.

Your HSA stays with you even if you change jobs or retire.

AND ALL OUR PLANS COVER 100% OF YOUR IN-NETWORK PREVENTIVE CARE—AT NO COST TO YOU. IF YOU COMPLETE A HEALTH SCREENING BY NOVEMBER 15, 2017, YOU WILL EARN A \$300 DISCOUNT ON YOUR 2018 PREMIUM.

* There is no coverage for care received out-of-network for the ACO.

This year, you need to actively enroll in a medical plan—even if you don't want to change your current coverage. **Your previous medical plan choice won't carry over if you don't make an election.**

COMPARE THE PLANS

Each of our plans is designed to give you the protection and peace of mind you need. Which one you choose depends on you and your family's situation.

Plan Features	HDHP WITH HSA		ACO			PPO	
	In-Network	Out-of-Network	ACO Network	Other In-Network	Out-of-Network	In-Network	Out of-Network
Calendar Year Deductible	\$1,500 individual \$3,000 family	\$3,000 individual \$6,000 family	\$250 individual \$500 family		-	\$500 individual \$1,500 family	\$1,000 individual \$3,000 family
Out-of-Pocket Maximum (includes deductible)	\$3,450 individual \$6,900 family	\$9,000 individual \$18,000 family	\$1,500 individual \$4,500 family		-	\$2,000 individual \$6,000 family	\$3,000 individual \$9,000 family
Preventive Care	\$0 (no deductible)	30% after deductible	\$0 (no deductible)		-	\$0 (no deductible)	40% after deductible
Office Visit	10% after deductible	30% after deductible	\$10 primary care* \$20 specialist*	\$20 primary care \$30 specialist	-	\$30 primary care** \$40 specialist**	40% after deductible
Virtual Visit	10% after deductible		\$20 copay		-	\$20 copay	
Urgent Care Center	10% after deductible	30% after deductible	\$30 copay		-	\$30 copay	
Emergency Room	10% after in-network deductible		\$100 copay (waived if admitted); 10% after in-network deductible		-	\$100 copay (waived if admitted); 10% after in-network deductible	
Inpatient Hospital (must be pre-certified)	10% after deductible	30% after deductible	10% after deductible	30% after deductible	-	10% after deductible	40% after deductible
Outpatient Surgery	10% after deductible	30% after deductible	10% after deductible	30% after deductible	-	10% after deductible	40% after deductible
Coinsurance							
Newfield HSA Contribution	\$750 individual / \$1,500 family		Not applicable			Not applicable	



Please see page 19 for information on prescription drugs and page 23 for further information on plan rates.

* Please note these are the copays with a primary care physician referral. Your copay may be higher without a referral.

** UHC Premium Provider \$20 primary care office visit
UHC Premium Provider \$30 specialist office visit

HIGH-DEDUCTIBLE HEALTH PLAN

With the High-Deductible Health Plan (HDHP), more money stays in your pocket.

This plan has the lowest premium contributions deducted from your paycheck, so you keep more of your money upfront, but pay more to reach your deductible. If you only cover yourself, there is no premium.

An added bonus is that you can use your HSA, which includes the Newfield contributions, to pay for medical expenses.

HERE'S HOW THE HDHP WORKS...

You pay for your medical costs
(i.e. office visits, prescription drugs and ER visits)
until you reach your deductible.

You and Newfield both contribute to your HSA to help manage costs, and **your contributions are pre-tax, helping your money go further.**

100% of in-network preventive care is covered—even before you meet your deductible. You and your covered family members can access services, like annual physicals and immunizations, at no cost to you.

After you have met your deductible, you and the plan share the cost for your care—known as **coinsurance**. Your costs will be lower if you use in-network providers and facilities.

For the HDHP, once your out-of-pocket costs (including amounts you paid to meet the deductible) reach the out-of-pocket maximum, all eligible medical and prescription drug costs are covered by the plan for the remainder of the year.

ACCOUNTABLE CARE ORGANIZATION

The Accountable Care Organization (ACO) plan works similarly to the other two plans, but it requires you to use a specific network of providers, who work in partnership to deliver the best managed care.

There is **no** coverage for care received out-of-network.

This plan offers a mid-level premium contribution, and both the deductible and out-of-pocket maximum are the lowest offered.

If you elect the ACO, Hospital Indemnity insurance will be offered to you as a completely free benefit, with Newfield covering the whole cost. See page 25 for more details.

HERE'S HOW THE ACO WORKS...

You select a primary care physician (PCP) who coordinates your care and refers you to specialists when needed. **If you see a provider without a referral from your PCP, your costs will be higher.**

This plan offers a network of ACO providers who work together to manage your care.

In the Houston area, the ACO network is through Memorial Hermann clinics, labs and hospitals.

Outside of Houston, the network is the UHC Choice Plus network. Look for Premium Care Physicians.

You pay a copay when you visit in-network doctors, urgent care centers and emergency rooms. If your doctor is a UHC Tier 1 provider, your office visit copay will be lower.*

* UHC designates doctors and hospitals as Tier 1 if they meet certain standards for quality and cost-effectiveness.

The ACO plan uses a specific network of providers to coordinate your care. When searching for a provider, be sure to select a Primary Care Physician with Tier 1 designation in the Nexus ACO RP network. If you reside outside of Houston and a Primary Care Physician with Tier 1 designation is not available, please contact the benefits department for further information.

Visit: myuhc.com and log in to find network doctors, hospitals and urgent care clinics.

PREFERRED PROVIDER ORGANIZATION

Pay the maximum in premium contributions and give yourself flexibility with the Preferred Provider Organization (PPO).

SUPPORT FOR ALL MEDICAL PLANS

- **For medical questions and advice**, contact the UHC Nurseline at **1-800-401-7396**. The UHC Nurseline is available 24 hours a day, 7 days a week. Reference Group number **742372**, also found on your UHC ID card.
- **Make use of Virtual Visits!** See a doctor by phone or through video chat to get basic diagnoses and prescriptions without an appointment. To get started, register at **myuhc.com**.

HERE'S HOW THE PPO WORKS...

If your doctor is a UHC Premium provider, your office visit copay will be lower.

The plan also offers copays and coinsurance for prescription drugs.

For services like hospitalizations, you pay coinsurance after you meet your deductible. Your percentage of the cost will be lower if you use in-network providers and facilities.

MANAGE YOUR CARE THE RIGHT WAY

Get the right healthcare when you need it. Using in-network providers will save you money because they accept UHC's negotiated fees as payment in full. If you need help deciding where to go, call the number on the back of your UHC ID card or use the Health4Me app.



Find network providers, register for Virtual Visits and compare prices using the **myHealthcare Cost Estimator** at www.myuhc.com.



You can also get instant access to your family's health information by downloading the UHC **Health4Me app**.

YOU MAY WANT TO VISIT...	FOR...
Your primary care doctor	Routine checkups, preventive care, immunizations, managing your general health or referrals to specialists
A UHC Virtual Visit doctor	A wide range of non-emergency medical conditions—access by phone or from your computer or mobile device
A convenience care clinic	Flu shots, pregnancy tests, minor cuts, common infections or minor skin conditions
An urgent care center	Sprains, minor infections, minor broken bones or minor burns
A hospital ER	Life-threatening conditions, major broken bones, difficulty breathing, chest pain, severe injuries or burns

HEALTH SAVINGS ACCOUNT (HSA)

Invest in your health and save for future medical expenses with an HSA.

An HSA is a medical savings plan available through the HDHP that can be used to cover any qualified healthcare expenses. It's designed to help you with healthcare costs that aren't covered by your insurance. The best thing about the HSA is that any contributions you make to this savings account are **tax-free**, helping your money go further.

The account is owned by you and will stay with you, even if you change jobs or medical plans.

HOW YOUR HSA WORKS:

- The funds deposited are yours to keep, wherever your career may take you.
- You can contribute from your paycheck pre-tax (subject to annual IRS limits)—so more of your money gets invested.
- Newfield also contributes funds into your HSA.
- Your contributions can be invested so your money will grow over time.
- These tax-free dollars can be used to help you pay for expenses such as office visits, prescription drugs, glasses, dental, LASIK and braces, and you can even use the savings as income in retirement. Visit hsa.tangohealth.com for a list of additional eligible expenses.
- The savings can be used to pay qualifying expenses for your non-covered dependents or spouse.

HSA AT A GLANCE

IF YOU CHOOSE INDIVIDUAL COVERAGE...

Newfield
will contribute

\$750

Your
contribution
limit is

\$2,700

And
your IRS
limit is

\$3,450

IF YOU CHOOSE COVERAGE FOR YOU AND YOUR COVERED FAMILY MEMBERS...

Newfield
will contribute

\$1,500

Your
contribution
limit is

\$5,350

And
your IRS
limit is

\$6,900

If you are **age 55 or older**, you may **contribute an additional \$1,000**.

TAKE A LOOK AT HOW THIS COULD BENEFIT YOU OVER A YEAR:



CHAD HAS AN INDIVIDUAL HSA

He saves pre-tax money, direct from his paycheck, into his HSA.

Chad saves
\$2,600

Contribution by Newfield
+ \$750

Tax-free money to cover healthcare costs
= \$3,350



EMMA DOES NOT HAVE AN INDIVIDUAL HSA

She saves money direct from her paycheck into her bank account, which is taxed upfront at 25%.

Emma saves
\$2,600
(\$3,467 of pre-tax earnings)

Contribution by Newfield
+ \$0

Post-tax money to cover healthcare costs
= \$2,600

HSA ENROLLMENT QUICK GUIDE:

1

As soon as you enroll in the HDHP and receive a confirmation email from Tango, you can open your HSA. Register with Tango by logging in to hsa.tangohealth.com, and the site will walk you through setting up your account.

2

Once you've opened your HSA, you'll receive an HSA debit card, and a lump sum contribution from Newfield will be deposited into your account. You can then contact **Tango** to set up your own pre-tax contribution schedule through payroll, and when medical care is needed, you just need to present your UHC ID card.

3

UHC will review your claim and then you'll receive a bill from the provider. You can then pay your portion using your HSA funds (using your HSA debit card).

4

If you're asked to pay for your treatment upfront, ask your doctor to bill the medical plan first, so you pay at the discounted rate.



DISCOUNTS

Don't forget—you receive discounts on care when you use in-network providers, and always ask for generic prescriptions to avoid paying higher costs.

ARE YOU ELIGIBLE?

You may not be eligible to utilize an HSA if you are:

- + Enrolled in Medicare
- + Covered by another non-HDHP medical plan, such as your spouse's employer-sponsored plan
- + Covered under TRICARE (military health coverage)
- + Claimed as a dependent on another person's tax return
- + Participating in a general purpose healthcare Flexible Spending Account (FSA)
- + Receiving any health benefits from the Department of Veterans Affairs or the Indian Health Service within the last three months (unless benefits consist solely of preventive care or coverage specifically allowed by law)

If you have questions about HSA eligibility, contact Tango at **1-866-384-8549** or hsa.tangohealth.com

FLEXIBLE SPENDING ACCOUNT (FSA)

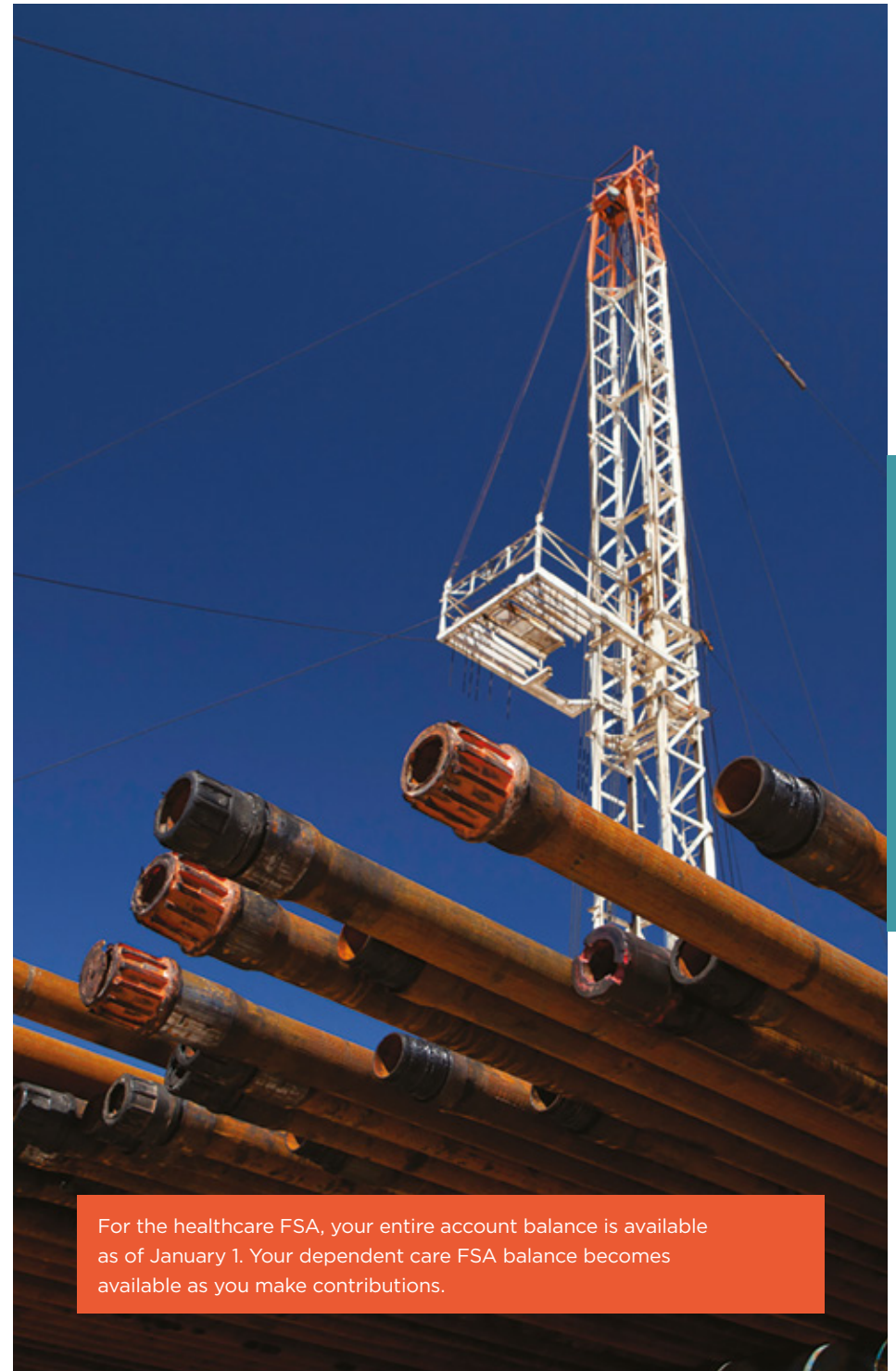
Give yourself financial flexibility with a FSA.

If you're not enrolled in the HDHP, you can use a FSA to set aside pre-tax dollars to pay for eligible expenses. Newfield offers two choices.

If you are enrolled in the HDHP, you are eligible to participate in the Dependent Care FSA as well as the HSA.

HERE'S HOW THEY WORK:

	HEALTHCARE FSA	DEPENDENT CARE FSA
Eligible expenses	<ul style="list-style-type: none"> ✓ Copays, coinsurance, deductibles and other costs that aren't covered by your medical plan ✓ Dental and orthodontia treatments that aren't covered by your dental plan ✓ Glasses, contact lenses and copays that aren't covered by your vision plan 	<ul style="list-style-type: none"> ✓ Day care, summer camps and after-school care for dependent children under 13 ✓ Pre-school programs for dependent children under kindergarten age ✓ Care for dependents who are mentally or physically unable to take care of themselves
Maximum annual contribution	\$2,650	\$5,000 <small>(or \$2,500 if you are married, filing separate tax returns and both of you are full time at work or school).</small>



For the healthcare FSA, your entire account balance is available as of January 1. Your dependent care FSA balance becomes available as you make contributions.

FSA ENROLLMENT QUICK GUIDE:

1

Before you enroll, you should estimate what you are likely to spend on healthcare and/or dependent care over the year. **Any unused funds are forfeited at the end of the year—so estimate wisely.** Newfield does allow a 2.5 month rollover for the healthcare FSA.

2

You choose how much to contribute to your FSA—pre-tax.

3

When you use FSA-eligible medical services, you are automatically reimbursed through your ACO or PPO medical plan. Just set-up a direct deposit with UHC or opt to receive checks through the mail.

4

For any other eligible expenses, you pay and submit your claim for reimbursement.

To keep using your FSA, you must re-enroll every year. **Your previous FSA elections won't carry over if you don't make an election.**

MANAGE YOUR FSA ONLINE

Managing your FSA online couldn't be easier. Just register on www.myuhc.com to:

- View your account balances
- Print claim forms
- Estimate your healthcare spending for the year
- Look up eligible expenses
- Set-up your direct deposit with UHC
- Turn automatic reimbursement on or off



PRESCRIPTION DRUG COVERAGE

Whether you're taking a prescription to treat a chronic health condition or just occasional medication for an illness or injury, we have your prescription medications covered through Express Scripts.

Our plans offer you access to generic, preferred brand (formulary), non-preferred brand (non-formulary) and specialty drugs. The formulary is a list of medications that Express Scripts considers to be both clinically effective and cost-effective.

There also are clinical programs like step therapy and prior authorization in place to ensure the safe and cost-effective use of certain prescription drugs.

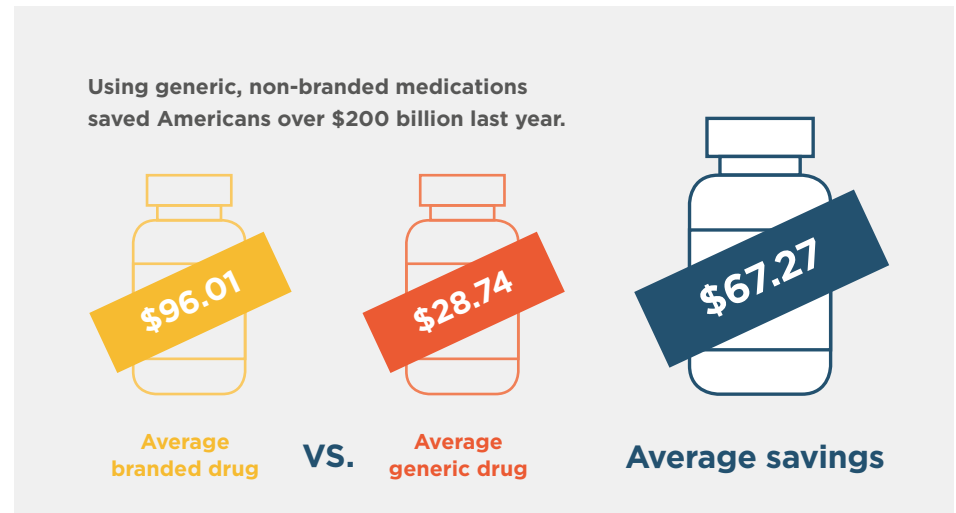


BRANDED OR GENERIC—WHAT'S THE COST?

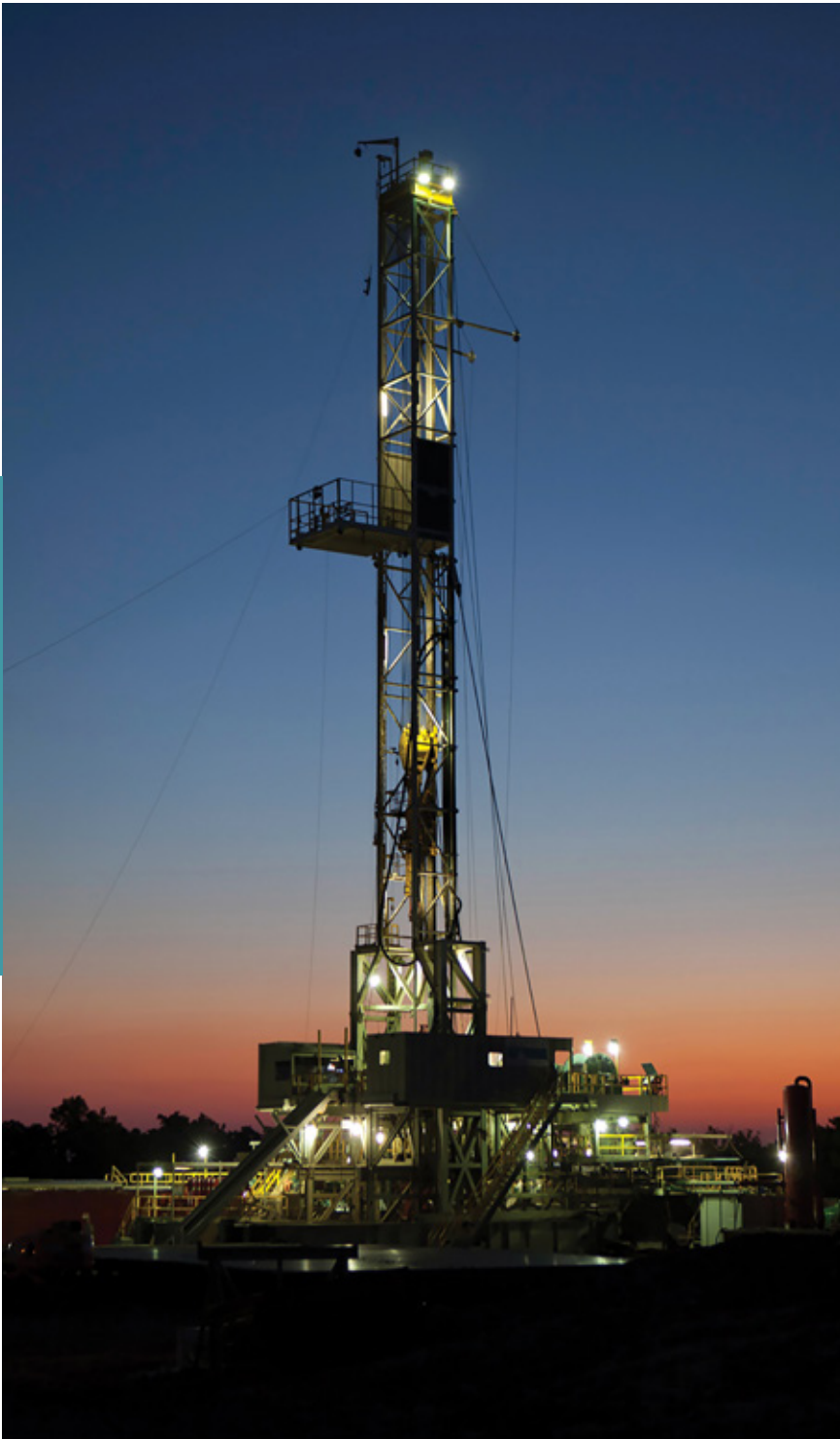
Your costs vary based on:

- The medical plan you choose
- The way you elect to receive your medication
- Whether you choose branded or generic drugs

With the Express Scripts mandatory generic program, if you request a brand-name medication when a generic is available, you will pay the applicable cost—**plus the difference between the cost of the brand-name and the generic version**. Even if you select the brand-name, you will never pay more than the gross cost of your medication.



	HDHP		ACO AND PPO	
PRESCRIPTION DRUGS (AT PARTICIPATING EXPRESS SCRIPTS PHARMACIES)	RETAIL: 30-DAY SUPPLY	MAIL ORDER: 90-DAY SUPPLY	RETAIL: 30-DAY SUPPLY	MAIL ORDER: 90-DAY SUPPLY
Generic			\$10	\$20
Preferred brand name (formulary)	You pay 10% after deductible; some preventive generic drugs covered at 100%	You pay 10% after deductible; some preventive generic drugs covered at 100%	You pay 20% (\$25 minimum; \$50 maximum)	You pay 20% (\$50 minimum; \$100 maximum)
Non-preferred brand name (other cost effective medication options are available)			You pay 20% (\$40 minimum; \$80 maximum)	You pay 20% (\$80 minimum; \$160 maximum)
Specialty			You pay 20%; \$150 maximum per 30-day supply	
Out-of-pocket maximum	Prescription drug costs count toward medical plan out-of-pocket maximum		\$2,000 individual/\$4,000 family	



PRESCRIPTION DRUG ENROLLMENT QUICK GUIDE:

1

When you enroll, you will receive a welcome kit from Express Scripts with information about your prescription drug benefits, along with a prescription drug ID card. **This will have your member ID and group number, which is needed to process your prescriptions.**

2

Save time and money on maintenance medications with Express Scripts home delivery, where you can get a 90-day supply of your drugs delivered right to your door.

3

Make your prescriptions easier to manage by registering at www.express-scripts.com. From here, you can:

- Get a copy of your ID card
- Order refills
- Compare costs
- Sign-up for reminders and alerts
- Print forms

And for any-time access, download the Express Scripts mobile app to get refills on the go.

QUESTIONS?

If you have any questions about your prescription drug coverage, contact Express Scripts at www.express-scripts.com or **1-800-903-8165**.

DENTAL PLAN

Take care of your teeth with our dental plan, provided through UHC.

The plan covers preventive, basic and major dental services for you and your covered family members, with orthodontic treatments included for dependent children up to age 19.

You may select your preferred provider, but if you use a dentist in the UHC network you can save money. When you need a basic or major dental service, you also can ask your dentist to submit a predetermination of benefits to UHC to help you estimate your out-of-pocket costs before treatment.

PLAN FEATURE	IN- OR OUT-OF-NETWORK
Calendar year deductible (waived for preventive treatments and orthodontia)	Individual: \$50 Family: \$150
Calendar year maximum	\$2,000 per person
Diagnostic and preventive care (exams and routine cleanings twice a year)	Plan pays 100% (no deductible)
Basic services Fillings, extractions, oral surgery	Plan pays 80% after deductible
Major services Crowns, inlays, dentures	Plan pays 50% after deductible
Orthodontia (dependent children up to age 19)	Plan pays 50% (no deductible), up to a \$2,000 lifetime maximum* per covered child

* Paid on a monthly basis as services are rendered, up to \$2,000.

COSTS AT A GLANCE	MONTHLY/BIWEEKLY
Employee only	\$7.00/\$3.23
Employee + spouse	\$13.00/\$6.00
Employee + child(ren)	\$17.00/\$7.85
Employee + family	\$24.00/\$11.08

For dental questions and advice, visit www.myuhc.com or call **1-877-440-7195**.



If you use an out-of-network provider, you may be responsible for the difference between their charges and what the plan pays. You also may have to pay upfront and file your own reimbursement claims.

VISION PLAN


We know that eye care is of the utmost importance throughout life. That's why we offer you VSP's Choice plan, a cost-effective way for you and your dependents to access vision providers.

You can choose to use your preferred provider, but if you stay in the VSP network, you can save money on services, glasses, contact lenses and more.

PLAN FEATURE	IN-NETWORK	OUT-OF-NETWORK
Exam (once a year)	\$15 copay	Up to \$45 reimbursement
Eyeglass lenses (once a year)	\$25 copay	\$30-\$100 reimbursement, depending on lens type
Covered frames (once a year for children under 18, once every two years for adults)	Plan pays up to \$140 with a 20% discount on any amount over \$140 (after \$25 copay)	\$70 reimbursement
Contact lenses (instead of glasses, once a year)	Plan pays up to \$140; \$60 copay for fitting and evaluation	Up to \$105 reimbursement
Laser vision correction	Average 15% discount	Not covered

COSTS AT A GLANCE	MONTHLY/BIWEEKLY
Employee only	\$5.70/\$2.63
Employee + spouse	\$10.35/\$4.78
Employee + child(ren)	\$10.85/\$5.01
Employee + family	\$16.30/\$7.52

To view your vision coverage and find providers, visit www.vsp.com or call **1-800-877-7195**.

 If you use an out-of-network provider, you will pay the full cost of services upfront and submit your receipts for reimbursement.

COSTS AT A GLANCE

MEDICAL AND PRESCRIPTION DRUG COVERAGE

	HDHP		ACO		PPO		DENTAL		VISION	
	MONTHLY	BIWEEKLY	MONTHLY	BIWEEKLY	MONTHLY	BIWEEKLY	MONTHLY	BIWEEKLY	MONTHLY	BIWEEKLY
Employee only	\$0.00	\$0.00	\$36.00	\$16.62	\$67.00	\$30.92	\$7.00	\$3.23	\$5.70	\$2.63
Employee + spouse	\$66.00	\$30.46	\$138.00	\$63.69	\$208.00	\$96.00	\$13.00	\$6.00	\$10.35	\$4.78
Employee + child(ren)	\$49.00	\$22.62	\$110.00	\$50.77	\$169.00	\$78.00	\$17.00	\$7.85	\$10.85	\$5.01
Employee + family	\$167.00	\$77.08	\$225.00	\$103.85	\$286.00	\$132.00	\$24.00	\$11.08	\$16.30	\$7.52



RETIREE ELIGIBILITY

You will be eligible for retiree medical benefits when you reach qualified retirement status, age 55 and older with at least five years of full-time service (including applicable service credits). As a qualified retiree, you and your eligible dependents will have access to the same medical coverage at the same rates as active employees until age 65 (or until Medicare eligible).



HEALTH SCREENING PREMIUM DISCOUNT

Complete a health screening by November 15, 2017, to earn a \$300 discount (\$25/month) on your medical plan premiums.



TOBACCO SURCHARGE

If you or one of your covered dependents use tobacco products, you will pay an additional \$40 per month in medical plan premiums.



FINANCIAL PEACE OF MIND

Dealing with the unexpected



HOSPITAL INDEMNITY INSURANCE

You may be faced with out-of-pocket expenses to pay if you are hospitalized unexpectedly. Hospital indemnity insurance supplements your existing medical coverage to help cover some of the additional expenses you incur.

YOU CAN USE HOSPITAL INDEMNITY INSURANCE TO HELP PAY FOR:

- ✓ **Hospital admission** (\$1,000 per day, limited to 1 day, 1 benefit in every 90 days)
- ✓ **Hospital chronic condition admission** (\$50 per day, limited to 1 day, 1 benefit in every 90 days)
- ✓ **Hospital stays** (\$100 per day, limited to 30 days, 1 benefit in every 90 days)
- ✓ **Intensive care unit (ICU) stays** (\$200 per day, limited to 30 days, 1 benefit in every 90 days)
- ✓ **Hospital observation stays** (\$100 per 24 hour period, one hour elimination period, limited to 72 hours)

COSTS AT A GLANCE

If you are in the High-Deductible Health Plan (HDHP) or Preferred Provider Organization (PPO) plan, Hospital Indemnity insurance is a voluntary benefit for which you will pay a monthly contribution:

Employee only	\$15.99
Employee + spouse	\$40.56
Employee + children	\$31.81
Employee + family	\$56.38

If you are in the Accountable Care Organization (ACO), Hospital Indemnity insurance will be offered to you as a completely free benefit, with Newfield covering the whole cost.



With Hospital Care insurance, your benefits will be paid directly to the covered person, after a hospitalization resulting from an injury or illness unless otherwise assigned. You can use the money received from the hospital visit to help pay for:

- Childcare or assistance around the house
- Copays, deductibles or coinsurance
- Follow-up care

LIFE AND DISABILITY COVERAGE

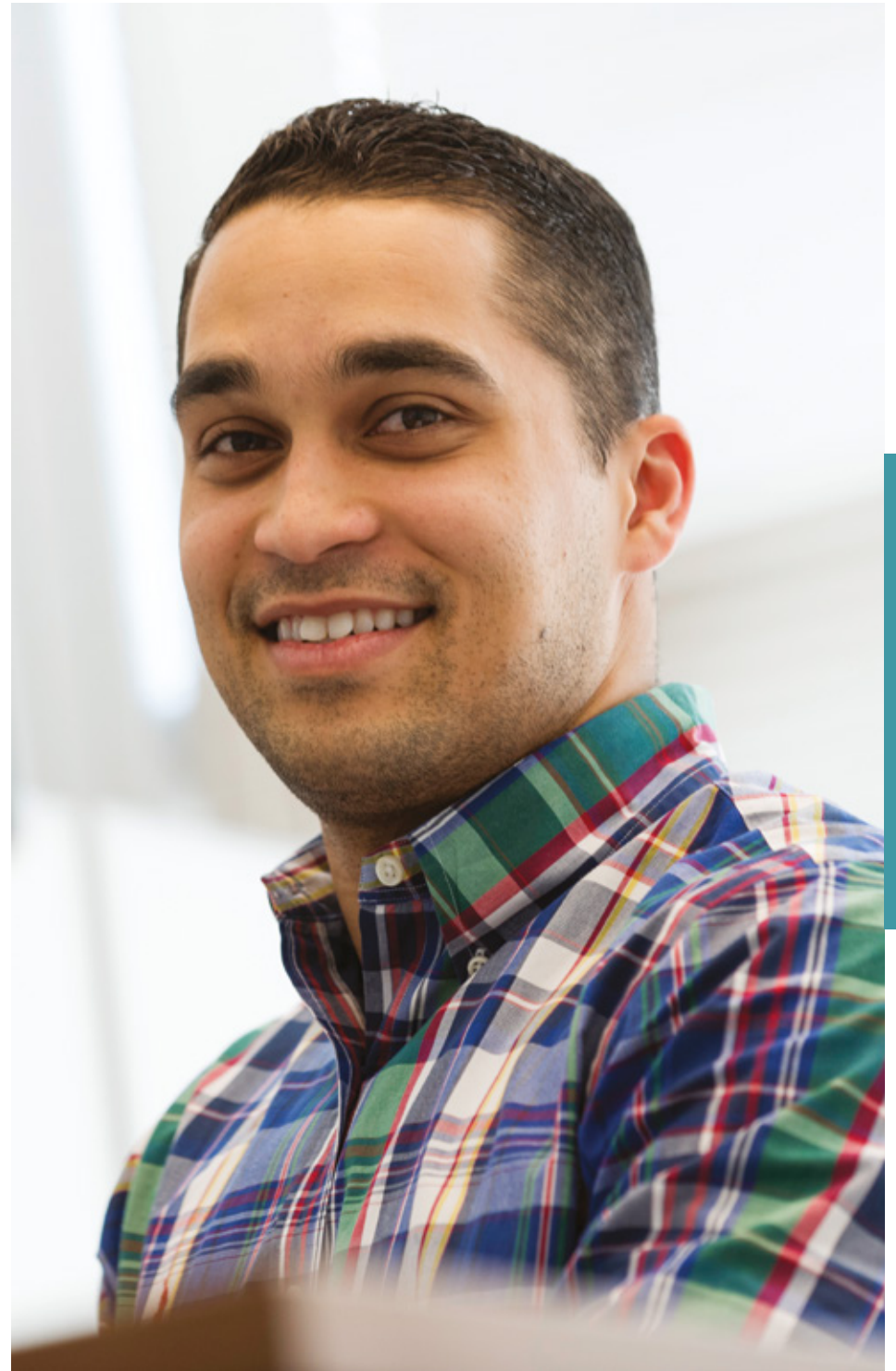
Protect your family's financial security with Newfield's income protection benefits.

Through Cigna, you have access to a range of insurance plans, designed to support you and your loved ones when you need it most.

We offer you:

- ✓ Life Insurance
- ✓ Accidental Death and Dismemberment Insurance (AD&D)
- ✓ Short-Term Disability Insurance (STD)
- ✓ Long-Term Disability Insurance (LTD)

For help writing a will and preparing your estate, you can also access Cigna's Will Preparation Program at www.cignawillcenter.com.



BASIC LIFE AND AD&D INSURANCE (COMPANY-PAID)

COVERAGE

LIFE INSURANCE

Two times your annual base salary, up to \$500,000

AD&D INSURANCE

Employee: Three times your annual base salary, up to \$750,000

Spouse: \$150,000

Child: \$25,000

For questions on Life or AD&D coverage, call Cigna at **1-800-238-2125**. And if you have opted-in to Cigna Secure Travel Insurance through your voluntary life insurance plan, call **1-888-226-4567** (U.S. or Canada), or call collect **202-331-7635** (other locations) for emergency assistance when traveling.

VOLUNTARY LIFE INSURANCE

To give you and your family extra peace of mind, you have the option of purchasing voluntary life coverage for yourself, your spouse and/or your children at group rates.

You must purchase voluntary coverage for yourself to buy coverage for your spouse and/or children.

You and your spouse will need to submit proof of good health (also known as Evidence of Insurability or EOI) to Cigna if you elect coverage over a certain amount. **You also will have to submit EOI if you enroll after your initial enrollment period which ends 31 days after your hire date, or request an increase in your coverage later on.**

BENEFIT OPTIONS	
Employee coverage	\$10,000 increments up to \$500,000 . EOI is required for amounts over three times your salary or \$400,000, whichever is less.
Spouse coverage	\$5,000 increments up to \$100,000 . (can not exceed employee coverage). EOI is required for amounts over \$25,000.
Child coverage (children 15 days and older)	\$10,000



DON'T FORGET TO DESIGNATE YOUR BENEFICIARIES!

You can add or change your Life and AD&D insurance beneficiaries at any time. Log-on to the Fusion system or contact the Benefits Department to update whenever needed.



If you need to be away from work for an extended time, notify your manager and HR prior to your first day of absence. You also should contact Cigna as soon as possible at **1-800-362-4462** to initiate your disability claim.

DISABILITY PLANS

If an illness or injury keeps you from working, you can have peace of mind that you and your family will be taken care of while you recover.

We provide **STD** and **LTD** coverage through Cigna at no cost to eligible employees, with a generous income replacement benefit if you are medically unable to work because of a sudden illness or injury. You also can take advantage of our **STD** coverage for other reasons, such as:

- Maternity leave
- Surgery
- Cancer treatment

Whatever the situation, our plan is designed to help you take care of yourself so you can be at your best when you return to work.

	STD	LTD*
Period before benefits begin	40 hours of injury or illness	90 continuous days of injury or illness
Benefit you will receive	Continuation of your weekly earnings	60% of your monthly earnings up to \$15,000 per month
Maximum benefit duration	480 hours within a 365-day look-back period	To Social Security retirement age or until you are no longer disabled

* A pre-existing condition exclusion applies to the Newfield LTD plan. Until you have been covered by the plan for 12 months, benefits may not be paid for conditions for which you have been treated within three months before your coverage effective date. You may make an election to authorize Newfield to exclude your premiums from your gross taxable wages. If you make this election, any disability benefit you receive will be taxed.

VOLUNTARY GROUP ACCIDENT INSURANCE

We know accidents can happen. That's why we offer you and your family members coverage for off-the-job injuries.

Through Cigna, you can opt-in to receive a lump sum benefit to help with out-of-pocket costs, such as medical copays, coinsurance or child care.

FOR EXAMPLE

If you or an enrolled family member is involved in a covered accident

You can receive:

\$200 + \$1,000

**For initial
emergency care**

**For hospital
admission**

COSTS AT A GLANCE

MONTHLY/BIWEEKLY

Employee only

\$14.08/\$6.50

Employee + spouse

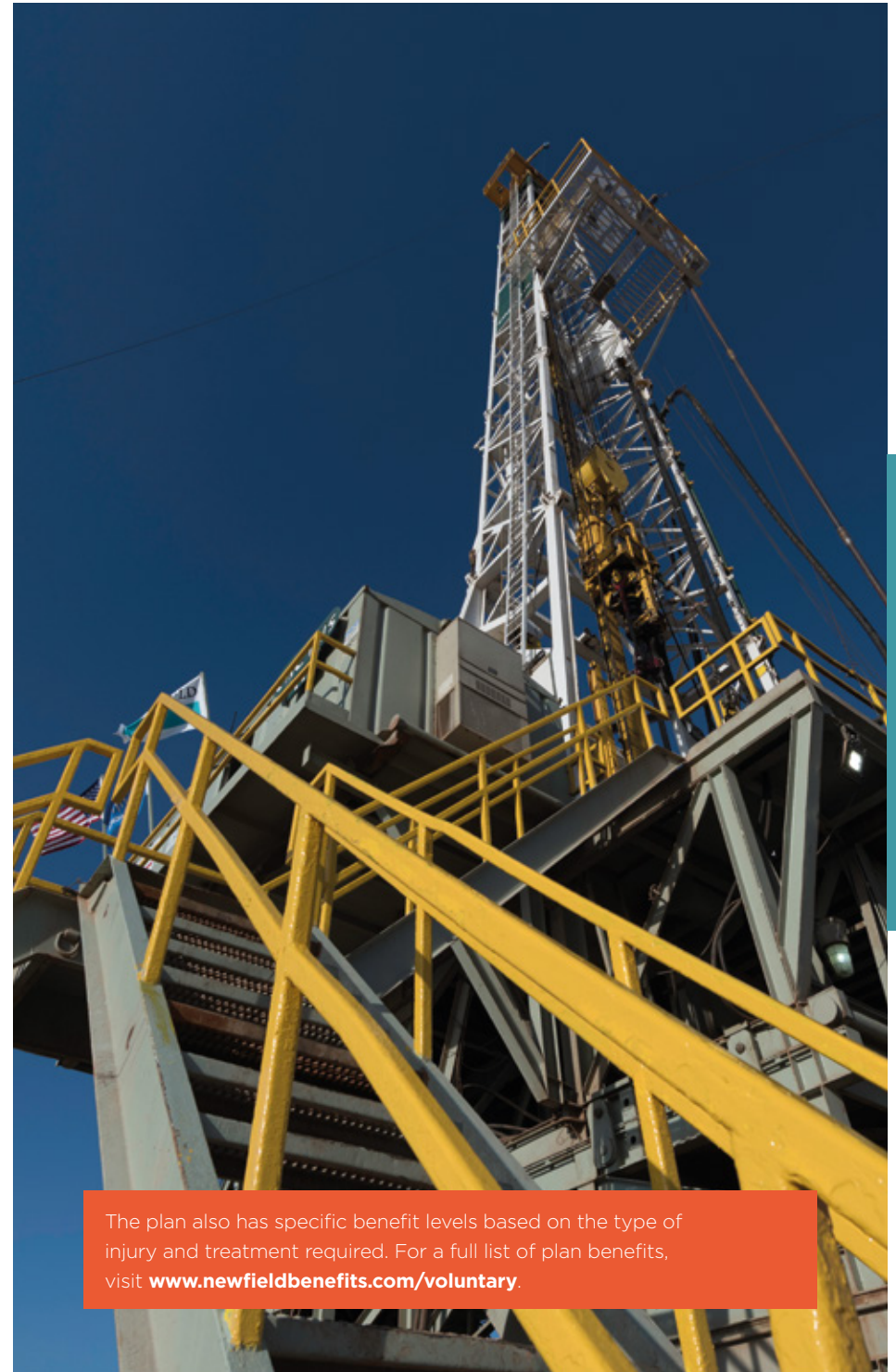
\$23.81/\$10.99

Employee + children

\$23.35/\$10.78

Employee + family

\$33.10/\$15.28



The plan also has specific benefit levels based on the type of injury and treatment required. For a full list of plan benefits, visit www.newfieldbenefits.com/voluntary.



VOLUNTARY GROUP CRITICAL ILLNESS INSURANCE

Diagnosis of a critical illness can be overwhelming and out-of-pocket expenses can quickly add up.

Cigna Critical Illness Insurance pays out a lump sum benefit in the event you or your covered family members are diagnosed with a condition such as cancer, heart attack or stroke.

YOU CAN SELECT A
BENEFIT AMOUNT OF

\$5,000

OR

\$10,000

OR

\$20,000



GET SCREENED AND BE REWARDED!

Prevention is better than a cure.

If you or your enrolled dependents get a preventive health screening, some Cigna plans offer a financial reward:

\$75

Reward through Voluntary
Group Accident Insurance

\$50

Reward through Voluntary
Group Critical Illness Insurance

You also have access to Health Advocate, a handy personalized guide to help you navigate your healthcare.

Visit the Voluntary Benefits page at www.newfieldbenefits.com for 2018 rates.

IDENTITY PROTECTION

Keep your identity safe from theft with LifeLock.

One in four people will experience ID theft, and we don't want you to be one of them. We've teamed up with LifeLock, industry leaders in ID fraud prevention, to help protect your personal information, including:

- Birth date
- Social Security number
- Home address
- Email address
- Phone numbers

HERE'S HOW IT WORKS...

LifeLock scans for threats and monitors your ID information

You get notified of suspicious activity by text, email or phone—whatever works for you

If your identity is stolen, the dedicated specialist team will work to restore it

LifeLock will spend up to \$1 million to help restore your identity



You also will have 24/7 support from LifeLock's award-winning Identity Theft Protection Agents, who are available whenever you need them. Just call **1-800-607-9174**, day or night, for specialist assistance. Or, to view and update your account, head online to **www.lifelock.com**.

LIFELOCK COSTS AT A GLANCE

	BENEFIT ELITE Protects your identity and 401(k) by detecting and alerting you to potentially fraudulent activity		ULTIMATE PLUS Enhanced coverage that monitors new bank account applications and attempts at existing account takeovers, along with credit scores	
	MONTHLY	BIWEEKLY	MONTHLY	BIWEEKLY
Employee only	\$8.49	\$3.92	\$25.49	\$11.76
Employee + spouse	\$16.98	\$7.84	\$50.98	\$23.53
Employee + child(ren)	\$14.86	\$6.86	\$36.11	\$16.67
Employee + family	\$23.36	\$10.78	\$61.61	\$28.44

ID PROTECTION IN YOUR POCKET

Keep yourself in the loop and receive notifications direct to your mobile device with the LifeLock mobile app.



ADDITIONAL BENEFITS

Wellness for the road ahead

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Dealing with issues at home and work can be challenging. We want to ensure you and your family members always have the support you need, with free, confidential advice and resources through EAP.

EAP, provided through Cigna, offers access to professional counseling to deal with a variety of issues, including:

- ✓ Marital problems
- ✓ Family concerns
- ✓ Financial issues
- ✓ Legal matters
- ✓ Stress
- ✓ Drug or alcohol abuse
- ✓ Emotional conflicts



All of these services and more are available to you and your family members—at no cost to you. Advice is strictly confidential and accessible 24 hours per day, 365 days per year.



To speak with an EAP counselor, call **1-888-371-1125** or visit www.cignabehavioral.com, using the employer ID **newfieldexploration**.



FITNESS REIMBURSEMENT PROGRAM

Stay fit for less with our Fitness Reimbursement Program.

You can receive reimbursements for gym memberships or fitness activities, weight loss programs, personal trainers or workout classes.

This program is available to employees and their family members (including children). Just submit your receipts through Fusion to get reimbursed for your fitness expenses.

You can claim for up to \$900 each year; taxes will apply.

Refer to the Fitness Reimbursement policy on Connections for further details.



AND FOR OTHER HEALTHY INCENTIVES, CHECK OUT CIGNA HEALTHY REWARDS.

Visit www.cigna.com/rewards (password: savings)

Or call **1-800-258-3312**

You can get discounts on programs for weight management, vision and hearing care, tobacco cessation, alternative medicines, fitness and more.

EMPLOYEE STOCK PURCHASE PLAN (ESPP)

Your opportunity to become a stakeholder in Newfield!

With the Employee Stock Purchase Plan (ESPP), you can purchase Newfield shares at a discounted rate. To participate, you must enroll online through Schwab Equity Award Center at www.schwab.com/public/eac/home by the deadline for each offering period.

ESPP AT A GLANCE...

You may purchase Newfield stock at a 15% discount through payroll deductions.

You may purchase a maximum of 5,000 shares, but not exceeding a total value of \$21,250 in each calendar year (the limit is \$25,000, but the 15% discount makes the limit \$21,250).

You are responsible for payment of all taxes, brokerage fees and commissions when you sell shares.

The windows to buy stock each year are January 1 to June 30 and July 1 to December 31. Don't forget to re-enroll during each cycle. Your previous plan choices won't carry over if you don't make an election.

401(k) RETIREMENT PLAN

Get your savings on track for retirement with the Newfield 401(k) plan, administered by Charles Schwab.

We know that saving for retirement takes time and careful planning, but are you saving enough? Our 401(k) plan is designed to help you build your savings for the future. All the contributions you make to the traditional 401(k) are **tax-free**, so you can put as much aside as allowed.

You are eligible to enroll in the 401(k) plan if your regular work schedule is more than 1,000 hours per year.

Don't miss out on dollars from Newfield! We'll match every dollar you save, up to 8% of salary.



DO THE MATH!

Schwab's online retirement calculator can help you determine if you are on track to reach your retirement goals.

HERE'S HOW IT WORKS...

You build your account by making pre-tax, Roth and/or after-tax contributions through convenient payroll deductions.

Newfield will match your pre-tax and Roth contributions dollar for dollar, up to eight percent of your pay—helping your savings to grow.

You own 100% of the contributions—both yours and those matched by Newfield.

You have a choice of professionally managed investment options and you may change your investments at any time.*

You may contribute up to the annual IRS limit to your 401(k) account with an additional catch-up contribution if you are age 50 or older.


You can enroll or make changes to your 401(k) account at any time. **To log-in, you will need to register at workplace.schwab.com using your personal information, including social security number (without dashes).**

Questions? Just call 1-800-724-7526 or visit workplace.schwab.com

* Subject to insider trading restrictions

CONTACT US

For benefit-related questions, the Benefits Department is always on hand.

 **281-210-5461**

 **benefits@newfield.com**

 **www.newfieldbenefits.com**

This summary of material modification (“SMM”) describes changes to the Newfield Benefits Plan (“Plan”) and supplements the Summary Plan Description (“SPD”) for the Plan. The effective date of each of these changes is indicated in this guide. You should read this SMM very carefully and retain this document with your copy of the SPD for future reference.

