# 2023 Employee Benefits Guide

An overview of the wide array of benefits provided by MRC Energy Company to help you enjoy increased well-being and financial security.

Prepared by Ragland Strother & Lafitte for MRC Energy Company

# Introduction

Employee benefits can be difficult to decipher. We try to keep it simple. MRC provides a full menu of options to help you protect your finances and your family. We offer three PPO medical plan options from Blue Cross Blue Shield of Texas, a well-known provider with a reputation for quick and easy claim payments. Our medical plans also include prescription drug coverage with BCBS. We also offer dental and vision coverage.

MRC invests a significant amount in employee benefits, but they still require a commitment on your part. Your role is to understand how the plan you select works and take advantage of what it offers.

This Benefit & Cost Summary is your starting point and one-stop shop for what you need to know about benefits, whether you're enrolling for the first time, reconsidering your benefits during Annual Enrollment, or checking into specific features of a plan during the year. If you have a question about your benefits, start here, and we'll point you in the right direction to find the answers you need.

Your benefits are a valuable part of your total compensation package. Be sure to make the most of them today and throughout the year. We understand your situation is unique, and MRC offers an overall benefits package with many possible choices - one that can be shaped and molded by you to fit your needs.

This benefits guide is a description of your MRC benefit plans. If there is a discrepancy between these summaries and the written legal plan documents, the plan documents shall prevail. This booklet and plan summaries do not constitute a contract of employment. To obtain more detailed information, such as benefits summaries, links to claims information, HSA resources, and additional insurance company services, you can access our benefits portal at www.insuranceisboring.com .

(generic login)

**www.insuranceisboring.com**

**User Name:** benefits@matadorresources.com

**Password:** Matador

We hope this enrollment booklet, along with our additional communication and decision-making tools, will help you make the best health care choices for you and your family.

## Eligibility

As a full-time employee regularly working 30 or more hours per week, you are eligible to participate in the MRC benefits program on the first day of the month that follows your date of employment. Employees are eligible for employer-paid group basic group life insurance & long-term disability insurance (the annual LTD premium is included in your taxable income, making the benefit income tax-free). You & your qualified dependents are also eligible for medical & dental insurance, with MRC contributing a substantial portion of the premiums. In addition, MRC makes a substantial HSA contribution for employees and dependents enrolled on either of the qualified HDHP plans. Vision, Short-term disability, supplemental life, critical illness, & accident insurance are optional. It is your responsibility to enroll in and manage your benefits program.

*The enrollment process utilizes the online system with Paycom. https://www.paycomonline.net/v4/ee/web.php/app/login*

**Eligible Dependents**

You can elect coverage under MRC's health, dental, and vision plans for your spouse and dependent children, as described below:

Spouses: You may enroll your spouse if he or she is a person to whom you are legally married. A domestic partner who meets the criteria for domestic partnership as outlined by the insurance carriers can be considered a dependent for benefit coverage.

Dependent and Adult Children: You may enroll your children if they are under the age of 26, regardless of student or marital status. Coverage will end on the last day of the month when the child reaches age 26.

Your medical, dental, vision, accident, and critical illness contributions and premiums will be paid on a pre-tax basis. This helps to reduce your taxes. Pre-tax premiums are automatic unless you waive them in writing.

## Changes and Qualifying Events

**When Coverage Begins and Ends**

In general, your benefits become effective on the first day of employment if your date of hire is on the first day of the month. Otherwise, your benefits become effective on the first day of the month following your date of hire. Additional waiting periods or exceptions are covered under each benefit description.

Your coverage under the benefits plans will end if you no longer meet the eligibility requirements, your contributions are discontinued, or the Group Insurance Policy is terminated.

Open enrollment for group medical, dental, vision, and short-term disability (STD subject to pre-existing limitations) insurance provides you the opportunity to enroll for coverage or make changes to your coverage.

**Qualifying Events**

Eligible employees may enroll or make changes to their benefits elections during the annual open enrollment period. As with most benefits, once you elect an option, you are bound to that choice for the entire plan year unless you experience a "Qualifying Event." These may include, but are not limited to:

- Changes in employment status
- Changes in legal marital status
- Changes in the number of dependents
- Taking an unpaid leave of absence
- Dependent satisfies or ceases to satisfy the eligibility requirement
- Family Medical Leave Act (FMLA) leave.
- A COBRA-qualifying event
- Entitlement to Medicare or Medicaid
- A change in the place of residence of the employee, resulting in the current carrier not being available

## Resources:

| Benefit | Provider | Website | Phone | Group # |
|---|---|---|---|---|
| Medical | BlueCross BlueShield of Texas | mybam.bcbstx.com | 800-521-2227 | Copay Plan 093048 HSA Plans 093099 |
| Prescription | BlueCross BlueShield of Texas | mybam.bcbstx.com | 800-521-2227 | Same as medical |
| Virtual Health | MD Live | https://members.mdlive.com/bcbsil/member_login | 888-676-4204 | |
| Dental | BlueCross BlueShield of Texas | mybam.bcbstx.com | 800-521-2227 | 093048 |
| Vision | BlueCross BlueShield of Texas | www.eyemedvisioncare.com/bcbstxvis | 855-556-8796 | F019620 |
| Basic & Voluntary Life/AD&D | Dearborn National | www.bcbstx.com/ancillary/employees | 877-442-4207 | F019620 |
| Disability Plans | BlueCross BlueShield of Texas | www.bcbstx.com/ancillary/employees | 877-442-4207 | F019620 |
| Health Savings Account | Optum Bank | www.optumbank.com/health-accounts/hsa.html | 877-243-5543 | |
| Flexible Spending Account | National Benefit Services | www.nbsbenefits.com | Email: service@nbsbenefits.com | |
| Accident Plan | Dearborn National | www.dearbornnational.com | 800-348-4512 | F019620 |
| Critical Illness | Dearborn National | www.dearbornnational.com | 800-348-4512 | F019620 |
| 401k | Empower | www.empower.com | Email: Participant_services@empower.com<br>Phone: 855-756-4738 | |
| Broker Contact | Jami Weinman<br>George Knox | jami@insuranceisboring.com<br>george@insuranceisboring.com | 214-443-1400<br>866-629-7963<br>214-443-1423(fax) | |
| MRC Benefits Portal | | www.insuranceisboring.com<br>USERNAME: benefits@matadorresources.com<br>PASSWORD: Matador | | |

## Health Savings Accounts (HSA)

MRC will continue to offer three medical plans using the Blue Cross Blue Shield PPO network in your area. We will offer one copay plan and two Qualified High Deductible Health Plans (HDHPs) that permit pre-tax contributions to a Health Savings Account (HSA). For those employees electing either HDHP, the company will contribute annually towards their HSA. New employees joining mid-year will receive a prorated employer HSA contribution.

- **Plan RMH822 $2,000 Individual and $4,000 Family**
- **Plan RMH322 $3,000 Individual and $6,000 Family**

The HSA plans combine a medical plan with a Health Savings Account. The HSA medical plans use the PPO network, which provides a discount for in-network services. The HSA plans have no copays, so all expenses except preventive care, which is covered 100%, apply to your deductible first. Once you meet the in-network deductible, which is also the out-of-pocket limit, the plan pays 100% for all in-network benefits. Prescriptions are also applied to the deductible first and are paid at 100% after the deductible has been met. Your HSA must be open for an expense to be eligible for reimbursement.

MRC currently uses **Optum Bank** as their HSA depository custodian. Employees enrolling in the HSA plan for the first time need to open an HSA account with Optum Bank to receive the 2023 company HSA contributions. You may request instructions on opening your Optum Bank HSA online from HR. You may have additional HSA custodian accounts, but all MRC employer contributions will be made to Optum Bank.

You may make additional payroll deduction HSA contributions to your account up to the IRS contribution limits. You are encouraged to take full advantage of the tax savings by contributing to your HSA through pre-tax payroll deductions. The IRS limits the annual amount that may be contributed to an HSA account. If you or your spouse is 55 years or older, you may elect to contribute an additional $1,000 catch-up contribution for yourself and/or your spouse in 2022 and 2023.

| Combined Annual IRS | Individual Limits | Family Limits |
|---|---|---|
| | $3,650 (2022) | $7,300 (2022) |
| | $3,850 (2023) | $7,750 (2023) |

What are the benefits of an HSA? An HSA is very similar to an IRA in that:

- Pre-tax dollars can be used to pay for qualified expenses
- You are in control of more of your health care decisions
- Funds left in an HSA can grow, tax-deferred, and may be invested much like an IRA
- Your account stays with you even if you change employers
- After age 65, you can withdraw your funds, which are only taxed as ordinary income, or your funds may be used tax-free to pay for eligible expenses, including Medicare part “A” & part “B” expenses.

What expenses are qualified medical expenses? Qualified expenses include most normal medical, dental, and vision expenses such as:

- Doctor visits
- Prescription drugs
- Dental services
- Vision care (including contact lenses, glasses, and Lasik surgery)
- View a complete list of eligible expenses on the www.insuranceisboring.com website HSA page

# Medical plan info

## Annual Deductible

The amount you pay each year before the plan starts paying a portion of medical expenses. All family members' expenses that count toward a health plan deductible accumulate together in the aggregate; however, each person also has a limit on their own individual accumulated expenses (the amount varies by plan).

## Out-of-Pocket Maximum

This is the total in-network amount you can pay out-of-pocket each calendar year before the plan pays 100 percent of covered expenses for the rest of the calendar year. Most expenses that meet provider network requirements count toward the annual out-of-pocket maximum, including expenses paid to the annual deductible, copays, and coinsurance.

## Copays and Coinsurance

These expenses are your share of the cost paid for covered healthcare services. Copays are a fixed dollar amount and are usually due when you receive in-network care. Coinsurance is your percentage of the allowed amount charged after the deductible.

## Plan Types

- PPO - A network of doctors, hospitals, and other health care providers.
- EPO is a network of doctors, hospitals, and other healthcare providers. EPO's do not provide out-of-network benefits.
- HMO - A network that requires you to select a Primary Care Physician (PCP) who coordinates your health care.
- POS - Combines aspects of a PPO and HMO
- Qualified HDHP- A plan that has higher annual deductibles in exchange for lower premiums and allows for pre-tax contributions to a Health Savings Account.

BlueCross BlueShield of Texas

# MRC - MEDICAL BENEFITS AT A GLANCE

| | MTBCP80622 PPO | MMH822 HSA PPO | MMH322 HSA PPO |
|---|---|---|---|
| | In-Network | | |
| **CALENDAR YEAR DEDUCTIBLE** | | | |
| Individual Deductible | $2,000 | $4,000 | $5,000 |
| Family Deductible Maximum | $6,000 | $8,000 | $10,000 |
| **MAXIMUM OUT-OF-POCKET PER CALENDAR YEAR PER PERSON (100% After OOP)** | | | |
| Individual Out-of-Pocket limit in-network | $5,000 | $4,000 | $5,000 |
| Family Out-of-pocket limit in-network | $14,700 | $8,000 | $10,000 |
| **WELLNESS & IMMUNIZATIONS** | | | |
| Well Child Care, includes immunizations | 100% | 100% | 100% |
| Well Adult | 100% | 100% | 100% |
| **INPATIENT** | | | |
| Hospitalization (inpatient) | 80% after deductible | 100% after deductible | 100% after deductible |
| Inpatient Mental Health / Chemical Dependency | 80% after deductible | 100% after deductible | 100% after deductible |
| **OUTPATIENT** | | | |
| Physician Office Visit (illness or injury, except surgery) | $30 co-pay PCP<br>$60 co-pay SP | 100% after deductible | 100% after deductible |
| Outpatient Surgery (in surgical facility or doctor's office) | 80% after deductible | 100% after deductible | 100% after deductible |
| MRI, CT Scan, PETSCAN, etc. | 80% after deductible | 100% after deductible | 100% after deductible |
| Office Visit Outpatient Mental Health/Chemical Dependency | $30 co-pay | 100% after deductible | 100% after deductible |
| Urgent Care Facility Visit | $75 co-pay | 100% after deductible | 100% after deductible |
| Emergency Room Services | 20% co-insurance after $500 co-pay | 100% after deductible | 100% after deductible |
| **OTHER EXPENSES** | | | |
| Physical Medicine Services 35 visits per year | 80% after deductible | 100% after deductible | 100% after deductible |
| **PRESCRIPTIONS** | | | |
| Preferred Generic | $0/participating<br>$10/non-part. | 100% after deductible | 100% after deductible |
| Non-Preferred Generic | $10/participating<br>$20/non-part. | 100% after deductible | 100% after deductible |
| Preferred Brand | $50/participating<br>$70/non-part. | 100% after deductible | 100% after deductible |
| Non-Preferred Brand | $100/participating<br>$120/ non-part. | 100% after deductible | 100% after deductible |
| Preferred Specialty<br>Non-Preferred Specialty | $150 copay<br>$250 copay | 100% after deductible | 100% after deductible |

# Medical Plan ACA Compliance

**The in-network individual OOP limit for medical expenses for the MTBCP80622 plan is $5,000 and includes the deductible, coinsurance, and medical copays.**

# Medical Plan Contribution Comparison

**The company has made a substantial investment in your healthcare. MRC will continue to contribute the same percentage towards the employee and dependent rates.**

**The rates shown below are your semi-monthly before-tax premiums.**

## MTBCP80622
## Copay PPO

| Per Pay Period Pricing | |
|---|---|
| **Employee** | $23.59 |
| **Employee & Spouse** | $136.32 |
| **Employee & Child(ren)** | $88.19 |
| **Employee & Family** | $200.93 |

## RMH822 HSA PPO

| Per Pay Period Pricing | |
|---|---|
| **Employee** | $17.26 |
| **Employee & Spouse** | $99.77 |
| **Employee & Child(ren)** | $64.55 |
| **Employee & Family** | $147.06 |

## RMH322 HSA PPO

| Per Pay Period Pricing | |
|---|---|
| **Employee** | $15.90 |
| **Employee & Spouse** | $91.86 |
| **Employee & Child(ren)** | $59.43 |
| **Employee & Family** | $135.40 |

# Preventative Care

## Wellness and Health Management

Understanding the full value of covered benefits allows you to take responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include getting regular physical examinations, mammograms, and immunizations. Through the plans offered by MRC, all covered individuals and family members are **eligible to receive routine wellness services like these, at no cost; all copays, coinsurance, and deductibles are waived.**

## Which preventative care services are covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act (i.e. Health Care Reform) compliant insurance plans should cover at 100% for in-network providers. Below is a list of common services that are included in the plans offered this year:

- Routine physical exam
- Well baby and child care
- Well women visits
- Immunizations
- Routine bone density test
- Routine breast exam
- Routine gynecological exam
- Screening for Gestational diabetes
- Obesity screening and counseling
- Routine digital rectal exam
- Routine colonoscopy
- Routine colorectal cancer screening
- Routine prostate test
- Routine lab procedures
- Routine mammograms
- Routine pap smear
- Smoking cessation
- Health education/counseling services
- Health counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and counseling for domestic violence

# Dental plan info

## Summary of Coverage

Dental coverage is similar to other insurance—you pay a premium, and then your insurance will cover part or all of the cost for many dental services.

## Preventative care

Professional dental care can diagnose or help prevent common dental problems, including toothaches, inflamed gums, tooth decay, bad breath, and dry mouth. If conditions like these remain untreated, they can worsen into painful and expensive problems, such as gum disease or even tooth loss.

## Diagnostic care

Additionally, dental health professionals can spot more serious health issues, including some types of cancer. That makes it even more important to see a dentist regularly.

## Great for families

This coverage is also great for families. Since dental work can be very expensive, proactive dental care, such as routine cleanings, can help save children from costly issues as they age.

## Specialized treatments

With dental insurance, you're investing in your smile and overall health. Beyond cleanings and routine care, dental coverage also helps pay for more specialized treatments, such as fillings, root canals, gum surgery, implants and orthodontics.

## Routine care

Dental coverage allows you to visit a dentist when you need to receive preventive and diagnostic care.

*See everything your plan covers by reviewing the benefits statement and overview. Reach out to HR with any questions.*

# BlueCare Dental

## Summary of Coverage

BlueCross BlueShield of Texas

| | In-Network | Out-Of-Network |
|---|---|---|
| Annual Deductible Per Individual (Max 3/family) | $25 | $25 |
| Preventive Care (oral evaluations, routine cleanings, bitewing X- rays, fluoride treatments, etc.) | 100% | 100% of R&C Fee |
| Basic Procedures (extractions, fillings, x- rays, biopsy, root canal therapy, periodontics, etc.) | 80% | 80% of R& C Fee |
| Major Procedures (Crowns, dentures, bridges, anesthesia, implants, etc.) | 50% | 50% of R&C Fee |
| Orthodontics - Child & Adult | 50% / $2,000 lifetime max per participant (deductible does not apply) | 50% / $2,000 lifetime max per participant (deductible does not apply) |
| Calendar Year Maximum Benefit | $3,000 | $3,000 |

| Per Pay Period Pricing | |
|---|---|
| **Employee** | $1.10 |
| **Employee & Spouse** | $5.49 |
| **Employee & Child(ren)** | $7.97 |
| **Employee & Family** | $13.95 |

# Vision plan info

## Summary of Coverage

Similar to other forms of insurance, with vision care you pay a premium, and the insurance company will cover part or all of your vision costs.

## Preventative care

Vision coverage is important because an eye doctor can catch eye issues before they worsen. A visit with your eye doctor can determine whether you need corrective lenses and, if so, the correct prescription. Other eye concerns that will be addressed in an eye exam include checking for conditions or diseases— such as glaucoma and cataracts—which can lead to vision loss.

## Plans

Vision plans typically cover eyeglass frames, lenses, contacts, and annual eye exams. In most cases, plans have a set dollar amount the insurance will pay for certain items. For instance, a plan may pay up to $150 for frames, and you cover anything over that amount. To maximize the benefits and discounts, you must utilize the vision network. Your plan specifics may vary.

## Coverage

Vision coverage does not usually cover surgeries or experimental vision services. However, vision insurance may help lower the costs of some procedures, such as laser eye surgery, even if it's not 100% covered. This will depend on the plan.

## Diagnostic care

Eye doctors can even help detect some types of cancer, making regular visits even more important.

*Review your benefits statement to see everything your vision plan covers. Reach out to HR with any questions.*

# Vision (Plan 9: 12/12/24/$150)

## Summary of Coverage

BlueCross BlueShield of Texas

| | In Network | Out Of Network |
|---|---|---|
| Examination | Once every 12 months | Once every 12 months |
| Lenses or contact lenses | Once every 12 months | Once every 12 months |
| Frame | Once every 24 months | Once every 24 months |
| Exam with dilation as necessary | $10 copay | Up to $30 |
| Single vision | $25 copay | Up to $25 |
| Bifocal | $25 copay | Up to $40 |
| Trifocal | $25 copay | Up to $55 |
| Lenticular | $25 copay | Up to $55 |
| Standard progressive lens | $90 copay | Up to $40 |
| Tint (solid and gradient) | $15 | N/A |
| Polycarbonate lenses | $0 kids; $40 adults | Up to $5 kids |
| Ultraviolet coating | $15 | N/A |
| Photocromatic / transitions plastic | $75 | N/A |
| Conventional contacts | $0 copay; $150 allowance | Up to $120 |
| Disposable contacts | $0 copay; $150 allowance | Up to $120 |
| Medically necessary contacts | $0 copay; paid-in-full | Up to $120 |

| Per Pay Period Pricing | |
|---|---|
| **Employee** | $4.73 |
| **Employee & Spouse** | $7.56 |
| **Employee & Child(ren)** | $7.72 |
| **Employee & Family** | $12.44 |

# Group Life Insurance

## Summary of Coverage

| Plan Features | Basic Life - Group |
|---|---|
| Employee benefit amount | 1 x salary |
| Maximum benefit amount | $100,000 |
| AD&D benefit | Same as Basic Life |
| The following shows how much benefits are reduced at certain ages. | |
| Age 65 | Benefit reduction of 35% of the original amount |
| Age 70 | Benefit reduction of 50% of the original amount |

*Group life is 100% covered by the employer with the option of employees adding voluntary life.*

Life insurance isn't a fun thing to think about. Still, if you have people who depend on you for financial support, then life insurance is really about protecting them in case something happens to you. Your designated beneficiary would collect a financial benefit upon your death. You can name a beneficiary during the enrollment process and change it anytime.

Group life insurance coverage is an employer-sponsored safety net in case the worst happens, with no out-of-pocket costs to you. You may also enroll in voluntary life insurance if you believe you need additional coverage.

# Voluntary Life Insurance

## Summary of Coverage

| Plan Features | Basic Life - Voluntary |
|---|---|
| Employee benefit amount | Increments of $10,000 not to exceed 5 x Annual Earnings |
| Minimum benefit amount | $10,000 |
| Maximum benefit amount | $500,000<br>Guarantee Issue - Employee - $150,000 |
| AD&D benefit | Same as voluntary life amount |
| Spouse benefit | $25,000 - guarantee issue amount |
| Dependent Child (ren) benefit | Birth to 15 days: $1,000; Age 15 days to 6 months: $1,000 Age 6 months to 26 years: $1,000 to $10,000 in increments of $1,000 |
| The following shows how much benefits are reduced at certain ages. | |
| Age 65 and 70 | Life & AD&D benefits reduce 35% of the original amount at age 65 and 50% of the original amount at age 70. |

*Employees must fill out an EOI form if they exceed the guaranteed issue amount.*

Voluntary life insurance is similar to group life insurance, except you pay for it. It can provide additional financial security to your family in case the worst happens. You may also insure your spouse and children.

With voluntary life insurance, you pay a monthly premium through payroll deductions. You can name a beneficiary during the enrollment process and change it anytime. Plans are typically flexible and allow you to set your payment amounts.

# Disability Insurance Long-term

## Summary of Coverage

Dearborn National

| Plan Features | |
|---|---|
| Employee benefit amount | 60% |
| Maximum monthly benefit amount<br>Class 1<br>Class 2 | <br>$20,000<br>$15,000 |
| Elimination period | 90 days |
| Benefit duration | SSNRA |

Disability insurance provides income protection if you cannot work due to an injury or illness. With disability coverage, you are compensated for 60% of your lost income up to $20,000 (class 1) $15,000 (class 2) per month after a 90-day elimination period.

For example, if you're covered under short-term disability (STD) insurance, the LTD insurance would start once the STD policy is exhausted, after 90 days.

The length of the LTD maximum benefit period for employees that become disabled before age 60 is up to their Social Security Normal Retirement Age (SSNRA). For those employees who become disabled at age 60 or over, the benefit period varies and is limited to a period between 10 years and 12 months.

Since the LTD premiums are included in the employee's taxable income, the benefits are received income tax-free.

# Disability Insurance Short-term

## Summary of Coverage

Dearborn National

| Plan Features | BCBSTX - Voluntary Short-Term Disability |
|---|---|
| Employee benefit amount | 60% of basic weekly earnings |
| Maximum benefit amount | $2,000 |
| Elimination period (Accident) | 14 days |
| Elimination period (Sickness) | 14 days |
| Benefit duration | 11 weeks or until LTD begins, whichever is earlier |

Short-term disability insurance provides income protection should you be unable to work due to an injury or illness. With disability coverage, you are compensated for a portion of your lost income.

Short-term disability (STD) coverage begins 15 days after the event causing your disability. The coverage allows you to continue to receive benefits at 60% of your pre-disability income up to the maximum weekly benefit amount of $2,000. When STD coverage ends, long-term disability (LTD) coverage is available.

STD benefits last for up to 11 weeks. The exception is maternity-related claims, which are covered the same as other illnesses with a time limitation. With a routine delivery without complications, the mother's recovery period is deemed to be 6 weeks from the delivery date. With a C-section delivery, the mother's recovery period is 8 weeks from the delivery date. Maternity complications that affect the mother's health are covered the same as any other illness. Contact HR for information regarding additional maternity leave benefits.

Since the employee pays the STD premiums after taxes are withheld, the benefits are received income tax-free.

BlueCross BlueShield of Texas

# Utilizing Preventive Care Services

Understanding the full value of covered benefits allows you to assume responsibility for maintaining good health and incorporating healthy habits into your lifestyle. Some examples include obtaining regular physical examinations, mammograms, and immunizations. Through the plans offered by MRC, all covered individuals and family members are eligible to receive routine wellness services like these at no cost - all copays, coinsurance, and deductibles are waived.

## Which Preventive Care Services Are Covered?

The US Preventive Services Task Force maintains a regular list of recommended services that all Affordable Care Act compliant insurance plans should cover 100% for in-network providers. Below is a list of common services that are included in the plans offered by BCBS:

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy once every 10 years over the age of 50
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Smoking Cessation
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV
- Screening and Counseling for Domestic Violence

Some routine medical care that treats an existing medical condition may be considered diagnostic and apply to copays or deductibles. Check with your medical provider to determine whether a specific medical treatment is preventive or diagnostic.

## Voluntary Group Accident Insurance

BlueCross BlueShield of Texas

Blue Cross and Blue Shield of Texas' Accident insurance provides you and your covered dependents with the extra money you need to help cover the increased expenses, medical or otherwise when you suffer an injury due to an accident. The proceeds from your approved claim may be used however you wish.

On & Off the Job Coverage
Benefits terminate at retirement or age 70, whichever occurs first.

| Per Pay Period Pricing | |
|---|---|
| **Employee** | $8.61 |
| **Employee & Spouse** | $14.08 |
| **Employee & Child(ren)** | $17.01 |
| **Employee & Family** | $26.48 |

## Voluntary Group Critical Illness Insurance

BlueCross BlueShield of Texas

Group Critical Illness insurance provides you with the extra money you need to help cover the increased expenses, medical or otherwise when you suffer a critical illness. The proceeds from your approved claim may be used however you wish. The semi-monthly rates are based on the age and amount of benefit and can be found in your enrollment system.

| Covered Condition | Benefit Percentage | Covered Condition | Benefit Percentage |
|---|---|---|---|
| Invasive Cancer | 100% | Carcinoma In Situ | 25% |
| Heart Attack | 100% | Major Heart Surgery | 25% |
| Stroke | 100% | End Stage Renal Disease | 100% |
| Major Organ Transplant | 100% | Paralysis | 100% |
| Major Burns | 100% | Benign Brain Tumor | 100% |
| Coma | 100% | Loss of Sight, Speech, or Hearing | 100% |
| | | Severe COVID-19 Infection | 100% |
| Wellness Benefit | | $50 Per calendar year for adults | |
| Pre-existing Conditions | 3mos./6mos. | | |
| Guarantee Issue Amount | | Available at annual enrollment | |
| Employee | | $30,000 | |
| Spouse | | $15,000 | |
| Children | | $15,000 | |

# How to Enroll in Benefits

For newly hired employees, you will enroll in your benefits during MRC's online onboarding process with Paycom. https://www.paycomonline.net/v4/ee/web.php/app/login

## Enrollment Reminders

- All newly hired employees are required to complete the online enrollment process. If you do not wish to participate in the benefit, please select "waive" to confirm your intent.
- Print and keep a copy for your records.
- To ensure timely processing of benefit elections and receipt of ID cards, please enroll as soon as you can access Paycom's system.
- To make an eligible change due to a qualifying life event, notify Kim Dupas at 972-371-5487.

## Questions?

If you have any questions or need help updating information, please send an email to awilliams@matadorresources.com or call Annabel Williams at 972-371-5412. HR Support is available Monday – Friday, 9 a.m. – 5 p.m. (CT).

Before enrolling in benefits, you must register on the Paycom Portal.

To Register: Go to https://paycom.com. Click on "REGISTER HERE"

Step 1: Enter the registration code: A registration code is provided to you when you are hired

Step 2: Enter the required information and click "CONFIRM"

Step 3-7: Verify Identity, create a User ID and password to complete registration, and select security questions and answers All new hires have 30 DAYS to complete their enrollment

Benefits Enrollment: To enroll in a benefit plan, add dependents and assign beneficiaries as a new hire, click on "START THIS ENROLLMENT."

If Dependents need to be added, select "ADD DEPENDENT/ BENEFICIARY." If no dependents need to be added, skip to Step 2


# Flexible Spending Account (FSA)

You may use a Flexible Spending Account (FSA) to reimburse yourself for eligible medical, dental, and vision expenses incurred by you and your eligible dependents. For 2023, FSA contributions are limited to $3,050 per year. **Employees actively participating in a Health Savings Account may not use the FSA for eligible medical expenses until they have met their health insurance plan deductible but may use the FSA for eligible dental and vision expenses.**

DETERMINING CONTRIBUTIONS before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year. Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status." Please refer to your Summary Plan Description for a change in the status listing. GENERAL PLAN INFORMATION:

| Plan Year End | December 31 |
|---|---|
| Run-out Period | 90 days |
| Maximum Medical Limit | $3,050 |
| Maximum Dependent Care Limit | $5,000 |
| Health FSA Grace Period | 75 Days |
| Dependent Care Grace Period | 75 Days |

## This is how an FSA works:

- You set aside money for your FSA from your paycheck before taxes are taken out.
- You then use your pre-tax FSA funds to pay for eligible health care or dependent care expenses throughout the plan year.
- You save money on expenses you're already paying for.

You may also be able to carry over up to $610 of unused funds to the following year. Refer to your FSA documentation for more details.

## Health FSA Eligible Expenses

- Medical expenses: copays, coinsurance, and deductibles Dental expenses: exams, cleanings, X- rays, and braces
- Vision expenses: exams, contact lenses, eyeglasses, and laser eye surgery
- Professional services: physical therapy, chiropractic, and acupuncture Prescription drugs and insulin
- Over-the-counter health care items such as bandages, pregnancy test kits, and blood pressure monitors

## Dependent Care FSA Eligible Expenses

- Care for your child who is under the age of 13
- Before- and after-school care
- Babysitting and nanny expenses
- Daycare, nursery school, and preschool
- Summer day camp
- Care for a relative who is physically or mentally incapable of self-care and lives in your home

## HOW DO I RECEIVE REIMBURSEMENTS

During the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at www.NBSbenefits.com.

## NBS Flexcard – FSA Pre-paid MasterCard

Your employer may sponsor the use of the NBS Flexcard, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash upfront and wait for reimbursement.

Terminated Employees have 30 Days after their date of termination to submit receipts for services before their termination date.

NBS Welfare Benefit Service Center
8523 S. Redwood Road West Jordan, UT 84088
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528

## 401k Benefits

MRC provides employees with a 401(k) Plan from Empower Retirement.

**Matador Resource Company 401K Profit Sharing Plan Summary**

3% cash contribution by the company (no vesting). Effective as of employee plan entry date.

$1 for $1 cash matching up to 4%.

Company match subject to vesting as follows – subject to annual approval by the Board of Directors:

- Less than 2 years 0% of cumulative match vested
- 2 years 20% of cumulative match vested
- each additional year 20% of cumulative match vested
- 6 or more years 100% of cumulative match vested

[Credit given for years of employment with the "old" Matador for employees who joined from or had prior tenure with the "old" Matador]

Company contributions are funded before January 31 of the following year.

Entry dates for employees: First day of the month following employment

Seasonal employees are eligible if employed as of entry date (eligibility is an employee as of entry date)

| | |
|---|---|
| Administrator and Record Keeper | MRC |
| Plan Sponsor | Empower Retirement |
| Investments | Empower Retirement |

Please refer to the Plan Trust Summary or Plan Trust Document for details.

**LOGIN: To View Your Account**

EMPOWER RETIREMENT™

855-756-4738

# Important Laws and Notices

## Newborn & Mothers' Health Protection Act

Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g. your physician, nurse midwife or physician's assistant) after consultation with the mother, discharges the mother or newborn earlier.

Plans and issuers may not select the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities, or to reduce your out-of-pocket costs, you may be required to obtain pre-certification.

## Women's Health & Cancer Rights Act

On October 21, 1988, the Women's Health and Cancer Rights Act became effective. This law requires group health plans that provide coverage for mastectomies to also cover reconstructive surgery and prostheses following mastectomies. As the Act requires, we have included this notification to inform you about the law's provisions. The law mandates that a plan participant receiving benefits for a medically necessary mastectomy who elects breast reconstruction after 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, prostheses, treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage will be provided in consultation with the attending physician and the patient, and will be subject to the same annual deductibles and co-insurance provisions that apply for the mastectomy.

## Health Insurance Portability & Accountability Act of 1996 (HIPAA)

HIPAA requires that you be informed of your Special Enrollment rights when you and/or your eligible dependents decline health care coverage during the initial enrollment period.
If you are declining coverage for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself and/or your dependents in an PH medical plan provided that you request cover- age within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption or a court order, you may be able to enroll yourself and/or your dependents, provided that you request enrollment within 31 days after the marriage, birth, adoption or placement for adoption or the court order.

If you are declining health coverage for yourself or your dependents (including your spouse) and you are not currently covered under a medical plan, you will be considered a late applicant.

HIPAA allows a late applicant to enter a medical plan only during an open enrollment period.

The Plan will use Protected Health Information (PHI) to the extent of and in accordance with the uses and disclosures permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as amended. The plan will use and disclose PHI for purposes related to health care treatment, payment for health care and health care operations. The Plan Sponsor hereby certifies that in accordance with HIPAA, access to PHI information may be given only to the Plan Sponsor and staff of the Plan Sponsor who receive protected health information related to payment under, health care operations of, or other matters pertaining to the Plan in the ordinary course of business in carrying out Plan administration functions that the Plan Sponsor performs for the Plan. If the Plan Sponsor and said staff do not comply with this Plan document, the Plan Sponsor shall provide a mechanism for resolving issues of noncompliance, including disciplinary sanctions. With an authorization, the Plan will disclose PHI for the purposes granted, and to the parties specified in the authorization.

## Mental Health Parity of 2010

Taking an active, involved approach to caring for your mental and emotional health can help you lead a healthier, more balanced life. Effective January 1, 2010, the Paul Wellstone and Pete Domenici Health Parity and Addiction Equity Act removed any visit limits for the following:

- Mental Health Outpatient
- Mental Health Inpatient
- Alcohol and Substance Abuse Outpatient
- Alcohol and Substance Abuse Inpatient stays for detoxification and rehabilitation

## Premium Assistance Under Medicaid & the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP, and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1 877 KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1 866 444 EBSA (3272).

You can find a list of the eligible states on the MRC benefits portal compliance page at www.insuranceisboring.com. You may be eligible for assistance paying your employer health plan premiums. You should contact your State for further information on eligibility

# Continuation of Coverage - COBRA

## Eligibility

Employees enrolled in the medical, pharmacy, dental, vision and/or FSA plans are eligible for COBRA continuation coverage. If you experience an event that normally results in loss of the previously mentioned coverage, you may be eligible to continue receiving benefits for up to 18 months if you meet one of the following conditions:

- The death of the employee who was the primary account holder
- Termination of employment (other than by reason of the employee's gross misconduct) or reduction in hours
- The divorce or legal separation of the employee
- A dependent child ceases to be a dependent under the terms of the plan
- Newborn and newly adopted children of a COBRA beneficiary become eligible for continuation coverage at the time of their birth or adoption

If you meet the eligibility requirements, you will be sent a notice for COBRA options within 60 days of your loss of coverage.

## Continuation Coverage Cost

If you choose to continue coverage under COBRA, you are responsible to pay the full cost of coverage and an administrative fee. You must make your first payment for coverage no later than forty-five (45) days after the date of your election. If you do not make your first payment for continuation coverage in full, no later than forty-five (45) days after the date of your election, you will lose all continuation coverage rights under the plan. After you make your first payment, monthly payments are due each month that continuation coverage is available and requested.

## Change of Status under active COBRA Coverage

If you are already receiving benefits from COBRA and you experience a life-status change, you must notify the employer in writing within sixty (60) days of the event. Coverage will be affected and determined by your new status, with deductions adjusted accordingly.

## Qualifying Life-Event Changes Include:

- Death of employee
- Divorce of employee
- Legal separation of employee
- Child's loss of "dependent" status

## Covered Dependents

Covered dependents may also be eligible for this coverage if the employee loses eligibility status under the group plan, the employee becomes deceased, or if the dependent is no longer an eligible dependent.

**It is the employee's responsibility to notify MRC's Benefits Department when there is a change in dependent eligibility for any MRC benefit plan.**

# MRC Energy Company

## 2023 Employee Benefits Guide

Prepared by Ragland Strother & Lafitte for MRC Energy Company