



2021 EXPATRIATE BENEFITS GUIDE



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Welcome

Congratulations on your international assignment. Whether you are a newly hired employee or a current domestic employee who is moving to an expatriate assignment, we want to be sure you understand your benefits.

As an expatriate employee, you are automatically enrolled in a special benefit program designed specifically for employees living abroad. Chevron Phillips Chemical partners with Aetna International to provide your expatriate health care benefits. To make sure you and your family are aware of the resources and services available to you and know where to go if you have a question or need information, we offer this Expatriate Benefits Guide. If you are a newly hired expatriate employee, we encourage you to also read the New Hire Benefits Guide that's included in your new hire packet and at www.mycpchembenefits.com/new-hires.

Once again, congratulations on your international assignment. We hope you enjoy your time abroad.

Sincerely,

The Chevron Phillips Chemical Benefits Team



Expatriate Benefits

Chevron Phillips Chemical is pleased to offer its expatriate employees an international health care program called Aetna International (AI). AI has many special features that will make it easy for you to obtain and pay for health care while on international assignment:

- Worldwide medical coverage,
- Round-the-clock member service,
- Innovative tools and resources,
- Direct payment to many hospitals worldwide,
- World-class technology,
- 24-hour nurse hotline,
- Pre-trip planning resources, and
- Claims reimbursement in over 100 currencies.

Aetna International offers several tools to help you manage your medical plan and your health:

- Aetna International member website at www.aetnainternational.com,
- International Member Service Center, and
- Simple Steps To A Healthier Life®.

To access plan summaries, forms and other useful resources, visit the **Expats** section at www.mycpchembenefits.com.

The medical plan will pay different amounts depending on whether you receive benefits inside or outside the U.S. In the U.S., you will receive a higher level of benefits if you receive care from an in-network Aetna provider. The co-insurance amounts are:

- 90% outside the U.S. (100% for employees enrolled in the Saudi Arabia or other Middle East Plans),
- 100% in-network (in the U.S.) for designated preventive services,
- 80% in-network (in the U.S.) for non-preventive services, and
- 60% out-of-network (in the U.S.) after deductible (75% out-of-network after deductible for spinal disorder treatment and short-term rehabilitation).

Our health care concierge service, HealthAdvocate, can continue to help you with a variety of benefit questions while you're on international assignment. Be sure to contact HealthAdvocate for assistance with coverage and billing issues, finding providers, transferring records and handling prior approvals. You can reach HealthAdvocate at 1-866-799-2731 or online at www.healthadvocate.com/members.



Health Care Benefits

Health care benefits are provided to Chevron Phillips Chemical's expatriate employees and their eligible dependents through the Aetna International (AI) program, which offers comprehensive coverage tailored to the unique needs of employees living abroad.

Please note: The AI program also covers your dependents even if their primary residence continues to be in the United States during your expatriate assignment. See the *How to Participate* Summary Plan Description at www.mycpchembenefits.com/benefit-handbooks for more details on who may qualify as an eligible dependent.

On the next few pages, you will find general information about covered services and the contribution rates for the medical and dental plans.

You will receive an Aetna International medical plan ID card with contact information for accessing and using your benefits.

You can also log on to www.aetnainternational.com to print a temporary ID card if you require proof of coverage before you receive your permanent card.

For employees in Saudi Arabia, you will also receive a Tawuniya card to be used for care in Saudi Arabia. The regular AI card is for care anywhere outside Saudi Arabia.

DEFAULT COVERAGE FOR NEW HIRES

If you are a new hire expatriate employee, you'll automatically be enrolled in Employee Only medical and dental coverage through Aetna International. You can enroll in other benefits, including critical illness insurance, vision, flexible spending accounts, supplemental life and AD&PL, long-term disability, group legal and group home and auto insurance. See the *New Hire Benefits Guide* in your new hire packet and at www.mycpchembenefits.com/new-hires for more information on all of your benefit coverage options.



Aetna International 2021 Expat Medical Plan Summary

	AETNA INTERNATIONAL — MEDICAL BENEFITS		
	Outside the U.S.	In-Network** (Inside the U.S.)	Out-of-Network (Inside the U.S.)
Maximum lifetime benefit	Unlimited	Unlimited	Unlimited
Deductible	\$0 — Individual \$0 — Family	\$0 — Individual \$0 — Family	\$200 — Individual \$400 — Family
Annual out-of-pocket maximum	\$1,500 — Individual \$4,500 — Family (Does not apply to employees in the Middle East Plan)	\$1,500 — Individual \$4,500 — Family	\$3,000 — Individual \$9,000 — Family
Inpatient per confinement deductible (<i>maximum of three per calendar year</i>)	None	None	\$250
Hospital Services			
Inpatient	90%*	80%	60% after \$250 per confinement deductible
Outpatient	90%*	80%	60% after deductible
Pre-certification penalty	None	None	\$400
Non-emergency use of the emergency room	90%*	80%	60% after deductible
Emergency room	90%*	80%	80%
Urgent care	90%*	80%	60% after deductible
Physician Services and Wellness Benefits			
PCP or specialist doctor's office visits	90%*	80%	60% after deductible
Teladoc phone or online video consultation (<i>general medicine, behavioral health and dermatology</i>)	N/A	80%	N/A
Routine child physical exams (<i>includes immunizations</i>)	90%*	100%	60% after deductible
Routine adult physical exams (<i>includes immunizations</i>)	90%*	100%	60% after deductible
Routine gynecological exams (<i>one exam and pap smear per calendar year</i>)	90%*	100%	60% after deductible
Mammograms (<i>one exam per calendar year</i>)	90%*	100%	60% after deductible
PSA tests (<i>for males age 40+</i>)	90%*	100%	60% after deductible
Digital rectal exam (<i>for males age 40+</i>)	90%*	100%	60% after deductible
Cancer screenings (<i>one flex sigmoid and one double barium contrast every 5 years; at age 45+ one colonoscopy every 5 years</i>)	90%*	100%	60% after deductible
Routine hearing exam (<i>one per calendar year</i>)	90%*	100%	60% after deductible
Mental Health and Alcohol/Substance Abuse Services			
Inpatient treatment	90%*	80%	60% after \$250 per confinement deductible
Outpatient treatment	90%*	80%	60% after deductible

(continued)

AETNA INTERNATIONAL — MEDICAL BENEFITS			
	Outside the U.S.	In-Network** (Inside the U.S.)	Out-of-Network (Inside the U.S.)
Other Services			
Skilled nursing facility (120-day calendar year maximum)	90%*	80%	60% after \$250 per confinement deductible
Home health care (120-visit calendar year maximum, includes Private Duty Nursing)	90%*	80%	60% after deductible
Spinal disorder treatment (\$1,000 per calendar year maximum)	90%*	80%	75% after deductible
Speech therapy (60 visits per calendar year maximum)	90%*	80%	60% after deductible
Short-term rehabilitation (physical and occupational therapy; unlimited visits per calendar year)	90%*	80%	75% after deductible
Autism treatment (inpatient/outpatient services, medication management and diagnostic services, and Applied Behavioral Analysis (ABA); speech, physical and occupational therapy)	90%*	80%	60% after deductible
Comprehensive infertility services (6 cycles per lifetime for comprehensive plan coverage which includes coverage for Artificial Insemination and Ovulation Induction)	90%*	80%	60% after deductible
Advanced Reproductive Technology (ART) infertility services (6 cycles per lifetime for ART coverage with in vitro fertilization, cryopreservation, storage and unlimited embryo transfers)	90%*	80%	60% after deductible
Diagnostic outpatient lab and X-ray	90%*	80%	60% after deductible
Bariatric surgery	90%*	80%	60% after deductible
Durable medical equipment (including foot orthotics)	90%*	80%	60% after deductible
Hearing aids (maximum benefit of \$3,000 every 36 months)	90%*	80%	60% after deductible
Global emergency assistance program (\$500,000 per calendar year maximum)	100%	100%	100%
Prescription Drug Coverage			
Generic (365-day maximum supply)	75%*	75%, member cost not to exceed \$50 per 30-day supply (includes Mail-Order Drugs)	60% after deductible
Preferred brand (365-day maximum supply)	75%*	75%, member cost not to exceed \$100 per 30-day supply (includes Mail-Order Drugs)	60% after deductible
Non-preferred brand (365-day maximum supply)	75%*	75%, member cost not to exceed \$125 per 30-day supply (includes Mail-Order Drugs)	60% after deductible
Vision Expenses			
Routine eye exam (one exam per calendar year)	90%*	100%	60% after deductible
Eyeglass frames and lenses OR contact lenses (one frames/lenses or contacts per 12 months)	90% after \$35 copay	80% after \$35 copay	60% after \$35 copay

* The plan pays 100% for covered services outside the U.S. for employees enrolled in the Saudi Arabia or other Middle East Plans.

** To find a participating in-network provider in the U.S., log on to www.aetna.com or call the International Member Service Center at 1-800-231-7729 or 1-813-775-0190 (collect calls are accepted).

Aetna International Tools and Resources

Finding a Provider

You can receive care from the provider of your choice anywhere in the world. It's easy to find a provider with Aetna's International Provider Directory:

- Call the International Member Service Center at 1-800-231-7729 or 1-813-775-0190 (collect calls are accepted).
- Find the directory online at www.aetnainternational.com.
- You can search for providers and specialists around the globe. If you are logged on to the Aetna International website and search for providers in the U.S., you will be automatically rerouted to www.aetna.com to find in-network U.S. providers.
- Find information about the doctor's education, board certification, languages spoken and much more.

In the United States, you will receive a higher level of benefits if you receive care from an in-network Aetna provider. To find an in-network provider, log on to www.aetna.com and select "Open Choice PPO" under "Aetna Standard Plans."

Member Website

No matter where your travels take you, from the secure Aetna International member website, www.aetnainternational.com, you have a wealth of information at your fingertips. The site is available 24 hours a day, 7 days a week. It offers the following resources:

- **International Provider Directory** — search for providers and specialists around the globe.
- **Forms** — download forms, including reimbursement forms, directly from the site.
- **Online claim submission** — upload claim documents, receive immediate confirmation of your claim submission, and obtain a reference number for your claim.
- **Direct settlement request** — request that a participating hospital is paid directly by Aetna, so you don't have to worry about paying upfront and filing claims later.



International Member Service Center

Aetna International's Member Service Center is made up of multilingual professionals who are trained to respond to your specific international benefits needs. They can answer medical plan benefit questions and connect you to other resources as needed. The team can help you:

- Find medical equipment,
- Assist with complex cases,
- Coordinate second opinions,
- Arrange for care in remote places,
- Aid in emergency evacuations, and
- Arrange prepayment for medical care.

The service center can also connect you to the Care and Response Excellence (CARE) team, which is made up of registered nurses who can help you navigate every part of your health insurance. They can assist with obtaining medical equipment or prescription medications or help you locate a physician in your country of assignment.

You can reach the International Member Service Center by calling **1-800-231-7729** or **1-813-775-0190** (collect calls are accepted) or emailing aiservice@aetna.com.

Teladoc Telemedicine

When you enroll in the Aetna International expatriate medical plan, you can take advantage of a low-cost telemedicine feature available through Teladoc. Teladoc gives you 24/7 access to a doctor via phone or online video consultations. Teladoc does not replace your primary care physician, but it is a great alternative when you need immediate care for a non-emergency issue such as general medicine (for example, cold and flu symptoms, allergies, bronchitis or urinary tract infection), behavioral health or dermatology. A Teladoc doctor can even write you a prescription for minor ailments. You can also set up a virtual visit appointment to speak with a licensed counselor, therapist or psychiatrist about issues such as anxiety, depression, trauma or relationship problems.

You will pay less for a telemedicine consultation than for a non-preventive physician office visit. For example, the typical cost for a Teladoc consultation is \$40 before insurance, compared to a primary care physician office visit of approximately \$100.

You can reach Teladoc at 1-855-TELADOC (1-855-835-2362) or online at www.teladoc.com/Aetna.



Filing a Claim

For most medical services out-of-network, and sometimes outside the U.S., you will have to pay for your care and file a claim for reimbursement (unless a direct settlement arrangement has been set up with a participating hospital). You can submit a claim electronically or using a paper form.

- 1 To submit an online claim, log on to www.aetnainternational.com and click the “Submit Claim” tab. Complete a *Request for Medical/Dental Benefits* form and follow the instructions to submit your claim electronically.



- 2 If you prefer to submit your claim via fax, email or mail:
 - a. Copy all fully-itemized medical bills and receipts on letter-sized paper. Be sure all copies are legible. Bills and receipts should include:
 - Patient’s name and relationship to employee,
 - Provider name, address and telephone number,
 - Date of service,
 - Amount charged,
 - Procedure(s) performed, and
 - Diagnosis/nature of illness (if this is not included, you may write it on the bill/receipt; please sign and date any handwritten notes).
 - b. Write your Social Security number or assigned identification number on each piece of paper.
 - c. If faxing, include a fax coversheet with the date, total number of faxed pages and your contact information (phone number, fax number and/or email address).
 - d. Fax, email or mail the claim form and copies of medical bills and receipts to:
 - **Fax:** 1-859-425-3363 (inside the U.S.) or toll-free to 1-800-475-8751 (outside the U.S., via AT&T + access code).
 - **Email:** aiservice@aetna.com.
 - **Mail:** Standard mail or overnight express mail to the address shown on the claim form.

Direct Settlement Procedures

Aetna International contracts with selected “direct settlement” medical facilities to facilitate the payment of large-scale medical costs. When you access care at an AI-contracted direct settlement medical facility or provider, your out-of-pocket expenses may be reduced because you’ll generally be responsible for a smaller portion of the bill, and AI will pay the facility directly for any remaining covered expenses according to the plan’s specific benefits coverage. That way you don’t have to worry about paying for all your covered medical expenses up-front.

To initiate a direct settlement request:

1 Online:

- Go to www.aetnainternational.com.
- Click on “Members” then “Member Login.” Click on “Login/Register” next to “Members on US-based plans and WorldTraveler plans, start here” and log on to the secure member site.
- Click on “Find Health Care.”
- Click on “International Direct Settlement Hospitals.”
- Select the country and city in which you plan to receive care.
- Select a provider of your choice.
- Click on “Submit a Request.”
- Follow the instructions to fill out the online form.

OR

2 Call the International Member Service Center at 1-800-231-7729 or 1-813-775-0190 (collect calls are accepted).

Note: For non-emergency medical attention, it is advisable to submit your direct settlement request for processing and approval at least 10 days before seeking care. In the event of an emergency situation, seek the care you need first and then submit the direct settlement request as soon as you are able.

If you don’t find the specific facility that you are looking for in AI’s direct settlement database, you can request that AI coordinate a one-time direct-payment arrangement with that facility. If AI can successfully arrange for payment, they will consider adding that facility to their list of regular direct settlement providers.



Medical Plan Contribution Rates

The following chart shows the 2021 monthly contributions for medical coverage. Remember, your contributions for medical coverage are deducted from your pay on a pre-tax basis.

Aetna International Program — Medical Coverage

	YOUR CONTRIBUTIONS	COMPANY CONTRIBUTIONS	TOTAL
Employee-Only	\$ 183.78	\$ 739.12	\$ 922.90
Employee + Spouse	\$ 414.17	\$1,616.21	\$2,030.38
Employee + Child(ren)	\$ 356.53	\$1,397.00	\$1,753.53
Employee + Family	\$ 496.20	\$2,410.94	\$2,907.14

Aetna International Dental Plan Summary

AETNA INTERNATIONAL — DENTAL BENEFITS	
General Information	
Deductible	\$50/Employee Only \$100/Employee + Spouse \$150/Employee + Child(ren) \$150/Employee + Family
Plan year maximum	\$2,000/person
For the following treatments and services, the Aetna International program pays:	
Covered Services	
Diagnostic and preventive care	100% with no deductible
Basic services	80% after deductible
Major services	50% after deductible
Orthodontia	
▪ Adults	▪ 50% with no deductible
▪ Children	▪ 50% with no deductible
▪ Lifetime Maximum	▪ \$2,000/person



Dental Plan Contribution Rates

The following chart shows the 2021 monthly contributions for dental coverage. Remember, your contributions for dental coverage are deducted from your pay on a pre-tax basis.

Aetna International Program — Dental Coverage

	YOUR CONTRIBUTIONS	COMPANY CONTRIBUTIONS	TOTAL
Employee-Only	\$ 21.61	\$ 21.61	\$ 43.22
Employee + Spouse	\$ 42.17	\$ 42.17	\$ 84.34
Employee + Child(ren)	\$ 49.93	\$ 49.93	\$ 99.86
Employee + Family	\$ 70.48	\$ 70.48	\$140.96



Flexible Spending Accounts

If you're currently participating in a Health Care or Dependent Care Flexible Spending Account, you'll be able to keep your accounts active. However, you will no longer be able to use your Health Care FSA debit card.

- When you enroll in the HCFSA, you are defaulted into the streamline reimbursement option. PayFlex will automatically reimburse you for eligible expenses.
- If you elected non-streamlined reimbursement, you will have to submit a claim form (available on www.mycpchembenefits.com) to receive a reimbursement from PayFlex.

For more details on Flexible Spending Accounts, such as what types of expenses are reimbursable, see the *Flexible Spending Accounts* Summary Plan Description at www.mycpchembenefits.com/benefit-handbooks.

If you are a newly hired expatriate employee and you enroll in a Flexible Spending Account, you will not receive an FSA debit card. You can request reimbursement of your eligible expenses as outlined above.

FSA Debit Card for Eligible Health Care Expenses — Some Q&As

- Q.** *If a domestic employee is enrolled in an FSA and transfers to an Expat assignment mid-year, what happens to his or her FSA debit card?*
- A.** Once an employee moves to Expat payroll, his or her FSA debit card is no longer valid and paper claims will have to be submitted for eligible health care expenses.
- Q.** *What happens when an Expat transfers to Domestic payroll mid-year? Is the member sent an FSA debit card?*
- A.** If the member already has an FSA account, then an FSA debit card for eligible health care expense reimbursement is reissued. Members may use the PayFlex card at time of service or purchase to pay for eligible health care expenses at any PayFlex-certified merchant. Merchants include doctor and dental offices, hospitals, pharmacies and hearing and vision care centers. Members can also use the card at some discount and grocery stores or to purchase mail-order prescriptions.
- Q.** *What happens if a member transfers from Expat to Domestic payroll, but didn't have an FSA account before they went on Expat assignment?*
- A.** Repatriation is considered a qualified status change and the employee would be eligible to enroll in an FSA. Once enrolled, he or she will be issued an FSA debit card for eligible health care expense reimbursements.

Life Insurance and Long-Term Disability (LTD)

Any basic and supplemental life insurance, basic and supplemental AD&PL and long-term disability (LTD) coverages in which you are enrolled will continue while you are on international assignment. You can enroll in or change your supplemental benefits coverage within 31 days after your expatriation date by contacting the Chevron Phillips Benefits Service Center online at www.myplansconnect.com/cpchembenefits or by phone at 1-800-446-1422 or 832-813-1422 (option 1).

Voluntary Benefit Options

If you are enrolled in the Critical Illness Plan through MetLife, Vision PLUS Plan through VSP, Group Legal Plan through Hyatt Legal or Group Home & Auto through Liberty Mutual, those coverages will continue while you are on international assignment. You can enroll in or change your critical illness, vision or legal coverage within 31 days after your expatriation date by contacting the Chevron Phillips Benefits Service Center online at www.myplansconnect.com/cpchembenefits or by phone at 1-800-446-1422 or 832-813-1422 (option 1). If you wish to change your Group Home & Auto coverage, contact Liberty Mutual at 1-800-837-5254.

Note: The Aetna International expat medical plan offers a higher level of vision coverage than the domestic medical plans, so you should carefully consider your available coverage before enrolling in or continuing the Vision PLUS Plan through VSP.

Aetna International's International Employee Assistance Program

The International Employee Assistance Program (IEAP) can provide you and your family with the extra support you need to deal with a variety of issues. The IEAP is a confidential, around-the-clock service that can help you balance the demands of work and life. They offer assistance with topics such as stress management, depression, addictions, personal finances, child care, adoption, parenting, elder care and academic services. Through counseling, online tools, referrals and resource assistance, the IEAP is designed not only for those who have a crisis, but for anyone who could use help in managing everyday situations.

The IEAP is time-saving, convenient, confidential and personalized, with services that include:

- Phone support 24 hours a day, 7 days a week so you can speak to trained professionals who can guide you to the resources you need.
- Internet access to interactive tools, self-assessments and easy-to-find information on a variety of topics — available anytime!
- Direct referrals for you and your family, including local resources such as attorneys, financial professionals and more.
- A full suite of work/life, legal and financial services, including child care and elder care assistance.
- Up to five free confidential counseling sessions per issue, per year for each covered member.

No matter when, no matter where, you have easy access to support at no cost to you. Just call or log on to get started. Call the member services number located on the back of your member ID card or log on to the secure Aetna International member website at www.aetnainternational.com.

401(k) and Retirement

You will continue to participate in the Chevron Phillips Chemical Company's 401(k) Savings Plan and Retirement (Pension) Plan. For information on your retirement benefits, see the Summary Plan Descriptions at www.mycpchembenefits.com/benefit-handbooks.



Legal Notices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that you receive the following legal notices.

Grandfathered Plan Status

Chevron Phillips Chemical Company believes the Aetna International Medical Plan is a “grandfathered health plan” 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 an internal appeals process and an external review process. 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. (Note: The Company's medical plans never imposed a lifetime limit).

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 the plan administrator at 10001 Six Pines Drive, The Woodlands, Texas 77380. 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 website has a table summarizing which protections do and do not apply to grandfathered health plans.

Special Enrollment Notice

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you and your dependents may in the future be able to enroll yourself or your dependents in Chevron Phillips Chemical Company LP Health and Welfare plans if you lose your other coverage. You must request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, placement for adoption or legal guardianship, you may be able to enroll yourself and your dependents if you were previously not enrolled. You must enroll within 31 days after the event, and coverage will be effective the date of the event.

In addition, you may enroll in Chevron Phillips Chemical's medical plan if you become eligible for, or lose coverage under, a state premium assistance program under Medicaid or Children's Health Insurance Program (CHIP). You must request enrollment within 60 days after you gain or lose this eligibility. If you request a change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

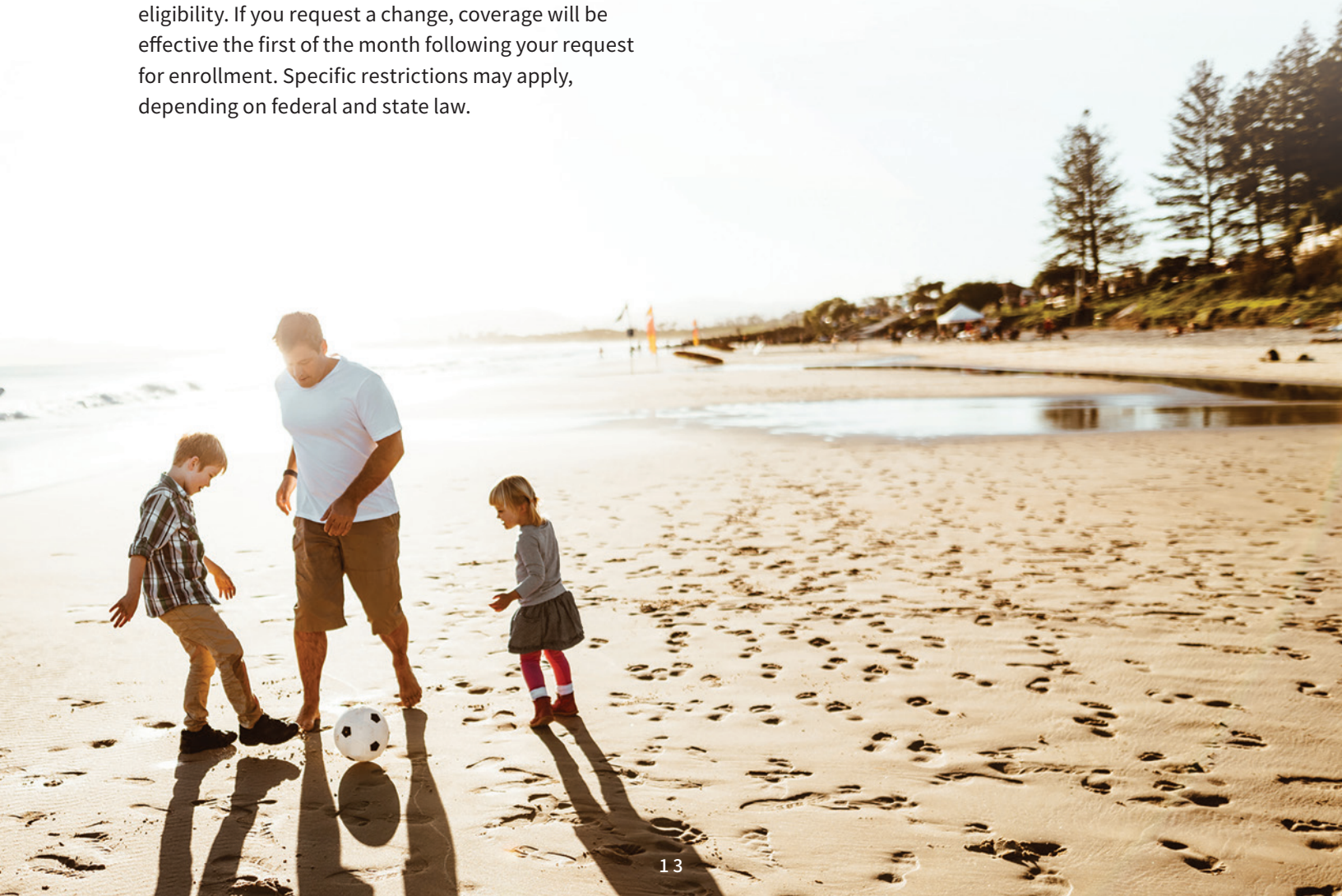
Privacy Protections

HIPAA imposes requirements on employer health plans concerning the use and disclosure of individual health information. To obtain a copy of the privacy notice for Chevron Phillips Chemical Company LP Health and Welfare plans, contact the Employee Service Center at 1-800-446-1422 (option 3).

General Notice of COBRA Continuation Coverage Rights

Introduction

Under a federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), individuals with group health coverage have the right to continue coverage for a limited period of time when plan coverage would otherwise end. This notice provides a general explanation of COBRA continuation coverage, when it may become available to you and your family, and how you can protect your right to receive it.



An Overview of COBRA Coverage

The chart below summarizes individuals eligible for COBRA coverage (known as qualified beneficiaries), the life events that qualify them for coverage, and related coverage periods:

QUALIFYING EVENT	QUALIFIED BENEFICIARY	COVERAGE PERIOD
<ul style="list-style-type: none"> Employee's/spouse's hours of employment are reduced Employee's/spouse's employment ends for any reason other than gross misconduct 	Employee Spouse Dependent child	18 months
<ul style="list-style-type: none"> Employee entitled to Medicare (under Part A, Part B or both) Divorce or legal separation Death of employee 	Spouse Dependent child	36 months
<ul style="list-style-type: none"> Spouse entitled to Medicare (under Part A, Part B or both) Death of spouse 	Dependent child	36 months
<ul style="list-style-type: none"> Loss of dependent child status 	Dependent child	36 months
<ul style="list-style-type: none"> Company declares Chapter 11 bankruptcy which results in loss of group health coverage 	Retiree Retiree's spouse Retiree's dependent child	36 months

Extension of Coverage

The 18-month coverage period may be extended under the following circumstances:

EVENT	
Disability	<ul style="list-style-type: none"> If the Social Security Administration determines that the qualified beneficiary was disabled on the date of the qualifying event according to Title II (Old Age Survivors and Disability Insurance) or XVI (Supplemental Security Income) of the Social Security Act, the 18-month coverage period will be extended to 29 months. The qualified beneficiary must obtain the disability determination from the Social Security Administration and notify the Plan Administrator within 60 days of the date of disability determination and before the close of the initial 18-month period. The qualified beneficiary has 30 days to notify the Plan Administrator from the date of a final determination that he or she is no longer disabled.
Secondary Event	<ul style="list-style-type: none"> If during the 18 months of continuation coverage, a second event takes place (divorce, legal separation, death, Medicare entitlement or a dependent child ceasing to be a dependent), the 18-month coverage period will be extended to 36 months. The qualified beneficiary must notify the Plan Administrator within 60 days of the event and within the initial 18-month period. COBRA coverage does not last beyond 36 months from the original qualifying event, no matter how many events occur.

If you elect to continue a Flexible Spending Account through COBRA, the maximum period for continuation coverage is through the end of the calendar year, on an after-tax basis.

Providing Notification of a Qualifying Event

COBRA coverage is offered to a qualified beneficiary after the Plan Administrator has been notified of a qualifying event. The employer must notify the Plan Administrator within 30 days after the following qualifying events: an employee's death, termination of employment, reduction in hours or eligibility for Medicare, and the loss of retiree coverage resulting from a bankruptcy ruling. You must notify your employer or the Plan Administrator within 60 days of the following qualifying events: your divorce or legal separation or if your child loses dependent status under the Plan.

Electing COBRA Coverage

Once notified, the Plan Administrator will inform qualified beneficiaries of their right to elect COBRA coverage. The employee and spouse may elect COBRA coverage independent of one another. Employees may elect COBRA coverage on behalf of their spouses, and parents may elect COBRA coverage on behalf of their children. The election period is 60 days, which begins from the date Plan coverage ends or the date of the notice, whichever is later. There is no extension of the election period. If coverage is not elected within this 60-day period, then rights to continue group health insurance will end.

Paying for COBRA

You pay the full cost of COBRA coverage (plus a 2 percent administration fee), which is 102% of the total premium. There is a grace period of at least 30 days for payment of the regularly scheduled premium. At the end of the 18-month, 29-month or 36-month continuation coverage period, qualified beneficiaries may be offered, if available on the group health plan, the opportunity to enroll in an individual conversion health plan provided by your employer.

Updating Information on Qualified Beneficiaries

You must inform the Plan Administrator of any changes regarding qualified beneficiaries, such as:

- Changes of addresses of family members, and
- Birth to or adoption of a child by the covered employee during a period of COBRA coverage. According to the terms of the Plan and federal law, the child can be added to COBRA coverage as a qualified beneficiary upon proper notification to your employer or COBRA Plan Administrator.

For your records, be sure to keep a copy of any notices you send to the Plan Administrator.

Cancellation of COBRA Coverage

Under federal law, COBRA coverage may be cancelled for any of the following reasons:

- Your employer no longer provides group health coverage to any of its employees,
- The premium for continuation coverage is not paid on time,
- The qualified beneficiary becomes covered, after the date he or she elects COBRA coverage, under another group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition,
- The employee or spouse becomes entitled to Medicare, after the date he or she elects COBRA coverage,
- The qualified beneficiary extends coverage to 29 months due to a Social Security disability and a final determination has been made that he or she is no longer disabled, and
- The qualified beneficiary notifies the Plan Administrator that they wish to cancel continuation coverage.



The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the pre-existing condition limitations imposed by group health plans (applicable, in general, for plan years beginning after June 30, 1997). Under HIPAA, if you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated. At the same time, if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, your employer or COBRA Plan Administrator may terminate your COBRA coverage.

While you do not have to show that you are insurable to choose COBRA coverage, this continuation coverage is provided subject to your eligibility for coverage. Your COBRA Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

Where to Obtain More Information

For more information about your rights and obligations under the Plan and under federal law, please review the Plan's Summary Plan Description or contact the Plan Administrator. If you have questions about your rights under ERISA (including COBRA, HIPAA, and other laws affecting group health plans), contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa (contact information for Regional and District EBSA Offices is available through the site).

Notice of Creditable Coverage

(for employees eligible for Medicare — over-age-65 employees and certain disabled employees)

Please read this notice carefully. It has information about prescription drug coverage available under Chevron Phillips Chemical's medical plans and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by a Chevron Phillips Chemical medical plan, you'll be interested to know that the prescription drug coverage under our plans is, on average, at least as good as standard Medicare prescription drug coverage for 2021. This is called creditable coverage. Coverage under these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Chevron Phillips Chemical medical plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Chevron Phillips Chemical coverage, Medicare will be your only payer. You can re-enroll in the Chevron Phillip Chemical plan only during the annual benefits enrollment period or if you have a Special Enrollment event for the Chevron Phillips Chemical plan.

You should know that if you waive or leave coverage with Chevron Phillips Chemical and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

If you are no longer an active employee and you and/or your spouse are over age 65, Chevron Phillips Chemical no longer provides medical plan coverage including prescription drug coverage and you should enroll in Medicare and a Medicare prescription drug plan.

For more information about this notice or your current prescription drug coverage...

Contact the Chevron Phillips Benefits Service Center at 1-800-446-1422, option 1. **Note:** You'll get this notice each year. You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if Chevron Phillips Chemical's coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Chevron Phillips Chemical Company
Health Plan Administrator
10001 Six Pines Drive
The Woodlands, TX 77380

Phone: 832-813-4100



Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of 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 of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the medical plan.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, 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 cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If you would like more information about maternity benefits, please contact your plan administrator.

Contacts

If you have questions or need assistance with any of your expatriate benefit options, call or go online using the contact information below.

YOUR RESOURCES			
Plan Contacts	Carrier	Phone	Website
Chevron Phillips Benefits Service Center	Morneau Shepell	1-800-446-1422, option "1"	www.myplansconnect.com/cpchembenefits
HealthAdvocate	HealthAdvocate	1-866-799-2731	www.healthadvocate.com/members
CPChem Financial Planning Center	PwC	1-844-922-1021	cpchem.investcloud.com
Chevron Phillips Pension and Savings Service Center <ul style="list-style-type: none"> ▪ 401(k) ▪ Retirement ▪ Health Savings Account (HSA) 	Fidelity	1-866-771-5225	www.netbenefits.com
Medical Plan, Prescription Drug Plan, Behavioral Health Plan and Dental Plan	Aetna International	1-800-231-7729 or 1-813-775-0190 (collect calls accepted)	www.aetnainternational.com
Teladoc (Telemedicine)	Teladoc	1-855-TELADOC (1-855-835-2362)	www.teladoc.com/Aetna
Employee Assistance Program	Aetna International	Member services number on back of member ID card	www.aetnainternational.com
Critical Illness Plan	MetLife	1-800-438-6388	www.myplansconnect.com/cpchembenefits
Vision PLUS Plan	VSP	1-800-877-7195	www.vsp.com
Flexible Spending Accounts	PayFlex	1-888-678-8242	www.payflex.com
Income Protection Plans <ul style="list-style-type: none"> ▪ Basic Life Insurance ▪ Supplemental Life Insurance ▪ Basic AD&PL Insurance ▪ Supplemental AD&PL Insurance ▪ Occupational AD&PL Insurance ▪ Business Travel Accident Insurance ▪ Long-Term Disability 	MetLife (contact the Chevron Phillips Benefits Service Center with questions)	1-800-446-1422, option "1"	www.myplansconnect.com/cpchembenefits
Wellness Program	ActiveHealth	1-877-489-9398	www.MyActiveHealth.com/cpchem
Fitness Reimbursement Account	PayFlex	1-888-678-8242	www.payflex.com
Edelman Financial Engines Investment Advice	Edelman Financial Engines	1-800-601-5957	www.financialengines.com/forcpcchem
Group Legal Plan	MetLife Legal	1-800-821-6400	info.legalplans.com (Access code: GETLAW)
Group Home & Auto Insurance	Liberty Mutual	1-800-837-5254	www.libertymutual.com/cpchem

Please note: Important information, forms and other resources can be found in the *Expats* section of the Chevron Phillips Chemical benefits website at www.mycpchembenefits.com/expats. Summary Plan Descriptions are available on the Chevron Phillips Chemical Benefits website at www.mycpchembenefits.com/benefit-handbooks.

Notes



This booklet is for guidance of Company employees and is not to be construed as creating any contractual rights or other legally enforceable rights for any employee or the Company. Employees who read or receive this guide are not necessarily eligible for the benefits described here. If there is any conflict between the information in this guide and the actual plans, the plans' legal documents will govern.

Chevron Phillips Chemical Company reserves the right to change or discontinue any of its benefit plans at the Company's discretion. Benefit plan entitlement and terms and conditions for employees covered by a collective bargaining agreement are subject to discussions between the parties under the terms of that agreement and applicable labor laws.



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Caring by choice.™