Welcome to

CHEVRON PHILLIPS CHEMICAL

Congratulations on your new position at Chevron Phillips Chemical! We’re excited to have you as part of our global team of employees who work hard each day to make our company one of the most successful petrochemical businesses in the world.
WHAT’S INSIDE

Important Information..................................................................................................................3
When Coverage Begins..................................................................................................................3
Making Your Benefit Elections Is Easy........................................................................................3
Health and Income/Survivor Protection Plan Enrollment — What You Need to Do..................4
Who’s Eligible...............................................................................................................................7
  Employees .................................................................................................................................7
  Dependents ...............................................................................................................................7
Health Care Benefits......................................................................................................................9
  Medical Plan .............................................................................................................................9
  Prescription Drug Plan ............................................................................................................20
  Wellness Program ....................................................................................................................24
  Medical Plan Features to Help You Stay Healthy .................................................................24
  Dental Plan .............................................................................................................................29
  Vision PLUS Plan ....................................................................................................................31
  Critical Illness Plan ..................................................................................................................32
  Employee Assistance Program (EAP) .......................................................................................32
  Health Savings Account (HSA) .................................................................................................33
  Flexible Spending Accounts .................................................................................................35
Income and Survivor Protection Benefits.......................................................................................40
  Life Insurance ..........................................................................................................................41
  Accidental Death and Personal Loss (AD&PL) Insurance .....................................................43
  Occupational Accidental Death and Personal Loss (OAD&PL) Insurance .........................43
  Business Travel Accident Plan ...............................................................................................43
  Voluntary Long-Term Disability (LTD) Insurance .................................................................44
Savings and Pension Programs.......................................................................................................44
Voluntary Benefit Options.............................................................................................................49
  Group Legal Plan .....................................................................................................................49
  Group Home & Auto ...............................................................................................................49
Legal Notices.................................................................................................................................50
Questions? .....................................................................................................................................56

This booklet is for guidance of Chevron Phillips Chemical ("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 official plan documents, the plan documents will govern.

Chevron Phillips Chemical 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.
IMPORTANT INFORMATION

You must make your benefit elections or waive coverage within 31 days of your hire date. If you do not want to participate in Chevron Phillips Chemical benefits, you must actively waive your coverage or you will be defaulted into the coverages outlined on page 6.

When Coverage Begins

<table>
<thead>
<tr>
<th>FOR THESE BENEFIT PLANS:</th>
<th>COVERAGE BEGINS ON:</th>
<th>DO I NEED TO ENROLL?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical, Dental, Vision, Critical Illness, Flexible Spending Accounts (FSAs), Health Savings Account (HSA), Supplemental Life, Supplemental AD&amp;PL, Long-Term Disability (LTD) and Group Legal Plan</td>
<td>The first day of the month following your hire date, <strong>OR</strong> Your hire date if you are hired on the first day of the month.</td>
<td>Yes. You must elect or waive coverage. If you do not make benefit elections, you will be defaulted into certain coverages (see page 6).</td>
</tr>
<tr>
<td>Company-Paid Basic Life, Basic AD&amp;PL, Occupational AD&amp;PL, Business Travel Accident and Employee Assistance Program (EAP)</td>
<td>Your hire date.</td>
<td>No. You are automatically enrolled in these benefits.</td>
</tr>
</tbody>
</table>

MAKING YOUR BENEFIT ELECTIONS IS EASY

- Review this guide (an electronic searchable copy is available online at www.mycpchembenefits.com under “New Hires”).
- Review the enclosed Personal Enrollment Worksheet, which includes your per-pay-period contribution amounts for health and income/survivor protection benefits.
- Use online resources:
  - Need help choosing your health plans? Check out ALEX, our interactive online plan selection tool that is a fun and easy way to help you understand your options and make decisions about the benefits that are right for you and your family. You can find ALEX at www.myalex.com/cpchem/2018 or at www.mycpchembenefits.com under “Health & Wellness” then “Tools.”
  - Find in-network providers near you using Aetna’s DocFind® at www.aetna.com/docfind.
- Log on to the enrollment website, Mercer BenefitsCentral (MBC), at www.mercerbenefitscentral.com/cpchembenefits.
- Make your benefit elections by following the online step-by-step instructions or calling the Chevron Phillips Benefits Service Center at 1-800-446-1422 (option 1).
- Designate your beneficiaries for your income/survivor protection benefits.
- When your enrollment is complete, print a copy of your elections or save an electronic copy of the confirmation page.
- Provide the necessary documentation to verify that your dependents are eligible for coverage (see page 8).
HEALTH AND INCOME/SURVIVOR PROTECTION PLAN ENROLLMENT — WHAT YOU NEED TO DO

Here’s what you need to do to complete the enrollment process:

1. Review this package and use online tools:
   - This New Hire Benefits Guide will provide you with information about your plan options, including who’s eligible to enroll. Costs for these options can be found on the enclosed Personal Enrollment Worksheet.
   - You can find more information about all of your available benefits online at www.mycpchembenefits.com. Be sure to use ALEX, our interactive decision support tool that will help you understand our benefit plans and make informed decisions. He’s available at www.myalex.com/cpchem/2018.

2. Make your benefit elections:
   You have two options to complete your new hire benefits enrollment:
   - Log on to www.mercerbenefitscentral.com/cpchembenefits to complete your new hire benefits enrollment online, or
   - Call the Chevron Phillips Benefits Service Center at 1-800-446-1422 (option 1). Representatives are available to take your benefits enrollment from 8:00 a.m. – 5:00 p.m. Central time, Monday through Friday.

To complete the online enrollment process, follow these steps:

Step 1:
Log on to the Chevron Phillips Benefits Service Center website, Mercer BenefitsCentral (MBC), at www.mercerbenefitscentral.com/cpchembenefits. Use your Social Security number (no dashes) as your user name and your birth date (MMDDYY) as your password. Once you are logged in, you can create your own user name and password for future logins.

Step 2:
Begin your enrollment by clicking GET STARTED under “Complete your enrollment today!”
Step 3:
On the “Get Started” page, click NEXT to begin your enrollment. Follow the online step-by-step instructions. If you need assistance, the Chevron Phillips Benefits Service Center can walk you through the enrollment process.

Step 4:
On the “Who’s Covered” page, click ADD A DEPENDENT and enter information for all of your eligible dependents.

Step 5:
For each benefit, make your election and click NEXT to proceed to the next benefit page.

Step 6:
Complete your health and welfare beneficiary designations, even if you did not elect any supplemental life or AD&PL insurance coverage.
Step 7:
After you check out, be sure to keep your confirmation number and save a copy of the confirmation page or click PRINT to print a copy of your elections.

3. Review your confirmation statement to ensure your enrollment elections were recorded accurately. Your confirmation statement will be mailed to you within 7 – 10 days after you enroll.
   - Aetna will send you plan ID cards for you and your dependents.
   - If you signed up to participate in a Health Care Flexible Spending Account (HCFSA), you will be sent a PayFlex FSA Debit Card.
   - If you enrolled in the Value CDH Plan, you must set up your Health Savings Account (HSA) with Fidelity (see page 34 for information on how to set up your HSA). Fidelity will send you an HSA Debit Card to pay health care providers directly from your HSA.

Default Coverage
If you don’t actively enroll in or waive coverage for the following within 31 days of your hire date, you’ll automatically be enrolled in:
   - Medical: Value CDH Plan – Employee-Only
   - Dental: Comprehensive Dental Plan – Employee-Only
   - 401(k) Savings Plan (3% for the first year with 1% increases each year to a maximum of 8%)

If you don’t want to be enrolled in medical and/or dental benefits, you must log on to www.mercerbenefitscentral.com/cpchembenefits or contact the Chevron Phillips Benefits Service Center at 1-800-446-1422 (option 1) within 31 days of your hire date to waive coverage. If you don’t want to be enrolled in the 401(k) Savings Plan, you must contact the Chevron Phillips Pension and Savings Service Center at 1-866-771-5225 to waive enrollment.

For the employer-paid benefits listed below, you will automatically be enrolled upon your hire date.
   - Basic Life
   - Basic AD&PL
   - Occupational AD&PL Insurance
   - Business Travel Accident
   - Employee Assistance Program

For information about supplemental income/survivor protection benefits, see page 40.

Important Information Regarding Supplemental Income and Survivor Protection Benefits
Your new hire enrollment period — the first 31 days following your hire date — is the only time you will be eligible to elect supplemental life insurance (up to the guaranteed issue amounts) or long-term disability (LTD) coverage without providing a Statement of Health. See pages 41 – 44 for details.
**WHO’S ELIGIBLE**

**Employees**

You’re eligible to participate in the health and income and survivor protection plans described in this guide if you are:

- On a U.S. dollar payroll, and
- Designated as a:
  - full-time employee (working at least 30 hours a week),
  - part-time employee (working at least 20 hours a week),
  - summer college student hire, or
  - co-op employee (working at least 20 hours a week).

**Dependents**

If you enroll in a benefit plan described in this guide, you may also enroll your eligible dependents as outlined in the chart below.

<table>
<thead>
<tr>
<th>TYPE OF DEPENDENT(S)</th>
<th>ELIGIBLE FOR COVERAGE</th>
<th>NOT ELIGIBLE FOR COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your legally married spouse in any jurisdiction, regardless of gender or state of residence</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Your dependent children — including biological children, stepchildren, legally adopted children or children legally placed for adoption, foster children and/or children under permanent legal guardianship or permanent sole managing conservatorship — if they are one of the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• under the age of 26, regardless of marital status, student or employment status,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• your mentally or physically disabled children(^1) age 26 or older who were covered under the plan before they reached the applicable age limits  [newly hired employees with incapacitated or disabled children beyond the applicable age may be enrolled for coverage if they had prior medical coverage. You will need to contact the Chevron Phillips Chemical Benefits Service Center at 1-800-446-1422 and press option &quot;1&quot;], or</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• for purposes of the health care plans, a child(^2) who is the subject of a valid Qualified Medical Child Support Order, as determined by the plan administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your spouse who is a common-law spouse or domestic partner, even if such relationship is recognized in the state in which he/she resides</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>A dependent who is an active military duty</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>A dependent already covered as an employee of the Company</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

---

**Notes:**

1. For Dependent Life Insurance, 19 years of age or younger, age 23 if a full-time student or age 25 if a full-time student and a Texas resident, the dependent child must be unmarried to be considered an eligible dependent.

2. The definition of children includes biological children, stepchildren, legally adopted children or children legally placed for adoption, foster children and/or children under permanent legal guardianship or permanent sole managing conservatorship.
If You and Your Spouse Are Both Chevron Phillips Chemical Employees

If you and your spouse are both Chevron Phillips Chemical employees and you’re both eligible for the health and income/survivor protection plans described in this guide:

- You may each be covered as an employee under the plans, or
- One of you may be covered as an employee and the other may be covered as a dependent.

Only one of you may elect coverage for your eligible dependent children.

Spousal Surcharge

If you choose Employee + Spouse or Employee + Family coverage under the medical plan, you will be asked a couple of questions regarding your spouse’s access to other medical coverage when you complete your enrollment. If your working spouse has access to other employer-sponsored medical coverage but you choose to enroll him or her in Chevron Phillips Chemical’s medical plan, you will be assessed a $100/month pre-tax spousal surcharge.

To waive the surcharge, you will have to confirm that your spouse does not have other medical coverage available through his or her employer. The Company will periodically conduct random audits and will also require spousal surcharge-related documents if you update your benefits as the result of a life event. You’ll be required to provide a timely and satisfactory response to these requests.
HEALTH CARE BENEFITS

Chevron Phillips Chemical’s health care benefits include medical, mental/behavioral health, prescription drug, dental, vision, critical illness, Employee Assistance Program (EAP), Health Savings Account (HSA) and flexible spending account (FSA) coverage. You and the Company share the cost of coverage for most of these benefits. The amount of your contributions will depend on the plan options you select and the dependents you cover.

Medical Plan

You have three medical plan options from which to choose:

- The **Value Consumer-Directed Health Plan (Value CDH Plan)** (Aetna Choice® POS II Open Access Network)
- The **Choice PPO Plan** (Aetna Choice® POS II Open Access Network)
- The **Select EPO Plan** (Aetna SelectSM Open Access Network)

All options are self-insured by the Company, are administered by Aetna and cover medically necessary hospital, medical and surgical services. All options are also “open access,” which means that you don’t have to select a primary care physician or obtain a referral from a primary care physician before you can seek treatment.

Please see the enclosed **Personal Enrollment Worksheet** to determine your per-pay-period costs for the benefit plan options described here.

**Find In-Network Providers**

Using in-network providers saves both you and the plan money since doctors and hospitals participating in the network agree to accept negotiated fees as payment in full, and the medical plan pays a higher percentage of covered charges for in-network services.

You can find providers who participate in Aetna’s network through DocFind® at www.aetna.com/docfind. Under the Aetna Open Access® Plans, for the Value CDH Plan and the Choice PPO Plan, choose providers in the Aetna Choice® POS II (Open Access) network, and for the Select EPO Plan, choose providers in the Aetna SelectSM (Open Access) network.

ALEX is our decision support tool. He is easy-to-use, fun and interactive, and he will walk you through your benefit decisions and make suggestions based on your answers to a few simple questions, coverage and cost factors. You can access ALEX online at www.myalex.com/cpchem/2018 or at www.mycpchembenefits.com under “Health & Wellness” then “Tools.”

**Preventive Care Coverage**

All three medical plan options cover designated preventive care at 100% if received from an in-network provider. See the Aetna Preventive Care Flyer at www.mycpchembenefits.com/health for details on covered services.
The Value Consumer-Directed Health (Value CDH) Plan

The Value CDH Plan is a high-deductible health plan that complies with government regulations allowing you to open an associated Health Savings Account (HSA). You can use in-network or out-of-network providers, but you will pay less if you use providers in Aetna’s network. The annual deductibles are:

<table>
<thead>
<tr>
<th>VALUE CDH PLAN DEDUCTIBLES</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee-Only</td>
<td>$1,500</td>
<td>$2,250</td>
</tr>
<tr>
<td>Employee + Spouse, Employee + Child(ren) or Employee + Family</td>
<td>$3,000</td>
<td>$4,500</td>
</tr>
</tbody>
</table>

If you enroll yourself and any dependents in the Value CDH Plan option, the family deductible must be satisfied before the plan will begin to pay. This feature means that even if only one family member has substantial claims, your combined family deductible is still the full $3,000 in-network or $4,500 out-of-network. Your family deductible is not protected by individual sub-limits as it is under the other two medical plan options.

The plan covers designated in-network preventive care at 100%. For services that are not considered preventive care, you must first satisfy the applicable deductible. Then the plan co-insurance provisions will apply. The plan pays benefits at a higher level if you use Aetna network providers:

<table>
<thead>
<tr>
<th>VALUE CDH PLAN CO-INSURANCE</th>
<th>Plan Pays</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-Network Services</td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td>Out-of-Network Services</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Once you reach the out-of-pocket maximums below (which include the deductible), the plan pays 100% of covered expenses for the rest of the calendar year.

<table>
<thead>
<tr>
<th>VALUE CDH PLAN OUT-OF-POCKET MAXIMUMS</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee-Only</td>
<td>$4,500</td>
<td>$6,750</td>
</tr>
<tr>
<td>Employee + Spouse, Employee + Child(ren) or Employee + Family</td>
<td>$9,000</td>
<td>$13,500</td>
</tr>
</tbody>
</table>

Unlike the deductible, the out-of-pocket maximum is “family style,” which means that if you enroll yourself and any eligible dependents in the plan, no one person will have to contribute more than the individual out-of-pocket maximum to the total family out-of-pocket maximum.

Health Savings Account (HSA)
When you enroll in the Value CDH Plan, Chevron Phillips Chemical will contribute $500 to your HSA for Employee-Only coverage or $1,000 for all other coverage levels (Employee + Spouse, Employee + Child(ren) or Employee + Family) for 2018. You can also contribute and invest pre-tax dollars through convenient payroll deductions. For more information on the HSA, see page 33.

The Value CDH Plan includes a $10 or $20 prescription copay for designated generic preventive drugs, which is not subject to the deductible. Other non-preventive drugs are subject to the total Value CDH Plan deductible and co-insurance provisions. Details of the Prescription Drug Plan are featured on page 20.
Value CDH Plan Costs
The Value CDH Plan has the lowest premiums of the three medical plan options, and it also comes with higher deductibles, higher employee-paid co-insurance and higher out-of-pocket maximums. If you enroll in this option, you will be paying much less in monthly premiums out of your paycheck, but more out of your pocket for your medical care.

In 2018, to help you pay these expenses, the Company will make an annual contribution to your Health Savings Account (HSA). We encourage you to also make pre-tax contributions to your HSA, although you are not required to make any contributions in order to receive the Company’s HSA contribution. Any money left in your HSA at the end of the year will roll over for use in future years. There’s no “use it or lose it” rule to worry about. See page 33 for details on the HSA.

The Choice PPO Plan
The Choice PPO Plan has a higher premium than the Value CDH Plan but a lower premium than the Select EPO Plan. You will pay more in monthly premiums for this plan than the Value CDH Plan, but will also have lower deductibles, lower employee-paid co-insurance and lower out-of-pocket maximums. See the comparison chart starting on page 14 for these amounts.

Just like the Value CDH Plan, you can go to either an in-network or out-of-network provider each time you need medical care. However, you’ll receive a higher level of coverage when you use in-network providers, which saves both you and the plan money. Designated in-network preventive care is covered at 100%. For all other services, once you meet the deductible, the plan pays a percentage of covered charges and you pay the remaining co-insurance until you’ve reached the annual out-of-pocket maximum.

Deductibles and Out-of-Pocket Maximums
Under both the Value CDH Plan and the Choice PPO Plan, in-network and out-of-network deductibles and out-of-pocket maximums are separate. In-network expenses don’t apply to the out-of-network deductible and out-of-pocket maximum, and out-of-network expenses don’t apply to the in-network deductible and out-of-pocket maximum. If you use an out-of-network provider, benefits will be paid at the reasonable and customary (R&C) limits. R&C limits are fees that fall within the range that most providers in your area charge for similar treatments and services.
The Select EPO Plan
The Select EPO Plan has the highest premiums of all three medical plan options. Although you’ll pay more out of your paycheck for monthly premiums, the plan also has the lowest deductibles, lowest employee-paid co-insurance and lowest out-of-pocket maximums as long you use in-network providers.

The Select EPO Plan provides the most comprehensive coverage, but you must receive all of your medical care from doctors and hospitals that participate in the network in order for services to be covered. Medical services provided by out-of-network doctors and hospitals are not covered, except in emergency situations.

Like the other two medical plan options, designated in-network preventive care is covered at 100%. In addition, under the Select EPO Plan, certain other services, such as doctor’s office visits and urgent care, are covered at 100% after you pay a copay. You must meet the annual deductible for all other services, and then the plan pays a percentage of covered charges and you pay the remaining co-insurance until you’ve reached the annual out-of-pocket maximum.

Deductibles
If you sign up for Employee + Spouse, Employee + Child(ren) or Employee + Family coverage under the Select EPO Plan or the Choice PPO Plan, no one individual is required to contribute more than the individual deductible amount to the total deductible. If you enroll yourself and any dependents in the Value CDH Plan, your family deductible must be met by one family member or a combination of family members before co-insurance applies. Under the Value CDH Plan, there are no individual sub-limits on the deductible for each covered person.

Out-of-Pocket Maximums
Under all three medical plan options, the out-of-pocket maximum is “family style,” which means that if you enroll in Employee + Spouse, Employee + Child(ren) or Employee + Family coverage, no one person will have to contribute more than the individual out-of-pocket maximum to the total family out-of-pocket maximum. This feature may reduce your family’s out-of-pocket maximum if only one or two family members have substantial claims. Once the family out-of-pocket maximum is met, the plan pays 100% of covered expenses for all enrolled family members for the remainder of the plan year.

See the Medical Plan Comparison Chart starting on page 14 for the specific deductibles and out-of-pocket maximums for each medical plan option.
Preventive Care
Preventive care is the easiest and most effective way to keep yourself and your family happy and healthy. The following preventive health care services are covered at 100% in-network under all medical plan options:

- Well-child care
- Routine physicals
- Routine OB/GYN care
- Prenatal doctor’s office visits
- Lab tests for gestational diabetes screening
- Breast feeding support, supplies and counseling
- Routine mammograms
- Routine digital rectal exams and prostate antigen screenings
- Vision exams
- Hearing exams
- Designated contraceptives and contraceptive counseling

Some age and frequency limits may apply. For more information, see “Preventive Care” at www.mycpchembenefits.com/health.
Medical Plan Comparison Chart

The following chart compares treatments and services under the three medical plan options available to you. Please note that deductibles, copays and co-insurance amounts vary between the options, and those differences can affect your out-of-pocket expenses. Your contribution rates for each option are listed on your Personal Enrollment Worksheet.

<table>
<thead>
<tr>
<th>VALUE CDH PLAN¹</th>
<th>In-Network²</th>
<th>Out-of-Network²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna network</td>
<td>Aetna Choice® POS II (Open Access) network</td>
<td></td>
</tr>
<tr>
<td>Deductible</td>
<td>$1,500/Employee-Only</td>
<td>$2,250/Employee-Only</td>
</tr>
<tr>
<td></td>
<td>$3,000/Employee + Spouse³</td>
<td>$4,500/Employee + Spouse³</td>
</tr>
<tr>
<td></td>
<td>$3,000/Employee + 1 Child³</td>
<td>$4,500/Employee + 1 Child³</td>
</tr>
<tr>
<td></td>
<td>$3,000/Employee + 2+ Children³</td>
<td>$4,500/Employee + 2+ Children³</td>
</tr>
<tr>
<td></td>
<td>$3,000/Employee + Family³</td>
<td>$4,500/Employee + Family³</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>$4,500/Employee-Only</td>
<td>$6,750/Employee-Only</td>
</tr>
<tr>
<td></td>
<td>$9,000/Employee + Spouse</td>
<td>$13,500/Employee + Spouse</td>
</tr>
<tr>
<td></td>
<td>$9,000/Employee + 1 Child</td>
<td>$13,500/Employee + 1 Child</td>
</tr>
<tr>
<td></td>
<td>$9,000/Employee + 2+ Children</td>
<td>$13,500/Employee + 2+ Children</td>
</tr>
<tr>
<td></td>
<td>$9,000/Employee + Family</td>
<td>$13,500/Employee + Family</td>
</tr>
<tr>
<td>Lifetime maximum benefit</td>
<td>Unlimited</td>
<td></td>
</tr>
</tbody>
</table>

For the following treatments and services, the medical plan options pay:

- **Preventive Care**:
  - Routine physicals (includes labs): 100% — deductible waived
  - Annual well-woman exam (includes labs): 100% — deductible waived
  - Mammograms (routine for women ages 39 and over): 100% — deductible waived
  - Well-child care (includes labs): 100% — deductible waived

- **Physician Office Visits**
  - Preventive: 100% — deductible waived
  - Non-preventive: 70%
  - Specialist office visits (surgical & non-surgical): 70%
  - Teladoc phone or online video consultation: 70%
  - Lab & X-ray: Preventive: 100% — deductible waived
  - Maternity care: Prenatal office visits: 100% — deductible waived³

- **Emergency Services**
  - Hospital emergency room: 70%
  - Urgent care: 70%
  - Non-emergency use of the emergency room: Not covered
  - Ambulance: 70%

- **Outpatient Services**
  - Outpatient surgery: 70%
  - Physician/surgeon and related professional fees (non-office visits): 70%

Please see the footnotes on page 18.
### Table: Medical Plan Comparison Chart

<table>
<thead>
<tr>
<th>Medical Plan Comparison Chart</th>
<th>(surgical &amp; non-surgical)</th>
<th>(surgical &amp; non-surgical)</th>
<th>(surgical &amp; non-surgical)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary care office visits</strong></td>
<td><strong>Physician Office Visits</strong></td>
<td><strong>Well-child care (includes labs)</strong></td>
<td><strong>Mammograms (routine for women ages 39 and over)</strong></td>
</tr>
<tr>
<td>Preventive: 100% — deductible waived</td>
<td>Preventive: 60% — deductible waived</td>
<td>Preventive: 100% — deductible waived</td>
<td>Preventive: 100% — deductible waived</td>
</tr>
<tr>
<td>Non-preventive: 80%</td>
<td>Non-preventive: 60%</td>
<td>Non-preventive: 100% after $35 copay</td>
<td>Non-preventive: 90%</td>
</tr>
<tr>
<td><strong>Specialist office visits (surgical &amp; non-surgical)</strong></td>
<td><strong>Teladoc phone or online video consultation</strong></td>
<td><strong>Lab &amp; X-ray</strong></td>
<td><strong>Maternity care</strong></td>
</tr>
<tr>
<td>80%</td>
<td>80%</td>
<td>Preventive: 100% — deductible waived</td>
<td>Prenatal office visits: 100% — deductible waived</td>
</tr>
<tr>
<td></td>
<td>N/A</td>
<td>Non-preventive: 80%</td>
<td>All other visits/services covered at 80%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Preventive: 60% — deductible waived</td>
<td>60%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Non-preventive: 60%</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td></td>
<td></td>
<td>Prenatal office visits: 100% — deductible waived</td>
</tr>
<tr>
<td><strong>Hospital emergency room</strong></td>
<td></td>
<td></td>
<td>All other visits/services covered at 90%</td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Urgent care</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Non-emergency use of the emergency room</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not covered</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Ambulance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80% — deductible waived</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Outpatient Services</strong></td>
<td></td>
<td></td>
<td>100% — deductible waived</td>
</tr>
<tr>
<td><strong>Outpatient surgery</strong></td>
<td></td>
<td></td>
<td>90%</td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Physician/surgeon and related professional fees (non-office visits)</strong></td>
<td></td>
<td></td>
<td>90%</td>
</tr>
<tr>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(continued)
## 2018 NEW HIRE BENEFITS GUIDE

### VALUE CDH PLAN

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hospital Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per confinement copay</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>Inpatient (includes maternity care)</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td><strong>Other Covered Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spinal manipulation (limits apply)</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Sterilization (tubal ligation/vasectomy)</td>
<td>Tubal ligation, including ancillary services: 100% — deductible waived; vasectomy covered at 70%</td>
<td>50%</td>
</tr>
<tr>
<td>Short-term rehabilitation (limits apply)</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Autism treatment (inpatient/outpatient services, medication management and diagnostic services; speech therapy up to 60 visits/year)</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Hearing aids (maximum benefit of $3,000 every 36 months)</td>
<td>70%</td>
<td>50%</td>
</tr>
<tr>
<td>Routine eye exam</td>
<td>100% — deductible waived</td>
<td>50%</td>
</tr>
<tr>
<td>Routine hearing exam</td>
<td>100% — deductible waived</td>
<td>50%</td>
</tr>
<tr>
<td>Fitness Program</td>
<td>Included</td>
<td>Not covered</td>
</tr>
<tr>
<td>Vision Discounts Program</td>
<td>Included</td>
<td>Not covered</td>
</tr>
<tr>
<td>Beginning Right Maternity Management Program</td>
<td>Included</td>
<td>Included</td>
</tr>
<tr>
<td><strong>Prescription Drug Coverage</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>N/A — Prescription costs other than the $10/$20 generic preventive drug copays are subject to the Value CDH Plan medical deductible</td>
<td></td>
</tr>
<tr>
<td>Retail (30-day supply)</td>
<td>Generic Preventive Drugs: $10 copay from a designated list of drugs and conditions (deductible waived)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Preventive Drugs:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Preferred Brand: 20%, $25 min. and $100 max.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Non-Preferred Brand: 30%, $50 min. and $200 max.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Non-Preventive Drugs (deductible applies): 30%</td>
<td></td>
</tr>
<tr>
<td>Specialty Drugs (30-day supply)</td>
<td>30% (deductible applies)</td>
<td></td>
</tr>
<tr>
<td>Mail-Order and CVS Retail (90-day supply)</td>
<td>Generic Preventive Drugs: $20 copay from a designated list of drugs and conditions (deductible waived)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Preventive Drugs:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Preferred Brand: $68</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Non-Preferred Brand: $125</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Non-Preventive Drugs (deductible applies): 30%</td>
<td></td>
</tr>
</tbody>
</table>

Please see the footnotes on page 18.
### Hospital Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Per confinement copay</td>
<td>$250</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>Inpatient (includes maternity care)</td>
<td>80%</td>
<td>60%</td>
<td>90%</td>
</tr>
<tr>
<td>Outpatient</td>
<td>80%</td>
<td>60%</td>
<td>90%</td>
</tr>
</tbody>
</table>

### Other Covered Services

<table>
<thead>
<tr>
<th>Service</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th>In-Network Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spinal manipulation (limits apply)</td>
<td>80%</td>
<td>60%</td>
<td>100% after $50 copay</td>
</tr>
<tr>
<td>Sterilization (tubal ligation/vasectomy)</td>
<td>Tubal ligation, including ancillary services: 100% — deductible waived; vasectomy covered at 80%</td>
<td>60%</td>
<td>Physician services covered at 100% after $100 copay; other services, such as hospital and lab, covered at 90%</td>
</tr>
<tr>
<td>Short-term rehabilitation (limits apply)</td>
<td>80%</td>
<td>60%</td>
<td>100% after $50 copay if received in doctor’s office or special rehabilitation facility; otherwise, covered at 90%</td>
</tr>
<tr>
<td>Autism treatment (inpatient/outpatient services, medication management and diagnostic services; speech therapy up to 60 visits/year)</td>
<td>80%</td>
<td>60%</td>
<td>100% after $50 copay</td>
</tr>
<tr>
<td>Hearing aids (maximum benefit of $3,000 every 36 months)</td>
<td>80%</td>
<td>60%</td>
<td>90%</td>
</tr>
<tr>
<td>Routine eye exam*</td>
<td>100% — deductible waived</td>
<td>60%</td>
<td>100% — deductible waived</td>
</tr>
<tr>
<td>Routine hearing exam*</td>
<td>100% — deductible waived</td>
<td>60%</td>
<td>100% — deductible waived</td>
</tr>
</tbody>
</table>

### Fitness Program

<table>
<thead>
<tr>
<th>Service</th>
<th>Included</th>
<th>Not covered</th>
<th>Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Discounts Program</td>
<td>Included</td>
<td>Not covered</td>
<td>Included</td>
</tr>
<tr>
<td>Beginning Right Maternity Management Program</td>
<td>Included</td>
<td>Included</td>
<td>Included</td>
</tr>
</tbody>
</table>

### Prescription Drug Coverage

For covered prescription drugs, you pay:

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>Deductible</th>
<th>Retail (30-day supply)</th>
<th>Specialty Drugs (30-day supply)</th>
<th>Mail-Order and CVS Retail (90-day supply)</th>
</tr>
</thead>
</table>
|                         | N/A        | Generic Preventive Drugs: $10 copay from a designated list of drugs and conditions | Other Drugs:  
  - Generic: $10 min. and $50 max.  
  - Preferred Brand: $25 min. and $100 max.  
  - Non-Preferred Brand: $30, $50 min. and $200 max. | Generic Preventive Drugs: $20 copay from a designated list of drugs and conditions  
  Other Drugs:  
  - Generic: $25  
  - Preferred Brand: $68  
  - Non-Preferred Brand: $125 |
For the Value CDH Plan and the Choice PPO Plan, in-network expenses don’t apply to the out-of-network deductible or out-of-pocket maximum, and out-of-network expenses don’t apply to the in-network deductible or out-of-pocket maximum.

2 Unless otherwise noted, benefits paid at 90%, 80%, 70%, 60% or 50% co-insurance are paid only after the deductible has been met.

3 For the Value CDH Plan only, the deductible is the same whether you and your family sign up for Employee + Spouse, Employee + Child(ren), or Employee + Family coverage, and there are no individual sub-limits for each covered person. The full deductible can be met by one family member or a combination of family members.

4 For limits, see the Preventive Care Guide on www.mycpchembenefits.com.

5 For the Select EPO Plan only, lab and X-ray charges for services performed at a doctor’s office and billed as part of the visit are covered by the office visit copay. When these services are not performed at the time of the office visit, are performed at another facility or are performed by an entity other than the doctor’s office, you and/or your family must first meet your deductible, and then the expense will be covered at 90%. The deductible is waived for preventive services regardless of where services are performed.

6 100% coverage for prenatal office visits does not include inpatient admissions, high risk specialist visits, ultrasounds, amniocentesis, fetal stress tests, certain diagnostic lab tests or delivery including anesthesia.

7 In a medical emergency, out-of-network hospital emergency room and ambulance will be covered at the in-network level.

8 Spinal manipulation includes non-surgical spinal manipulation provided by chiropractor, physical therapist or other applicable licensed provider — up to 20 visits/year. The limit applies to the total of both in-network and out-of-network visits.

9 The combined maximum for physical, occupational and speech therapy is 60 visits/year. The limit applies to the total of both in-network and out-of-network visits.

Filing Claims

In-network providers file claims for you. All you need to do is show your Aetna medical ID card each time you obtain medical services. The provider’s office collects your copay or deductible amount (if one is required) and any applicable co-insurance, and submits the claim for you.

If you’re enrolled in the Value CDH Plan or the Choice PPO Plan and receive care from an out-of-network provider, you may be required to pay your provider for services and then file a claim to obtain reimbursement. This may also apply if you’re enrolled in the Select EPO Plan and need immediate medical attention due to an emergency or if you’re traveling outside the network area.

For more detailed information about Chevron Phillips Chemical’s medical plan options, please refer to the “Medical Plan and Behavioral Health Plan” and “Prescription Drug Plan” sections of the Benefit Handbooks on the Chevron Phillips Chemical Benefits website at www.mycpchembenefits.com.

The Behavioral Health Plan

Under all three medical plan options, mental health and alcohol/substance abuse services are provided through Aetna Behavioral Health. Call Aetna Behavioral Health at 1-800-424-4047 for a referral to a network provider or precertification of inpatient care.

If you use an Aetna participating network provider, your benefits will be paid at a higher level than if you use an out-of-network provider, and you won’t have to file a claim for benefits. If you use an out-of-network provider, benefits will be payable at the lower out-of-network level and will be subject to reasonable and customary limits. In addition, you’ll have to file a claim to receive reimbursement.
The following chart summarizes the benefits provided under the Behavioral Health Plan. Inpatient care must be precertified by Aetna.

<table>
<thead>
<tr>
<th>COVERED EXPENSE</th>
<th>VALUE CDH PLAN</th>
<th>CHOICE PPO</th>
<th>SELECT EPO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In-Network (Deductibles and Co-insurance Limits combined with Medical)</td>
<td>Out-of-Network (Deductibles and Co-insurance Limits combined with Medical)</td>
<td>In-Network (Deductibles and Co-insurance Limits combined with Medical)</td>
</tr>
<tr>
<td>Mental Health Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Mental Disorders Co-insurance</td>
<td>70% after deductible</td>
<td>50% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Inpatient Mental Disorders Per Confinement Copay</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>$250</td>
</tr>
<tr>
<td>Maximum Inpatient Days Per Year</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Outpatient Mental Disorders Co-insurance</td>
<td>70% after deductible</td>
<td>50% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Outpatient Mental Disorders Copay (per visit)</td>
<td>70% after deductible</td>
<td>50% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Maximum Outpatient Visits Per Year</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Partial Hospitalization</td>
<td>Paid same as outpatient</td>
<td>Paid same as outpatient</td>
<td>Paid same as outpatient</td>
</tr>
<tr>
<td>Residential Treatment Facility — aligns with Inpatient Hospitalization benefit</td>
<td>70% after deductible</td>
<td>50% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Mental Disorders Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Alcoholism/Substance Abuse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Rehabilitation &amp; Detoxification</td>
<td>70% after deductible</td>
<td>50% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Inpatient Alcoholism/Substance Abuse Per Confinement Copay</td>
<td>Not applicable</td>
<td>Not applicable</td>
<td>$250</td>
</tr>
<tr>
<td>Maximum Inpatient Days Per Year</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Outpatient Alcoholism/Substance Abuse Co-insurance</td>
<td>70% after deductible</td>
<td>50% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Outpatient Alcoholism/Substance Abuse Copay/Deductible</td>
<td>70% after deductible</td>
<td>50% after deductible</td>
<td>80% after deductible</td>
</tr>
<tr>
<td>Maximum Outpatient Visits Per Year</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Alcoholism/Substance Abuse Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>
2018 NEW HIRE BENEFITS GUIDE

Prescription Drug Plan

When you enroll in any of the medical plan options, you’re automatically enrolled in the Prescription Drug Plan, administered by Aetna. This plan allows you to purchase the medication you need from:

- A participating retail pharmacy,
- A non-participating retail pharmacy, or
- Through the Mail-Order service or the CVS Retail Maintenance Choice Program.

The amount you pay is based on your medical plan, where you purchase the drug and whether it’s a generic, preferred brand-name or non-preferred brand-name drug.

The following chart summarizes the deductibles, copays and co-insurance by plan:

<table>
<thead>
<tr>
<th>VALUE CDH PLAN</th>
<th>CHOICE PPO PLAN AND SELECT EPO PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>Prescription costs other than the $10/$20 generic preventive drug copays are subject to the Value CDH Plan medical deductible.</td>
</tr>
</tbody>
</table>
| Retail* (30-day supply) | Generic Preventive Drugs: $10 copay from a designated list of drugs and conditions (deductible waived)
Other Preventive Drugs:
- Preferred Brand: 20%, $25 min. and $100 max.
- Non-Preferred Brand: 30%, $50 min. and $200 max.
Other Non-Preventive Drugs (deductible applies): 30%

| Specialty Drugs (30-day supply) | 30% (deductible applies) |
| Mail-Order and CVS Retail (90-day supply) | Generic Preventive Drugs: $20 copay from a designated list of drugs and conditions (deductible waived)
Other Preventive Drugs:
- Preferred Brand: $ 68
- Non-Preferred Brand: $125
Other Non-Preventive Drugs (deductible applies): 30%

| Under the medical plan options, you pay: | None |
| Generic Preventive Drugs: $10 copay from a designated list of drugs and conditions |
Other Drugs:
- Generic: 15%, $10 min. and $50 max.
- Preferred Brand: 20%, $25 min. and $100 max.
- Non-Preferred Brand: 30%, $50 min. and $200 max.

| Mail-Order and CVS Retail (90-day supply) | Generic Preventive Drugs: $20 copay from a designated list of drugs and conditions |
| Other Preventive Drugs: |
- Preferred Brand: $ 68
- Non-Preferred Brand: $125

| Under the medical plan options, you pay: | None |
| Generic Preventive Drugs: $20 copay from a designated list of drugs and conditions |
Other Drugs:
- Generic: $ 25
- Preferred Brand: $ 68
- Non-Preferred Brand: $125

* Penalties may apply after your second 30-day fill of maintenance medications. See “Incentivized Mail-Order Program” on page 23 for more information.

All plans offer access to specialty drugs through Aetna Specialty Pharmacy. Designated specialty drugs are subject to pre-certification requirements (see page 23).

All three medical plan options use one single, inclusive formulary. You can access the Aetna Preferred Drug Guide (formulary), Preventive Medications list, Maintenance Drug list and Specialty Drug list at www.mycpchembenefits.com under “Health & Wellness,” then “Health.”
Lower Copays for Certain Generic Preventive Drugs

All three medical plan options feature a lower copay for designated generic preventive drugs. Effective, early management of certain conditions can help prevent serious complications, improve your health and reduce future medical costs. When selected drugs are prescribed for these conditions, you’ll pay only:

- $10 for a 30-day supply, or
- $20 for a 90-day supply.

The designated generic preventive drugs must be purchased in 30-day or 90-day supply quantities. The Value CDH Plan medical deductible is also waived for these selected drugs. Some of the conditions that are included are:

- Cardiovascular conditions,
- High cholesterol,
- Diabetes, and
- Asthma.

In addition, a few designated preventive drugs are covered at 100% — when prescribed by a physician — with no deductible (under the Value CDH Plan), copay or co-insurance, as follows:

- For iron deficiency in children — iron supplements,
- For pregnancy — folic acid supplements,
- For birth control — designated over-the-counter and single source brand contraceptives,
- As prescribed to prevent cardiovascular disease — aspirin,
- For children aged 6 months through 5 years — oral fluoride supplements,
- For participants over age 65 — vitamin D,
- For participants ages 40 through 75 — certain generic cholesterol medications, and
- Colonoscopy preparation medications.

Finally, designated prescription drugs are covered at 100% for participants in the “My Total Care” program with selected conditions, including high blood pressure, high cholesterol and diabetes.

Payment Procedures

Value CDH Plan

For preventive drugs, you will pay the copay or co-insurance as shown on page 20. For all other prescriptions, if you have met your Value CDH Plan deductible, you will pay the 30% co-insurance. Otherwise, you will pay the full cost of the prescription until your deductible is met. If you have a balance in your HSA, you can use your HSA Debit Card to pay for prescriptions.

Select EPO and Choice PPO Plans

You will need to present your Aetna medical ID card and pay your copay or co-insurance (as shown on page 20) to the pharmacy. You can use your PayFlex FSA Debit Card if you are enrolled in the Health Care FSA.
There are two ways to get started receiving your maintenance medications at home:

1. Log on to www.aetnanavigator.com and click the “Manage Prescriptions” tab. Select the “Home Delivery Pharmacy” tab, then click “Get started with home delivery.” Follow the prompts to set up home delivery of your maintenance medications.

2. Complete a Home Delivery order form. You can get a form from Aetna at 1-800-269-5314 or by logging on to www.aetnanavigator.com or www.mycpchembenefits.com under “Forms.” Submit the form either by:
   - Mail: Mail the order form, your prescription and payment to the address on the form.
   - Fax (doctor only): Have your doctor fax your order form to the fax number shown on the form. Faxes must be sent from your doctor’s office. Faxes from other locations (such as your home or workplace) will not be accepted.

Aetna Rx Home Delivery has many benefits:

- **Savings:** Save money by ordering up to a 90-day supply and paying one low fee — and standard shipping is always free!

- **Convenience:** You can order your prescriptions and refills online, by mail or by phone and avoid trips to the pharmacy. Aetna will remind you when prescriptions are available for refill.

- **Service:** You can talk confidentially to a pharmacist 24 hours a day, seven days a week.

- **Safety:** Pharmacists check every prescription for accuracy and potential drug interactions.

### Maintenance Choice Program at Retail CVS Pharmacies

You have the option to fill your 90-day supply of maintenance medications at a retail CVS Pharmacy for the same cost as Mail-Order. Just take your new 90-day prescription to a local retail CVS Pharmacy, or call Aetna Rx Home Delivery to have your existing Mail-Order prescription for a maintenance medication transferred to your local CVS Pharmacy.
**Incentivized Mail-Order Program**

If you continue to use a retail pharmacy (including CVS) for 30-day supplies of maintenance drugs after your second 30-day fill, then you will pay the following surcharge in addition to your standard copay/co-insurance:

- Generic Drug: $15
- Preferred Brand-Name Drug: $30
- Non-Preferred Brand-Name Drug: $45

However, in no event will you pay more than the pharmacy’s cash price for your maintenance medication. This will allow you to continue to take advantage of any special low-price drug promotions at your retail pharmacy for 30-day supplies.

**Pre-certification or “Prior Authorization”**

Certain prescription drugs that are taken regularly for designated ongoing conditions like psoriasis, fungal infections, seizure disorders/migraines or rheumatoid arthritis require pre-certification or “prior authorization.” Patients who take those drugs may be asked to have their physicians provide a statement of medical necessity for the prescription.

Prior authorization ensures that a medicine is being prescribed to treat a covered medical condition. Many drugs have numerous uses and can be prescribed to treat multiple medical conditions. Most of these conditions are covered under the medical plan, but a few are not. For example, a drug that treats certain eye disorders may also be used to reduce wrinkles. When prescribed to treat the eye disorder, the drug would be covered. If it is prescribed to reduce wrinkles, it would not be covered.

In this program, your medical professionals are consulted. When your pharmacist tells you that your prescription needs pre-certification, it simply means that more information is needed to see if your plan can cover the drug. Only your doctor (or sometimes a pharmacist) can provide this information.

Pre-certification is a program that helps you get prescription drugs you need with safety, savings and — most importantly — your good health in mind. It helps you get the most from your health care dollars with prescription drugs that work well for you and that are covered by the Prescription Drug Plan.

Aetna will notify you if this requirement applies to you.
Generics Preferred Program

Generic drugs have the same active ingredients as brand-name drugs but cost much less. This is because the companies that make generics don’t spend large sums of money on research and development (R&D) or advertising. By using generic drugs, you can save money and still achieve the same therapeutic outcome because every generic drug must undergo the same U.S. Food and Drug Administration (FDA) review as its equivalent brand-name drug.

This is why Chevron Phillips Chemical utilizes the Generics Preferred Program. If you fill a prescription with a non-preferred brand-name drug when a generic drug is available, you’ll be required to pay the non-preferred brand-name copay plus the difference in cost between the generic drug and the non-preferred brand-name drug. Please note that this cost difference is not applied to the annual deductible under the Value CDH Plan — only the copay applies.

Wellness Program

Chevron Phillips Chemical’s Wellness Program, Your Journey To Wellness, is administered by ActiveHealth. It is designed to encourage you to take an active role in your health. You will have the opportunity to earn up to $100 in incentives in the form of a gift card by completing the following activities:

- A wellness check-up with your health care provider,
- A biometric screening through Quest,
- A nicotine screening with a clean outcome or completing a smoking cessation program, and
- A routine dental exam and teeth cleaning.

If you complete all of these activities in 2018, you can earn a bonus $100 gift card, for a grand total of $200. You can request your gift card on the ActiveHealth website, but only one time per year. For more information, visit www.MyActiveHealth.com/cpchem.

Medical Plan Features to Help You Stay Healthy

The medical plan options offer these great features, designed to help you better manage your health care:

- Teladoc® telemedicine,
- Network of walk-in medical clinics,
- Urgent care centers,
- Network of top-performing medical specialists, and
- ActiveHealth programs, which include a health information website, a Personal Health Record, a disease management program and a data management program. You can access the ActiveHealth programs at www.MyActiveHealth.com/cpchem.
**Teladoc Telemedicine**

When you enroll in any of the medical plan options, 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 (please note that due to Teladoc’s interpretation of Texas State law, Teladoc allows only phone consultations in the state of Texas). Teladoc does not replace your primary care physician, but it is a great alternative when you need immediate care for a non-emergency issue (for example, cold and flu symptoms, allergies, bronchitis, respiratory infection, urinary tract infection, etc.) or when you are away from home. A Teladoc doctor can even write you a prescription for minor ailments.

You will pay a lower copay or co-insurance than 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.

**Walk-In Medical Clinics**

A system of walk-in medical clinics is available to Chevron Phillips Chemical employees. Generally, the clinics are located in stores you’re already familiar with and offer high-quality, affordable “get well” services for common medical conditions such as colds, coughs, flu, sinus and ear infections, skin rashes and urinary tract infections — as well as “stay well” services like flu shots, vaccinations, physical exams, and cholesterol and other diagnostic screenings — with no appointments necessary. The next time you or a loved one gets sick over the weekend, don’t forget there may be a walk-in clinic near you!

Services provided by walk-in medical clinics are covered with a $35 copay under the Select EPO Plan and co-insurance once the deductible is met under the Choice PPO and Value CDH Plans.

For a list of participating network walk-in clinics, visit DocFind® at www.aetna.com/docfind/. Under “Search for” select “Walk-In Clinics.”
Urgent Care Centers

Urgent Care Centers (UCCs) treat more serious conditions than walk-in clinics — strains and sprains, scrapes and lacerations, animal bites, minor burns, contusions and other minor emergencies. There are many benefits to using Urgent Care Centers versus an emergency room. These benefits include:

- **Quick access to care:** Most hospital emergency rooms (ERs) are overcrowded and you can expect long waits. At UCCs, you will have faster access to medical professionals trained to handle many non-life-threatening emergency medical conditions.

- **Less costly:** Fees for services at a UCC are typically less than fees for services at an ER, and if you're enrolled in the Select EPO Plan, your copay and co-insurance are less at a UCC than an ER.

- **No appointment is necessary.**

- **Convenient locations:** Urgent Care Centers are conveniently located in most U.S. cities. Be sure to find the UCC nearest to you so you'll know where it is if the need arises.

Services provided by Urgent Care Centers are covered with a $75 copay under the Select EPO Plan and co-insurance once the deductible is met under the Value CDH Plan and the Choice PPO Plan.

You should confirm the type of facility before you go — even if the facility’s name includes “urgent” it could still be an emergency room. To find an Urgent Care Center or verify that a facility is a UCC and not an ER, visit DocFind® at www.aetna.com/docfind/. Under “Search for” select “Urgent Care Centers.”

Specialist Network

You have access to the Aexcel Performance Network, Aetna’s network of top-performing medical specialists in 12 areas of health care:

- Cardiology
- Cardiothoracic Surgery
- Gastroenterology
- General Surgery
- Neurology
- Neurosurgery
- Obstetrics and Gynecology
- Orthopedics
- Otolaryngology/ENT
- Plastic Surgery
- Urology
- Vascular Surgery

These specialists were selected because they meet high standards for both quality of care and cost efficiency. Cost efficient does not necessarily mean least expensive. In certain cases, the specialist may be more expensive but have statistically better outcomes. This ensures that you receive quality medical care at an affordable price. You pay nothing extra to see Aexcel-designated physicians, and you don’t need a referral. You can find an Aexcel-designated specialist through DocFind® at www.aetna.com/docfind/. Aexcel specialists are identified with a blue star symbol next to their name.
ActiveHealth Programs
Chevron Phillips Chemical has engaged ActiveHealth Management, an independent subsidiary of Aetna, to coordinate several programs as a supplement to all three of our medical plan options. These programs include a health information website, a personal health record, a data management program and a disease management program.

Health Information Website
This secure, online website gathers all the health information that’s important to you in one convenient place at www.MyActiveHealth.com/cpchem. This site is your personal gateway to a variety of health programs and services. You can log on 24 hours a day, 7 days a week to use a wide range of helpful tools and resources, including online digital coaching, wearable device tracking and healthy recipes. There’s even a home page that you can design around your preferences. All of these benefits are included at no additional cost to you.

Personal Health Record
Your Personal Health Record is available through www.MyActiveHealth.com when you need it, at any time and any location. This record combines your important health information into a safe, secure home — no more scattered papers to file! Each time you have a claim against your insurance, it will automatically show up in your Personal Health Record. And the information in your Personal Health Record is secure — each record is kept confidential, private and secure, in compliance with federal and state laws.

Care Considerations
CareEngine® is a program that uses the data resources of ActiveHealth and Aetna to give physicians information they can use to improve clinical quality and safety. The program looks at your medical claims, pharmacy claims, lab results and patient demographics and analyzes that data to give your physician a broader view of your clinical profile. Any potential gaps, called Care Considerations, are communicated to your doctor. The Care Considerations will typically recommend a procedure that hasn’t been conducted, the stopping of a treatment or the addition of a treatment.
My Total Care Program

ActiveHealth coordinates a multi-condition disease management program to help you and your dependents deal with certain chronic conditions. Some of the conditions that ActiveHealth assists employees and their dependents with, as desired, are coronary artery disease, congestive heart failure, hypertension (high blood pressure), hyperlipidemia (high cholesterol), diabetes, asthma, chronic obstructive pulmonary disease (COPD), neck/back pain, acid reflux (GERD) and osteoarthritis.

Disease management is an approach to patient care that seeks to limit "preventable" events by maximizing patient adherence to prescribed treatments. In short, it teaches patients how to manage a chronic disease or condition.

The My Total Care disease management program is a telephonic program that:

- Provides employees and their dependents with a primary nurse, so that you will have the opportunity to build a trusting relationship with a single point of contact.
- Engages all parties — the physician, the program nurse and the patient — in the care process.
- Offers self-paced online digital health and wellness tools to all medical plan participants.

We believe ActiveHealth’s services are mutually beneficial for employees, dependents and the Company. However, **you may opt out of the program at any time for any reason.**

ActiveHealth will typically reach out to you when you are diagnosed with a designated chronic condition. If you are not contacted directly, you can self-identify and contact ActiveHealth yourself at 1-877-489-9398 to participate.

An incentive feature for prescription drugs treating chronic conditions is integrated with the disease management program and offers certain medications at no cost to those who participate in the program.
Dental Plan
Chevron Phillips Chemical offers eligible employees a choice of two dental plan options both administered by Aetna:

- The Preventive Dental Plan (Dental PPO/PDN with PPO II network), which covers routine preventive care and diagnostic services only, or
- The Comprehensive Dental Plan (Dental PPO/PDN with PPO II network), which covers a broad range of dental services, including routine and diagnostic services, fillings, dental surgery, major restorations and orthodontia.

You save money when you receive care from a participating dentist because participating dentists have agreed to provide their services at discounted rates.

Participating Providers
The dentists who participate in Aetna’s Dental PPO network agree to:

- Accept Aetna’s negotiated fee — which is usually lower than the fee charged by non-participating dentists — along with your deductible, as payment in full, and
- Handle claim filing for you and receive payment directly from Aetna. You should receive an explanation of benefits (EOB) form showing the portion of the charges paid by Aetna and any amount you owe.

Your dentist’s office can tell you if he or she participates in the Dental PPO/PDN with PPO II network. If you have questions about in-network dentists, call Aetna at 1-800-269-5314 or visit DocFind® at www.aetna.com/docfind/.

The Preventive Dental Plan
The Preventive Dental Plan is designed for employees who expect to have few dental problems. It pays 100% of reasonable and customary (R&C) charges for covered routine preventive and diagnostic care, with no deductible. It does not provide any other benefits. You may use in-network or out-of-network providers. The choice is yours.

The Comprehensive Dental Plan
The Comprehensive Dental Plan (default coverage if you don’t actively enroll) covers not only routine preventive and diagnostic care, but also provides coverage for basic services such as fillings and extractions, major services such as root canals and crowns as well as orthodontia. This option will pay the same level of benefits for care received from any licensed dental provider — regardless of whether they participate in the dental plan provider network.

To find In-Network Dental Providers:

- Under “Provider Types” — choose “Dentists (Primary Care)” or “Dental Specialists”
- Under “Plan” — choose “Dental PPO/PDN with PPO II” Network

Please see the enclosed Personal Enrollment Worksheet to determine your per-pay-period costs for the benefit plan options described here.
Non-Participating Dentists

If you use a non-participating dentist, Aetna’s payment is based on the fee charged or the reasonable and customary (R&C) fee amount, whichever is less. You’re responsible for any costs that exceed the R&C limit. You may also be required to pay a non-participating dentist directly and then submit a claim for reimbursement to Aetna.

Dental Plan Comparison Chart

The following schedule shows the types of services covered under the Chevron Phillips Chemical dental plan options. Your contribution rates for each option are listed on your Personal Enrollment Worksheet.

<table>
<thead>
<tr>
<th>General Information</th>
<th>COMPREHENSIVE DENTAL PLAN</th>
<th>PREVENTIVE DENTAL PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna network</td>
<td>Dental PPO/PDN with PPO II Network</td>
<td>Dental PPO/PDN with PPO II Network</td>
</tr>
<tr>
<td>Deductible</td>
<td>$50/Employee-Only</td>
<td>None</td>
</tr>
<tr>
<td></td>
<td>$100/Employee + Spouse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$100/Employee + Child(ren), 1 child</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$150/Employee + Child(ren), 2+ children</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$150/Employee + Family</td>
<td></td>
</tr>
<tr>
<td>Plan year maximum</td>
<td>$1,750/person</td>
<td>None</td>
</tr>
</tbody>
</table>

For the following treatments and services, the dental plan options pay:

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>COMPREHENSIVE DENTAL PLAN</th>
<th>PREVENTIVE DENTAL PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and preventive care</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic services*</td>
<td>80%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Major services*</td>
<td>50%</td>
<td>Not covered</td>
</tr>
<tr>
<td>Orthodontia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Adults</td>
<td>50%</td>
<td>Not covered</td>
</tr>
<tr>
<td>– Children</td>
<td>50%</td>
<td>Not covered</td>
</tr>
<tr>
<td>– Lifetime maximum</td>
<td>$1,750</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

* Benefits are paid after the deductible is met. See the Dental Plans Summary Plan Description on www.mycpchembenefits.com under “Benefit Handbooks” for details on covered treatments and services.
**Vision PLUS Plan**

Under the Vision PLUS Plan, you can see an in-network VSP provider or an out-of-network provider, but the plan will pay a higher level of benefits if you see an in-network provider. To find an in-network provider, visit [www.vsp.com](http://www.vsp.com). Keep in mind that the medical plan options cover an annual in-network non-corrective eye exam — but if you enroll in the Vision PLUS Plan, you will also have coverage for a corrective eye exam, lenses, frames and contacts.

The following chart shows the services covered under the Vision PLUS Plan. Your contribution rates for coverage are listed on your Personal Enrollment Worksheet.

<table>
<thead>
<tr>
<th>VISION PLUS PLAN — VSP</th>
<th>IN-NETWORK</th>
<th>OUT-OF-NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye exam, including corrective exam and contact lens fitting and evaluation (once per calendar year)</td>
<td>Covered 100%</td>
<td>Reimbursed up to $45</td>
</tr>
<tr>
<td>Frames (once every two calendar years)</td>
<td>Covered up to $150; 20% discount on any amount over $150</td>
<td>Reimbursed up to $70</td>
</tr>
<tr>
<td>Lenses (once per calendar year)</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Progressive lenses (once per calendar year)</td>
<td>VSP member cost: $55</td>
<td>VSP member cost: $95 – $105</td>
</tr>
<tr>
<td>Contacts (once per calendar year; in lieu of eyeglass lenses; applies to all three items below)</td>
<td>Covered up to $130</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>Second annual eye exam related to diabetic eye disease, glaucoma or age-related macular degeneration (AMD)</td>
<td>$20 copay</td>
<td>Not covered</td>
</tr>
</tbody>
</table>
Critical Illness Plan

Critical illness insurance offers valuable protection by helping pay out-of-pocket costs associated with serious health conditions, such as heart attack, stroke, bypass surgery, renal failure, organ transplants, Alzheimer's Disease and certain cancers. The Critical Illness Plan, offered through MetLife, provides a lump-sum benefit to be used however you choose. You can elect coverage amounts of $10,000, $20,000 or $30,000 for you and/or your family.

Critical illness coverage is separate from the medical plan, so benefits are payable regardless of whether or not you have met your medical deductible. The plan is available to all employees, but it may be especially helpful to provide “stop gap” coverage for Value CDH Plan participants because of that option’s relatively high deductibles. Coverage is voluntary and 100% employee-paid. Contribution rates for each coverage level are listed on your Personal Enrollment Worksheet.

For more details about the Critical Illness Plan, see www.mycpchembenefits.com/voluntary-benefits.

Employee Assistance Program (EAP)

All employees and their eligible dependents are automatically enrolled in the EAP from their hire date, and EAP coverage is paid entirely by the Company. Aetna Behavioral Health administers the EAP.

The Aetna EAP

The Aetna EAP offers confidential counseling and support services designed to help you resolve issues and problems. You and your dependents are entitled to receive up to six counseling sessions per person per incident. Aetna EAP counselors can provide assistance with a wide range of things that may be causing problems in your work or home life, including:

- Mental health and well-being,
- Personal and professional relationships,
- Substance abuse,
- Family life,
- Daily stress, and
- Many other issues.

Aetna EAP counselors are available by phone 24 hours a day, 365 days a year. They can provide you with resources and referrals and can arrange face-to-face counseling with a provider in your area. In a crisis situation, they will help you access emergency care immediately.

If you require emergency inpatient services, extended counseling sessions or other services, the Aetna EAP can coordinate that care. If you’re not covered by the Behavioral Health Plan — meaning you’re not enrolled in one of the medical plan options — the Aetna EAP can refer you to community-based resources. You will be financially responsible for any follow-up care.
Phone Support
Call 1-866-841-9377 to talk to an Aetna EAP counselor at any time. You may also reach the Aetna EAP by calling the Chevron Phillips Employee Service Center at 1-800-446-1422 and pressing option “8.”

Online Support
Go online to discover even more services designed to improve your emotional well-being and productivity.

The EAP website at www.mylifevalues.com provides online access to information, benefits, educational materials and more. Log on using the username “CPC” and password “member.”

Health Savings Account (HSA)
The Health Savings Account (HSA), administered by Fidelity, is a special account that you’re eligible for when you elect the Value CDH Plan, as long as you and your covered dependents are not otherwise covered by any other medical plan other than an IRS-qualified high-deductible health plan. The purpose of the HSA is to accumulate funds to pay your out-of-pocket medical costs, such as your deductible and co-insurance charges.

When you enroll in the Value CDH Plan, Chevron Phillips Chemical will contribute $500 to your HSA for Employee-Only coverage or $1,000 for all other coverage levels (Employee + Spouse, Employee + Child(ren) or Employee + Family) for 2018. You can also contribute and invest pre-tax dollars through convenient payroll deductions. And unlike an FSA, your unused HSA balance rolls over from year to year — it is not “use it or lose it.”

You can go to any bank that offers an HSA. However, Chevron Phillips Chemical’s annual contributions can only be deposited into your Fidelity HSA and the Company has automated payroll deduction capability with Fidelity that allows you to make pre-tax deposits to your account through payroll deductions. Also, Chevron Phillips Chemical will pay your monthly account maintenance fee for a Fidelity HSA as long as you remain an employee. You will not be able to take advantage of the annual Company contributions, the automated pre-tax payroll deductions or Company-paid account maintenance fee if you open an HSA elsewhere.

The maximum combined employer and employee HSA contribution limit is:

<table>
<thead>
<tr>
<th>2018 HSA MAXIMUM CONTRIBUTIONS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee-Only</td>
<td>$3,450</td>
</tr>
<tr>
<td>Employee + Spouse, Employee + Child(ren) or Employee + Family</td>
<td>$6,900</td>
</tr>
</tbody>
</table>

If you are at least age 55, are not enrolled in Medicare Part A or Part B, and are otherwise eligible, you may elect to make a catch-up contribution of an additional $1,000 to your HSA.

Note: You are not eligible for Company or employee contributions to an HSA if you are enrolled in Medicare Parts A and/or B.
How the HSA Works

1. First, decide how much you want to contribute and make your HSA election through the Mercer BenefitsCentral (MBC) website or by phone.

2. Then, set up your HSA with Fidelity. You can either complete an application online at www.netbenefits.com or contact Fidelity at 1-866-771-5225 for an application. If you enroll in the Value CDH Plan and do not open an HSA, you will lose out on Company contributions to your HSA and the opportunity to accumulate pre-tax funds to pay for your health care. It’s a good idea to sign up promptly so the Company contributions can be deposited and your pre-tax contributions can begin with the first pay period once you’re eligible to participate.

You can change your contribution amount during the year — for example if you start your contributions late or if your estimated medical expenses increase — as long as you don’t exceed the annual maximum. Make changes to your HSA contributions by calling the Chevron Phillips Benefits Service Center or online at www.mercerbenefitscentral.com/cpchembenefits.

3. Automatic pre-tax payroll deductions fund your Fidelity HSA each pay period. You can also make after-tax contributions by check.

4. Your money is held in a Fidelity brokerage account that includes a core money market account through which deposits and withdrawals are made. You can leave your money in the core account or choose to invest your funds in a wide variety of options, including Fidelity and non-Fidelity mutual funds, ETFs, CDs, and individual stocks and bonds. You must meet certain minimums to invest in mutual funds. Any earnings on your Fidelity investments are automatically invested and grow tax-free — although your account is also subject to possible market losses.

5. When you want to access your HSA funds, you can do so in several ways. You can pay a health care provider directly using the HSA Debit Card you receive from Fidelity. Or you can pay the provider yourself and request reimbursement by EFT or check to yourself. Note that you must keep your own records of eligible medical expenses — you don’t submit claims documentation to Fidelity.

Generally, the types of expenses qualified for HSA reimbursement are similar to those reimbursable under the Health Care FSA, with some additional HSA-reimbursable items such as qualified long-term care insurance premiums, certain Medicare premiums, and COBRA premiums.

6. Unlike an FSA, your HSA is not “use it or lose it.” Any money remaining in your HSA at the end of the year rolls over, and you can add more money or spend the money on eligible expenses in future years. The funds in your HSA are always yours even if you change medical plan options, leave the Company or retire.

For detailed information about the HSA, including eligibility and qualified expenses, see the following resources located on www.mycpchembenefits.com:

• Under “Benefit Handbooks,” see the “Health Savings Account (HSA)” Summary Plan Description.

• Under “Health & Wellness” then “Health,” read “Your Guide to Understanding a Health Savings Account.”
Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to reimburse yourself for eligible health and/or dependent care expenses. When you’re first eligible to enroll, and each year during Open Enrollment thereafter, you decide if you want to participate in the Health Care FSA (or Limited-Purpose FSA if you are enrolled in the Value CDH Plan or another IRS-qualified high deductible medical plan), the Dependent Care FSA or both.

• **The Health Care Flexible Spending Account (HCFSA)** — for certain medical, dental, vision and hearing expenses not reimbursed by other health plans.

• **The Limited-Purpose Flexible Spending Account (LPFSA)** — for eligible expenses, such as dental and vision expenses when you enroll in the Value CDH Plan or another IRS-qualified high deductible medical plan. You can also use the account for HCFSA-eligible expenses after you have met your Value CDH Plan or other IRS-qualified high deductible medical plan deductible.

• **The Dependent Care Flexible Spending Account (DCFSA)** — for qualified dependent care expenses incurred so that you (and your spouse) can work or attend school full-time. This account is for dependent care expenses for children under the age of 13 and disabled dependents; it is not for dependent health care expenses.

Use PayFlex’s Online Tools

The FSAs are administered by PayFlex, which offers many convenient online features to track and manage your accounts. Visit [www.payflex.com](http://www.payflex.com) to use the following tools:

• **Account Details**: View your account balance and manage your funds.

• **My Resources**: View educational materials, forms and IRS publications.

• **Savings calculator**: Estimate your health care and dependent care expenses.

• **FAQs**: Review frequently asked questions about your FSAs.

• **Live Chat**: Connect to a PayFlex customer service representative by clicking “Chat Now” under “Help & Support.”

If you need help navigating the PayFlex website, they offer a co-browsing feature that allows you to share your computer screen with a PayFlex customer service representative. Simply click “Share My Screen” to be provided with a phone number and code to start a co-browsing session and receive assistance.

If you don’t have a user name and password, you’ll need to create your profile to get started. If you have already created an account, click “Sign In” to access your account. You can also access the PayFlex website through [www.aetnanavigator.com](http://www.aetnanavigator.com).
Tax Savings
FSAs can help you lower your taxes. When you participate, your contributions are taken out of your pay before federal income taxes, Social Security taxes, Medicare taxes and (in most cases) state income taxes are calculated and withheld. This means you lower your taxable income and pay less tax. Because this is a pre-tax benefit, your participation may slightly reduce your Social Security benefits when you retire. You should consult a tax advisor to determine the tax consequences, if any, for you personally.

Guidelines and Eligible Expenses
For 2018, the maximum HCFSA or LFPSA annual contribution limit is $2,600. If you and your spouse both have access to an FSA, you can each contribute $2,600 for a total of $5,200 per family.

FSAs operate under IRS guidelines and special rules apply. Only certain health care expenses are eligible for reimbursement under the HCFSA (or LFPSA if you are enrolled in the Value CDH Plan or another IRS-qualified high deductible medical plan). For more information on using your FSA, including examples of eligible and ineligible expenses, please refer to the “Flexible Spending Accounts” Summary Plan Description at www.mycpchembenefits.com under “Benefit Handbooks.”

For more information about eligible and ineligible FSA expenses, see IRS Publication 502, Medical and Dental Expenses. The publication is available online at www.irs.ustreas.gov. Information is also available on www.aetna.com/fsa/index.html.
Flexible Spending Accounts (FSAs) vs. Health Savings Accounts (HSAs)

Both FSAs and HSAs allow you to set aside money on a pre-tax basis to pay for health care expenses, but there are some differences:

- **The money in an FSA must be spent by the end of the year or you lose it. Unused funds in an HSA remain in the account indefinitely, until you spend it.**

- The money in an FSA cannot be invested and does not earn interest. The money in an HSA can be invested and the investment returns are tax-free if ultimately used for qualified medical expenses.

- You must be enrolled in the Value CDH Plan to open an HSA. Enrollment in a medical or dental plan is not required to open an HCFSA.

- Your HSA balance can be used to pay COBRA premiums, long-term care and Medicare premiums. Your FSA balance cannot be used for those premiums.

- Your HSA belongs to you and is portable, which means you can take it with you if you change employers or move to another HSA provider. Your FSA is not portable and is forfeited if you leave the Company, unless you continue coverage through the end of the plan year through COBRA.

- You can use your full year’s FSA election amount any time during the plan year. In an HSA you can only use the funds that are in your account.

- You may change your annual election amount in an HSA at any time. You may only change your annual election amount in an FSA during Open Enrollment or as a result of a qualified status change.

The following chart outlines some features of each type of Flexible Spending Account (FSA) and the Health Savings Account (HSA):

<table>
<thead>
<tr>
<th></th>
<th>HEALTH CARE FSA</th>
<th>DEPENDENT CARE FSA</th>
<th>LIMITED-PURPOSE FSA</th>
<th>HEALTH SAVINGS ACCOUNT (HSA)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2018 Annual Limit</strong></td>
<td>$2,600</td>
<td>$5,000</td>
<td>$2,600</td>
<td>$3,450 Single $6,900 Family</td>
</tr>
<tr>
<td>Company Contributes</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Pre-Tax</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Select EPO Enrollment</td>
<td>Y</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Choice PPO Enrollment</td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value CDH Plan Enrollment</td>
<td></td>
<td></td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Health Care Expenses</td>
<td>Y</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent Day Care Expenses</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Must Incur Expenses Prior to 12/31</td>
<td>Y</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rolls Over From Year to Year</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Must Elect to Contribute Each Year</td>
<td>Y</td>
<td></td>
<td></td>
<td>Y</td>
</tr>
<tr>
<td>Can Change Contribution Amount at Any Time</td>
<td></td>
<td></td>
<td></td>
<td>Y</td>
</tr>
</tbody>
</table>
How to Use Your HCFSA Funds

If you pay for eligible expenses with cash, check or a personal credit card, you can submit an online request for reimbursement at www.payflex.com or through the PayFlex Mobile application. Or you can fill out a paper claim form and fax or mail it to PayFlex.

You may also use your PayFlex FSA Debit Card to pay for your eligible prescription drug expenses. When you use the card, the funds automatically come out of your HCFSA.

Streamlined Reimbursement for Your HCFSA

When you enroll in an HCFSA, if you are also enrolled in a Chevron Phillips Chemical medical or dental plan option, you will be enrolled in the streamlined reimbursement feature. This feature allows you to be reimbursed automatically for eligible office visits and out-of-pocket expenses — no claim forms required! **Note:** This feature is not available for the LPFSA, the DCFSA, prescriptions and OTC purchases.

And if you would like to receive your reimbursements directly into your checking or savings account, you can sign up for direct deposit by logging on to www.payflex.com. On the left-hand side under “My Dashboard” select “My Account & Settings” then “Enroll in Direct Deposit.”

Manage Your Accounts With the PayFlex Mobile App

The PayFlex Mobile application makes it easy for you to manage your FSA accounts 24/7. The free app is available for iPhone and iPad mobile devices, as well as Android and BlackBerry smartphones. The PayFlex Mobile app lets you:

- View your account balances and manage your account funds.
- Request reimbursement and view your transaction history.
- View PayFlex FSA Debit Card purchases and submit documentation.
- View a list of common eligible expense items.
- Receive important alerts about the status of your accounts.

For more information about the PayFlex Mobile app, go to www.mycopchembenefits.com/health and look for PayFlex documents in the “Flexible Spending Accounts” section.

FSA Debit Cards for Prescriptions

Using your PayFlex FSA Debit Card is an easy, convenient way to access your Health Care Flexible Spending Account (HCFSA) funds to pay for prescription drugs. Expenses are automatically deducted from your HCFSA, in most cases doing away with the need for an employee to pay the expenses up front, submit a claim and then wait for reimbursement.

To find a certified pharmacy near you, log on to www.aetnanavigator.com.
Using the DCFSA

The Dependent Care Flexible Spending Account (DCFSA) allows you to use pre-tax dollars to pay dependent care expenses so that you (and your spouse, if married) can work or attend school full-time. Eligible dependents include:

- Your children under age 13 whom you can claim as dependents on your federal income tax return,
- Your spouse, if he or she is physically or mentally incapable of self-care, and
- Any other person considered a dependent for federal income tax purposes who is physically or mentally incapable of self-care, regardless of age.

You can set aside up to $5,000 a year to pay for dependent care expenses. Your contribution is deducted from your paycheck in equal installments throughout the year. If you’re married and file a joint tax return, the $5,000 annual limit for the DCFSA applies to you and your spouse together. For more information on using the DCFSA, including examples of eligible and ineligible expenses, please refer to the “Flexible Spending Accounts” Summary Plan Description at www.mycpchembenefits.com under “Benefit Handbooks.”

Additional details about eligible and ineligible expenses under the DCFSA can be found in IRS Publication 503, Child and Dependent Care Expenses, available through the IRS website at www.irs.ustreas.gov. Information is also available on www.aetna.com/fsa/index.html.

Dependent Expenses Reminder

You cannot contribute money to a DCFSA to be reimbursed for your dependent or child’s medical expenses. Money set aside in this account can only be used for expenses incurred for your dependents’ daycare or similar services while you’re at work or school.

DCFSA vs. Dependent Care Tax Credit

The IRS allows you to take a tax credit for eligible dependent care expenses. Under the Internal Revenue Code, the tax credit is a percentage of your dependent care expenses. To help you determine whether the DCFSA or the Dependent Care Tax Credit is better in your particular situation, consult with your tax advisor or contact the IRS.
INCOME AND SURVIVOR PROTECTION BENEFITS

Chevron Phillips Chemical’s income and survivor protection benefits offer important financial protection for you and your family. The benefits include both Company-paid and employee-paid coverage and they give you the flexibility to tailor your coverage to fit your individual needs. All income protection plan coverage is administered by Metropolitan Life (MetLife) Insurance Company.

Your income protection benefits include:

<table>
<thead>
<tr>
<th>COMPANY-PAID PLANS</th>
<th>VOLUNTARY PLANS</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Basic Life Insurance</td>
<td>– Supplemental Life Insurance</td>
</tr>
<tr>
<td>– Basic Accidental Death and Personal Loss (AD&amp;PL) Insurance</td>
<td>– Spouse Life Insurance</td>
</tr>
<tr>
<td>– Occupational AD&amp;PL Insurance</td>
<td>– Dependent Child Life Insurance</td>
</tr>
<tr>
<td>– Business Travel Accident Insurance</td>
<td>– Supplemental AD&amp;PL Insurance</td>
</tr>
<tr>
<td></td>
<td>– Long-Term Disability Insurance</td>
</tr>
</tbody>
</table>

Important!

You must actively enroll if you wish to have supplemental life, spouse life, dependent child life, supplemental AD&PL or long-term disability insurance.

Please see the enclosed Personal Enrollment Worksheet to determine your per-pay-period costs for your eligible voluntary income and survivor protection benefits.

Note: Short-term disability coverage is Company-paid and self-insured by the Company. For more details, see “Policy HR 3200 – Short-Term Disability” on the nSight Policy Portal.
Life Insurance

You are automatically enrolled in basic Company-paid life insurance of one times your current annual pay. You may also elect supplemental life insurance as follows:

- **For yourself:** one to eight times your current annual pay
- **For your spouse:** in $10,000 increments (if you elect supplemental coverage for yourself)
- **For your eligible dependent children:** $5,000 or $10,000 for each child (if you elect supplemental coverage for yourself)

The minimum and maximum benefit for each type of life insurance is listed in the table below. During your initial enrollment for supplemental life insurance, there is a guaranteed issue amount, which is the maximum amount you are eligible to elect without providing a Statement of Health (SOH). If you enroll in supplemental coverage of more than the guaranteed issue amount during your first 31 days of eligibility — or you do not elect coverage within your first 31 days of eligibility — an SOH will be required if you wish to enroll in or increase supplemental coverage for yourself, your spouse or your dependent children at a later date. See page 42 for details.

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>MINIMUM BENEFIT</th>
<th>GUARANTEED ISSUE AMOUNT</th>
<th>MAXIMUM BENEFIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life</td>
<td>$10,000</td>
<td>$250,000</td>
<td>$250,000</td>
</tr>
<tr>
<td>- 1x annual pay*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Company-paid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Supplemental Life</td>
<td>$10,000</td>
<td>2x your annual pay or $300,000, whichever is less</td>
<td>$500,000</td>
</tr>
<tr>
<td>- 1x – 8x annual pay*</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse Life</td>
<td>$30,000</td>
<td>$30,000</td>
<td>$250,000</td>
</tr>
<tr>
<td>- $10,000 increments</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependent (Child) Life</td>
<td>$5,000</td>
<td>$10,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>- $5,000 or $10,000 for each child</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Your coverage amount is rounded up to the next higher $1,000, if not already a multiple of $1,000.

Your premium rates for supplemental coverage are listed on your Personal Enrollment Worksheet.

Don’t forget to designate a beneficiary for your Company-paid basic life insurance and, if applicable, supplemental life coverage.
When Statement of Health (SOH) Is Required

In some cases, MetLife, the Plan Administrator, requires evidence of insurability — a Statement of Health (SOH) as proof of your or your dependents’ physical condition and other factual information — to apply for supplemental life insurance and/or long-term disability (LTD) coverage. You and/or your dependents must provide an SOH acceptable to MetLife to apply for coverage in the following situations:

• After the first 31 days of eligibility, if a late entrant,
• Within 31 days of eligibility, if you enroll in supplemental life insurance coverage over two times your annual base pay or $300,000, whichever is less,
• Within 31 days of eligibility, if you enroll in spouse life insurance coverage over $30,000,
• For a voluntary increase in supplemental life insurance for you, your spouse and dependent children after the first 31 days of eligibility.

You must also provide an SOH acceptable to MetLife at your own expense to apply for long-term disability (LTD) coverage at any time after the first 31 days of eligibility.

If you elect a coverage amount under one of the income protection plans that requires a Statement of Health, complete an online Statement of Health form through the Mercer BenefitsCentral (MBC) website at www.mercerbeneﬁtscentral.com/cpchembeneﬁts as required for yourself and/or each of your enrolled dependents. A separate SOH must be completed for employees, spouses and dependent children that require evidence of insurability. The insurance company must approve your application before the coverage begins or increases. For coverage to be effective, the employee must be actively at work.

Please Note: If you don’t have online access, please call the Chevron Phillips Benefits Service Center (1-800-446-1422, option 1) to request a paper Statement of Health form.
Accidental Death and Personal Loss (AD&PL) Insurance

Your basic Company-paid AD&PL insurance is one times your current annual pay, rounded up to the next higher $1,000 if not already a multiple of $1,000. The maximum coverage is $250,000. You are automatically enrolled in basic AD&PL insurance coverage.

You may elect supplemental AD&PL insurance for yourself only, or for yourself and your eligible dependents. Your coverage choices for yourself are $10,000 increments, with a minimum of $50,000 and a maximum of the lesser of 10 times your current annual pay (rounded up to the next $10,000) or $1,000,000.

You may include coverage for your eligible dependents in your supplemental AD&PL insurance. If you elect dependent coverage, the benefits depend on your family composition:

- Spouse only — Coverage is 65% of employee coverage,
- Spouse and children — Coverage is 55% of employee coverage for spouse and 20% for each child,
- Children only — Coverage is 25% of employee coverage for each child.

A percentage of these benefits is paid if you or your eligible dependent suffers certain accidental injuries.

Your premium rates for supplemental coverage are listed on your Personal Enrollment Worksheet.

Occupational Accidental Death and Personal Loss (OAD&PL) Insurance

The Company-paid OAD&PL insurance plan pays a one-time payment of $500,000 to your beneficiary if you die as a result of a covered accident while on the job and also provides a monthly benefit for a coma caused by an accident on the job. You are automatically enrolled in OAD&PL coverage.

Business Travel Accident Plan

The business travel accident plan provides benefits if you are seriously injured or die in an accident while traveling on Company business. Chevron Phillips Chemical pays the full cost of your coverage under this plan. Family members traveling with you are not covered. You are automatically enrolled in business travel accident insurance coverage.

The amount of your coverage, or principal sum, is equal to one times your regular annual base pay up to a maximum of $500,000. A percentage of the principal sum is paid to you if you suffer certain accidental injuries.
Voluntary Long-Term Disability (LTD) Insurance

The Long-Term Disability (LTD) Plan is designed to provide you with financial assistance when an injury or illness lasts longer than 26 weeks. Your LTD premiums are deducted from your pay on an after-tax basis. Therefore, any LTD benefit payments you receive are tax-free.

You have two LTD options. You can choose LTD coverage equal to 50% or 60% of your basic monthly earnings,* up to a maximum benefit of $12,000 per month. Your premium rates for LTD coverage are listed on your Personal Enrollment Worksheet.

* Your basic monthly earnings do not include awards, bonuses and unscheduled overtime.

You can elect LTD coverage without a Statement of Health (SOH) as long as you enroll in coverage within 31 days of your date of hire. If you elect LTD coverage anytime after your first 31 days of eligibility — or if you choose to increase your coverage from 50% to 60% — an SOH will be required. See page 42 for details on how to complete an SOH.

Maximum Benefit Period

Your maximum benefit period is the later of:
- Your normal retirement age (as defined by the federal Social Security Administration on the date your disability starts), or
- The period shown on the table below.

<table>
<thead>
<tr>
<th>AGE WHEN DISABILITY OCCURS</th>
<th>BENEFIT PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than age 60</td>
<td>to age 65</td>
</tr>
<tr>
<td>60</td>
<td>60 months</td>
</tr>
<tr>
<td>61</td>
<td>48 months</td>
</tr>
<tr>
<td>62</td>
<td>42 months</td>
</tr>
<tr>
<td>63</td>
<td>36 months</td>
</tr>
<tr>
<td>64</td>
<td>30 months</td>
</tr>
<tr>
<td>65</td>
<td>24 months</td>
</tr>
<tr>
<td>66</td>
<td>21 months</td>
</tr>
<tr>
<td>67</td>
<td>18 months</td>
</tr>
<tr>
<td>68</td>
<td>15 months</td>
</tr>
<tr>
<td>69+</td>
<td>12 months</td>
</tr>
</tbody>
</table>

Pre-Existing Condition Limitation Applies —

A 12-month Pre-Existing Condition provision applies. This means that you won’t be eligible to receive disability benefits during the first 12 months of LTD coverage for a medical condition for which you received treatment, consultation, care or services, or took prescription medication or had medication prescribed, within the previous six months from the effective date of coverage or increase in coverage.

SAVINGS AND PENSION PROGRAMS

Chevron Phillips Chemical Company strongly believes in sharing its financial success with its employees. The savings and pension program has been designed to do just that. If you’re eligible, you’ll receive:

- Participation in a Company-paid Pension Plan,
- A Company match on your eligible contributions to the 401(k) Savings Plan, and
- Profit-sharing contributions (based on the Company’s performance) to the 401(k) Savings Plan.
Who’s Eligible

You’re eligible for the 401(k) Savings Plan if you’re a regular employee on the payroll of Chevron Phillips Chemical or another participating employer. You’re eligible for the Retirement Plan if you’re a regular employee and are scheduled to work 20 hours a week or more. Participation in both plans begins on your first day of work.

For both plans, you’re not eligible to participate if you are:
- A leased employee,
- A contract employee,
- A temporary employee,*
- A seasonal employee,*
- A casual employee,
- A member of a collective bargaining unit whose agreement does not provide for participation, or
- An employee at any Puerto Rico location.

If you’re in one of the following groups, you are not eligible to participate in the Pension Plan. You are eligible for the 401(k) Savings Plan, but with a different Company match and profit-sharing contribution than is detailed in this guide:

- An hourly employee at Performance Pipe in Brownwood, TX; Hagerstown, MD; Pryor, OK; Startex, SC; or Williamstown, KY,** or
- An hourly employee hired on or after January 1, 2004 at Performance Pipe in Knoxville, TN or Reno, NV.**

* Temporary and seasonal employees who complete 1,000 hours of service during their first year of employment or any following calendar year will become eligible to participate at that time.

** Employees in these groups are eligible for the 401(k) Savings Plan with a different Company match and profit-sharing contribution than is detailed in this guide. See “401(k) Savings and Profit-Sharing Plan” in the “Performance Pipe Hourly” Summary Plan Description at www.cpchembenefits.com under “Benefit Handbooks” for more information.

Enrollment

You don’t need to enroll in the Retirement Plan (Pension Plan) — the Company pays for the entire cost of the plan.

For the 401(k) Savings Plan, you will receive a separate enrollment packet from Fidelity — the plan recordkeeper — with more details on the savings plan and your enrollment choices. As a new hire, you will automatically be enrolled for a pre-tax contribution of 3% invested in a designated BlackRock LifePath Index Fund, with 1% increases each year to a maximum of 8%. If you do not want to participate, or want to change your contribution percentage or investment election, you’ll need to contact the Chevron Phillips Pension and Savings Service Center or log in to your account through the NetBenefits website (listed below).

Note that you must call within 90 days after you have been automatically enrolled if you want to request a return of your contribution, adjusted for gains or losses.

For more information about either plan, or to make changes in your 401(k) Savings Plan participation, you can call the Pension and Savings Service Center at 1-866-771-5225 to:

- Talk to a representative (7:30 a.m. – 8:00 p.m. Central time), or
- Access the automated phone system (24 hours a day).

You can also log on to Fidelity’s interactive website at www.netbenefits.com.
401(k) Savings Plan

You can contribute from 1% to 40% of your eligible earnings to the 401(k) Savings Plan. (Some highly compensated employees may only contribute up to 16%.) You can make your contributions on a:

- **Pre-tax basis** — where you don’t pay income taxes on your contributions or earnings until they are withdrawn,

- **Roth 401(k) basis** — where you pay income taxes on your contributions now, but won’t owe any taxes on contributions and earnings in the future if withdrawn (note, however, that non-Roth after-tax contributions are not eligible for Company Match or Profit-Sharing contributions).

- **After-tax basis** — where you pay income taxes on your contributions now, but defer taxes on any earnings until they are withdrawn.

You are always 100% vested in (i.e., you own) your own contributions to the plan. You become 100% vested in Company contributions after three years of service.

The Company matches your pre-tax and/or Roth 401(k) contributions — up to 6% of your pay — at 75¢ on the dollar on a per-paycheck basis. The Company will make true-up contributions soon after the end of each year for eligible employees who contributed 6% or more of their pay from some paychecks and less than 6% of their pay from other paychecks during the plan year.

Each year the Company may, in its sole discretion, decide to make a profit-sharing contribution in an amount that it determines to be appropriate. Profit-sharing contributions may range from 0% to 8% of your eligible earnings, but are limited to the combined amount of pre-tax and/or Roth contributions you made to the plan during the plan year.

---

**Catch-Up Contributions**

Starting the year in which you reach age 50, you may make “catch-up” contributions to your 401(k) account. These are supplemental contributions and aren’t eligible for a Company match or profit-sharing allocations.

**Annual Contribution Limits**

The IRS sets certain limits each year on maximum contributions to 401(k) plans. For 2018 the limits are:

- $18,500 for combined employee pre-tax and Roth 401(k) contributions (excluding catch-up contributions)
- $6,000 for additional employee catch-up contributions (if you’re age 50 or above)
- $55,000 for combined employee and Company contributions.

These limits are subject to change each year.

**Annual Increase Program**

The annual increase program allows you to automatically increase your Chevron Phillips Chemical 401(k) Savings Plan contributions each year with very little effort. You just elect the amount of the increase (as a percentage of pay) and the date you want the increase to take effect each year. Then, each year on the designated date, your contributions will automatically increase by the percentage you’ve elected.
How to Enroll in the Annual Increase Program

Go to www.netbenefits.com and log on to your account. Select “Contribution Amount” from the “Quick Links” drop-down menu under “CPChem 401(k) Plan.”

Next, click the “Annual Increase Program” link and follow the simple steps to complete your enrollment.

You can invest both your own and the Company’s contributions in a wide variety of investment options, including 25 core funds and a BrokerageLink window, which allows you to pick from thousands of other mutual funds. You can change both your contribution percentage and your investment allocation as often as you wish.

Designating a Beneficiary

You should designate your beneficiaries for your 401(k) Savings Plan through Fidelity NetBenefits®. Fidelity’s Online Beneficiaries Service offers a straightforward, convenient process that takes just minutes. Simply log on to NetBenefits® at www.netbenefits.com and click “Beneficiaries” in the Summary section of “Profile.” If you do not have access to the internet or prefer to complete your beneficiary information by paper form, please contact the Chevron Phillips Pension and Savings Service Center at 1-866-771-5225.
How Do I Enroll in the Plan?

To learn more about the Chevron Phillips 401(k) Savings Plan and to enroll, visit NetBenefits® at www.netbenefits.com. Just follow the steps below. If you prefer to enroll by phone, call the Chevron Phillips Pension and Savings Service Center at 1-866-771-5225 and follow the instructions.

Step 1: Visit Fidelity NetBenefits® at www.netbenefits.com. If this is your first time, click “Register Now” to create a username and password.

Step 2: Set up your online account. If you have not previously established a username and password, enter your personal information (last 4 digits of your SSN, first and last name and date of birth) to begin the registration process. Click “Next” and follow the directions. Once you’re registered, you will have access to items such as planning tools, online calculators, and Fidelity e-LearningSM Workshops.
Pension Plan

The Company pays the entire cost of the Pension Plan. You become 100% vested in your pension benefit after three years of service. Benefits are generally payable when you satisfy the plan’s requirements for normal or early retirement, although you can commence your vested benefits at a reduced level any time after you terminate employment. Benefits can be paid as an annuity that provides monthly income over your lifetime (and the lifetime of your spouse or other beneficiary, if elected), or as a one-time lump sum.

The benefit you may receive at retirement depends on several factors, including:

- Your compensation over time,
- How many years you work for the Company, and
- Your age at benefit commencement.

VOLUNTARY BENEFIT OPTIONS

Group Legal Plan

When you enroll in the Group Legal Plan through Hyatt Legal (a MetLife Company), a licensed attorney can assist you with a number of legal matters. If you use one of Hyatt Legal’s more than 1,000 in-network attorneys, you are entitled to unlimited in-office or phone consultations on covered matters including:

- Estate planning (for example wills, living wills, trusts and powers of attorney).
- Family law (for example some divorce issues, adoptions, IRS audits, traffic tickets, name changes, bankruptcy services, home sales/purchases, debt collection and immigration).
- ID theft services (for example prevention resources and assistance following ID theft).

Group Legal coverage is available for $16.50 per month. Your contributions for coverage are deducted from your pay on an after-tax basis. The plan covers you, your spouse and your eligible dependents.

Group Home & Auto

Chevron Phillips Chemical has negotiated group rates through Liberty Mutual for homeowners, automobile, condominium and renters insurance. You can call Liberty Mutual at 1-800-837-5254 to receive a quote and purchase a policy at group rates at any time. You pay Liberty Mutual directly for coverage through electronic fund transfers, online payments or direct billing.

For More Information

To find out more about the Company’s savings and pension benefits, please visit www.mycpchembenefits.com and click “Retirement & Savings” or see the 401(k) Savings and Profit-Sharing Plan and Retirement Plan Summary Plan Descriptions under “Benefit Handbooks.”
LEGAL NOTICES

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

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:

<table>
<thead>
<tr>
<th>QUALIFYING EVENT</th>
<th>QUALIFIED BENEFICIARY</th>
<th>COVERAGE PERIOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>– Employee’s/spouse’s hours of employment are reduced</td>
<td>Employee</td>
<td>18 months</td>
</tr>
<tr>
<td>– Employee’s/spouse’s employment ends for any reason other than gross misconduct</td>
<td>Spouse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dependent child</td>
<td></td>
</tr>
<tr>
<td>– Employee entitled to Medicare (under Part A, Part B or both)</td>
<td>Spouse</td>
<td>36 months</td>
</tr>
<tr>
<td>– Divorce or legal separation</td>
<td>Dependent child</td>
<td></td>
</tr>
<tr>
<td>– Death of employee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Spouse entitled to Medicare (under Part A, Part B or both)</td>
<td>Dependent child</td>
<td>36 months</td>
</tr>
<tr>
<td>– Death of spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>– Loss of dependent child status</td>
<td>Dependent child</td>
<td>36 months</td>
</tr>
<tr>
<td>– Company declares Chapter 11 bankruptcy which results in loss of group health</td>
<td>Retiree</td>
<td>36 months</td>
</tr>
<tr>
<td>coverage</td>
<td>Retiree’s spouse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Retiree’s dependent child</td>
<td></td>
</tr>
</tbody>
</table>

Extension of Coverage

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

<table>
<thead>
<tr>
<th>EVENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>– 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.</td>
</tr>
<tr>
<td></td>
<td>– 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.</td>
</tr>
<tr>
<td>Secondary Event</td>
<td>– 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.</td>
</tr>
</tbody>
</table>

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 2018. 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.
QUESTIONS?
We have provided you with a list of resources for questions you may have regarding any of the benefit plans offered.

<table>
<thead>
<tr>
<th>YOUR RESOURCES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Contacts</strong></td>
</tr>
<tr>
<td><strong>Chevron Phillips Benefits Service Center</strong></td>
</tr>
<tr>
<td><strong>Chevron Phillips Pension and Savings Service Center</strong></td>
</tr>
<tr>
<td><strong>Medical Plan</strong></td>
</tr>
<tr>
<td><strong>Prescription Drug Plan</strong></td>
</tr>
<tr>
<td><strong>Teladoc</strong></td>
</tr>
<tr>
<td><strong>Employee Assistance Program</strong></td>
</tr>
<tr>
<td><strong>Dental Plan</strong></td>
</tr>
<tr>
<td><strong>Critical Illness Plan</strong></td>
</tr>
<tr>
<td><strong>Vision PLUS Plan</strong></td>
</tr>
<tr>
<td><strong>Flexible Spending Accounts</strong></td>
</tr>
<tr>
<td><strong>Income Protection Plans</strong></td>
</tr>
<tr>
<td><strong>Behavioral Health</strong></td>
</tr>
<tr>
<td><strong>Wellness Program</strong></td>
</tr>
<tr>
<td><strong>Financial Engines Investment Advice</strong></td>
</tr>
<tr>
<td><strong>Group Legal Plan</strong></td>
</tr>
<tr>
<td><strong>Group Home &amp; Auto Insurance</strong></td>
</tr>
</tbody>
</table>
