How to Participate

Contents

Who's Eligible

Employees

As an employee of Chevron Phillips Chemical Company LP (Chevron Phillips Chemical or the Company), you are eligible to participate in the health and income and survivor protection plans described in this handbook if you are:

- On a U.S. dollar payroll, and
- Designated as:
  - A full-time employee (working at least 30 hours a week),
  - A part-time employee (working at least 20 hours a week),
  - An employee on an approved disability leave of absence,
  - A summer college student hire (intern), or
  - A co-op employee (working at least 20 hours a week).

You are **not** eligible to participate in the plans described in this handbook if you are:

- A leased employee,
- A contract employee,
- A part-time employee (working less than 20 hours a week),
- A member of a collective bargaining unit whose agreement does not provide these benefits,
- In the case of the medical plan, covered by another medical plan to which the Company contributes,
- An hourly employee at any Performance Pipe location, or
- A union employee at the Bloomfield, Iowa or Fairfield, Iowa location.

Retirees

As a retiree, you may elect to participate in the medical, prescription drug, dental and vision plans if you:

- Have 25 or more years of continuous service at retirement,
- Are age 55 or older and have at least 10 years of continuous service at retirement, or
- Are age 65 or older and have at least 3 years of continuous service at retirement.

If you satisfy the requirements listed above, you are eligible for the Retiree Reimbursement Account (RRA), unless you are:

- An employee whose last hire or rehire date was on or after January 1, 2017,
- A Fairfield, Iowa or Bloomfield, Iowa hourly employee,
- A Puerto Rico Core employee,
- A Knoxville, TN, Reno, NV, Brownwood, TX, Hagerstown, MD, Pryor, OK, Startex, SC or Williamstown, KY hourly employee hired on or after January 1, 2004, or
- A former retirement-eligible Chevron Phillips Chemical employee who transferred to Americas Styrenics.

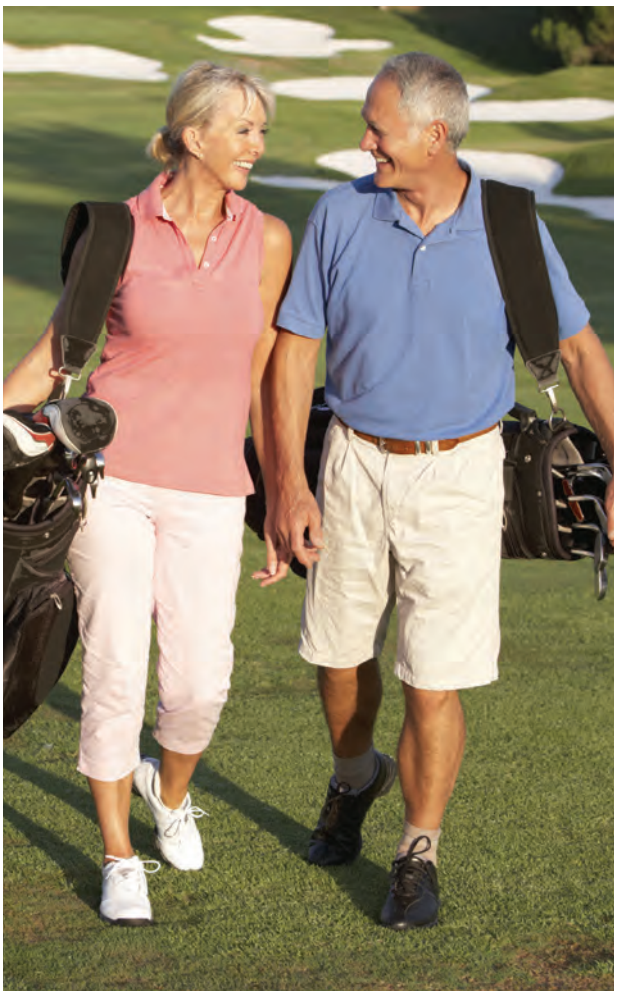
IF YOU AND YOUR SPOUSE ARE BOTH CHEVRON PHILLIPS CHEMICAL EMPLOYEES OR RETIREES

If you and your spouse are both Chevron Phillips Chemical employees or retirees, and you're both eligible for the health and income and survivor protection plans described in this handbook:

- You may each be covered as an employee/retiree under the plans, or
- One of you may be covered as an employee/retiree and the other may be covered as a dependent.
- You and your spouse will not be subject to the spousal surcharge for medical coverage as described on page A-4.

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

If you have been a Chevron Phillips Chemical employee continuously since January 1, 2001, your prior employment with Chevron Corporation or ConocoPhillips is included in calculating your continuous service at retirement.



For information about the ***Retiree Reimbursement Account (RRA)***, see page J-1.

Certain benefit plan amendments were made specifically in relation to employees who terminated employment with Chevron Phillips Chemical on the closing date of the Ryton business sale to Solvay Specialty Polymers USA, LLC ("Solvay") and became employed by Solvay on the closing date or the next following day ("Ryton Member(s)"). Certain benefit plan amendments were also made specifically in relation to employees who terminated employment with Chevron Phillips Chemical on the closing date of the K-Resin business sale to INEOS Styrolution America LLC ("INEOS Styrolution") and became employed by INEOS Styrolution on the closing date or the next following day ("K-Resin Member(s)"). Please see the ***Retiree Reimbursement Account (RRA)*** chapter (page J-1), ***401(k) Savings and Profit-Sharing Plan*** chapter (page O-1) and ***Retirement Plan*** chapter (page P-1) for more information on these benefit plan amendments in relation to Ryton Members and K-Resin Members.

Dependents

If you enroll in a benefit plan described in this handbook, you may also enroll your eligible dependents as outlined in the chart below. Note that the chart also lists certain exclusions.

Type of Dependent(s)	Eligible for Coverage	Not Eligible for Coverage
Your legally married spouse (excluding common-law spouses) in any jurisdiction, regardless of gender or state of residence	X	
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, and children of your common-law spouse or domestic partner who do not otherwise meet the definition of a dependent child[3]		X
Your dependent children — including biological children, stepchildren, foster children, legally adopted children, children legally placed for adoption and/or children under permanent legal guardianship or permanent sole managing conservatorship — if they are one of the following: ▪ under the age of 26, regardless of marital[1], student or employment status, ▪ your mentally or physically disabled children[2] 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 CPChem Benefits Service Center at 1-833-964-3575), or ▪ for purposes of the health care plans, a child who is the subject of a valid Qualified Medical Child Support Order, as determined by the plan administrator (for more information, see ***Qualified Medical Child Support Order (QMCSO)*** on page Q-23)	X	
A dependent who is on active military duty		X
A dependent already covered as an employee of the Company		X
For retirees, any dependent who did not meet the definition of an eligible dependent on your retirement date. For avoidance of doubt, however, dependents who were eligible dependents as of your retirement date remain eligible for coverage, regardless of whether they were covered under a Chevron Phillips Chemical health plan on your retirement date, as long as they continue to meet the definition of an eligible dependent		X

[1] For supplemental child life insurance, the dependent child must be unmarried to be considered an eligible dependent.

[2] The definition of children includes biological children, stepchildren, foster children, legally adopted children, children legally placed for adoption and/or children under permanent legal guardianship or permanent sole managing conservatorship.

[3] Common-law spouses covered under the ConocoPhillips plan and domestic partners covered under the Chevron Texaco plan as of December 31, 2000, who became participants in the plans described in the Employee Benefits Handbook on January 1, 2001, are considered dependents. Anyone grandfathered under this plan provision who later loses coverage cannot reenter these plans.

Michelle's Law

Enacted on October 9, 2008, Michelle's Law allows seriously ill college students who are covered as dependents under self-funded and insured health plans — and who would otherwise lose coverage due to loss of dependent status — to retain coverage while on a medically necessary leave of absence. Effective January 1, 2010, the law applies to dependent coverage provisions under the Chevron Phillips Chemical group health plan as follows:

- Coverage for dependents who qualify under Michelle's Law must continue until the earlier of: (i) one year from the start of the medically necessary leave of absence, or (ii) the date on which such coverage would otherwise be terminated under the terms of the health plan.
- To qualify for the coverage extension, the child must be enrolled as an eligible dependent under a health plan and must be a student at a post-secondary educational institution immediately before the first day of the medically necessary leave of absence. The child's treating physician must provide certification that the child is suffering from a serious illness or injury that necessitates the leave of absence.

If You Enroll an Ineligible Dependent

If you enroll a dependent who doesn't meet the plan's eligibility requirements or don't cancel coverage within 31 calendar days of when a dependent ceases to meet the plan's dependent eligibility requirements, he or she will be considered an ineligible dependent and will be removed from coverage. The plan has the right to request reimbursement of any claims or expenses paid for an ineligible dependent. If canceling your ineligible dependent's coverage reduces your cost for coverage, any amounts you have overpaid will not be refunded. In addition, you may be subject to disciplinary action — up to and including termination of employment.

Certification of Eligible Dependents/ Required Documentation

When you enroll your dependents in benefits for the first time, you will be required to provide documentation to verify they are eligible dependents as defined by the plan. Failure to provide these documents when requested will delay the dependents' coverage and/or result in termination of existing coverage, retroactive to the date you added your dependents to coverage. Each year during open enrollment, you certify that the dependent(s) currently on your benefits continue to meet the criteria of an eligible dependent.

SPOUSAL SURCHARGE

If you choose Employee + Spouse or Employee + Family coverage under the medical plan, you will be asked to make an attestation 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. The spousal surcharge does not apply if your spouse is employed by Chevron Phillips Chemical.

To waive the surcharge, you will have to confirm that your spouse does not have other medical coverage available through his or her employer (other than Chevron Phillips Chemical).

Since the spousal surcharge is associated with medical coverage, the treatment of the spousal surcharge with respect to coverage periods and "qualified status changes" is generally the same as for the medical plan.

How to Enroll

If you're eligible to enroll in the benefits described in this handbook, you can enroll using the procedure in effect at the time. If you have questions about the enrollment procedure, please contact the CPChem Benefits Service Center at 1-833-964-3575. When you enroll, you will:

- Choose from the plan options available at your location,
- Authorize any required payroll deduction premium payments for the coverage you select, and
- Decide which of your eligible dependents you wish to cover, if any.

When you enroll, you can elect the following coverage levels:

Health Care (includes medical, behavioral health, prescription drug, dental and vision coverage), Critical Illness and Supplemental Life	**Supplemental Accidental Death and Personal Loss (AD&PL)**	**Basic Life, Basic AD&PL, OAD&PL, Business Travel Accident and Long-Term Disability Insurance**	**Flexible Spending Accounts (FSAs)**	**Health Savings Account (HSA)**	**Group Legal Plan**
Employee-Only	Employee-Only	Employee-Only; automatic enrollment for all coverages	Employee makes contributions; money in your FSAs must be spent by the end of the plan year or you lose it	Employee enrolls in the *Value CDH Plan* and makes contributions; eligible expenses for employee and any eligible dependents are reimbursable up to the balance available in the account at the time of reimbursement	Enrollment in the plan covers the employee, spouse and eligible dependents
Employee + Spouse	Family coverage (includes employee and all eligible dependents)				
Employee + Child(ren)					
Employee + Family (includes spouse and children)					

DEFAULT COVERAGE

You must actively enroll or waive coverage within 31 days of your date of hire. If you don't, **you'll automatically be enrolled in the following**:

- Medical: Value CDH Plan — Employee-Only,
- Dental: Comprehensive Dental Plan — Employee-Only, and
- 401(k) Savings Plan (6% 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 digital.alight.com/cpchem or contact the CPChem Benefits Service Center at 1-833-964-3575 within 31 days of your date of hire 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.

WHEN EVIDENCE OF INSURABILITY (EOI) IS REQUIRED

In some cases, MetLife, the claims administrator for the income and survivor protection benefits, requires EOI — a statement of proof of your and/or your dependents' physical condition and other factual information — to apply for supplemental life insurance.

The amount of supplemental life insurance you can buy without EOI is called the "guaranteed issue" amount. You and/or your dependents must provide EOI 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 three times your annual base pay or $400,000, whichever is less,
- Within 31 days of eligibility, if you enroll in spouse supplemental life insurance coverage over $50,000, and
- For a voluntary increase in supplemental life insurance for you or your spouse after the first 31 days of eligibility.

If you elect a supplemental life insurance coverage amount that requires Evidence of Insurability, complete an online form for yourself and/or your spouse through the CPChem Benefits Service Center website at digital.alight.com/cpchem. When required, a separate Evidence of Insurability form must be completed for you and your spouse. 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.

You can also request a paper EOI form by calling the CPChem Benefits Service Center at 1-833-964-3575.

When to Enroll

You can enroll for coverage:

- When you first join Chevron Phillips Chemical, you must enroll within 31 days of your date of hire,
- If you become eligible because your employment status changes (for more information, see ***Who's Eligible*** on page A-1),
- During open enrollment, or
- If you have a qualified status change, you must enroll within 31 days of the qualified status change; for more information, see ***Qualified Status Changes*** on page A-10.

Generally, the choices you make are in effect for the plan year unless you have a qualified status change. For more information, see ***Qualified Status Changes*** on page A-10.

If you don't enroll a dependent within 31 days of that dependent's eligibility date, you will not be able to enroll that dependent until the next open enrollment period or a qualified status change occurs. For enrollment in certain benefits, evidence of his or her good health that is acceptable to MetLife may be required (see ***When Evidence of Insurability (EOI) Is Required*** on page A-6).

If you do not enroll yourself or your eligible dependents in medical and dental coverage because you have other coverage, you may be able to enroll in the future. For more information, see ***Special Enrollment*** on page A-12.

When Coverage Begins

For new hires and rehires, your benefits coverage begins on your date of hire or rehire.

If Evidence of Insurability is required for supplemental life insurance, coverage will begin when approval is received from the insurance company.

The date your coverage begins depends on when you enroll:

If You Enroll ...	Health Care, Critical Illness and Group Legal Plan Coverage Begins ...	Basic Life, Basic AD&PL, OAD&PL, Business Travel Accident and Long-Term Disability Coverage Begins ...	Supplemental Life and Supplemental AD&PL Coverage Begins ...
When you first join Chevron Phillips Chemical	As of your date of hire.	As of your date of hire, but only if you're actively at work on that day. Otherwise, coverage begins after you complete one full day of work once you return to your regular work schedule.	As of your date of hire, but only if you're actively at work on that day. Otherwise, coverage begins after you complete one full day of work once you return to your regular work schedule. Supplemental life insurance may require EOI before it is effective. For more information, see ***When Evidence of Insurability (EOI) Is Required*** on page A-6.
When you become eligible due to a change in your employee status	As of the effective date of the status change, provided you timely enroll.	As of the effective date of the status change, but only if you're actively at work on that day. Otherwise, coverage begins after you complete one full day of work once you return to your regular work schedule.	As of the effective date of the status change, but only if you're actively at work on that day. Otherwise, coverage begins after you complete one full day of work once you return to your regular work schedule.
During open enrollment	As of the effective date of coverage, which is typically January 1 of the new plan year.		On the later of: ▪ The effective date of coverage, which is typically January 1 of the new plan year, or ▪ The date your — or your dependent's — EOI, if required, is approved by MetLife.
When you have a qualified status change due to any life event other than birth/ adoption of a child (including marriage, spouse loses other coverage, spouse gains other coverage, after-tax insurance decrease, etc.)	▪ As of the first calendar day of the month following your qualified status change event, if the qualified status change event occurs on any day other than the first calendar day of the month. ▪ As of the date of the qualified status change event, if the qualified status change event occurs on the first calendar day of the month.		For your spouse and associated dependents as of the first day of the month following your date of marriage, or your date of marriage if it is the first day of the month, provided you timely enroll.
When you have a qualified status change due to birth or adoption of an eligible child	As of the date of the qualified status change, provided you timely enroll.	As of the date of the qualified status change.	As of the date of the qualified status change, provided you timely enroll.

Health Savings Account

If you elect medical plan coverage under the *Value CDH Plan*, you are eligible to open a Health Savings Account (HSA). To take advantage of these pre-tax savings, you need to decide how much you want to contribute and make your HSA election through the CPChem Benefits Service Center website at digital.alight.com/cpchem or by calling 1-833-964-3575. If you read and agree to Fidelity's HSA terms and conditions on the Alight site during enrollment, Alight will set up an HSA account with Fidelity for you. **You must authorize Alight to set up an HSA with Fidelity for you in order to receive the Company's annual contribution to your account, even if you choose not to make your own pre-tax contributions.** For further detailed information, see the ***Health Savings Account (HSA)*** chapter beginning on page I-1.

If you are a retiree, you are not eligible to make contributions to an HSA if:

- You currently have an outstanding balance in your Retiree Reimbursement Account (RRA) with Chevron Phillips Chemical,
- You or your spouse (if applicable) have a balance in a Retirement Health Reimbursement Account (Retirement HRA),
- You are enrolled in Medicare Parts A and/or B, or
- You and your covered dependents are otherwise covered by any other medical insurance that is not an IRS-qualified high-deductible medical plan.

What Coverage Costs

When you are first eligible for benefits, and each year at open enrollment, you will receive enrollment materials that show the cost of the various benefit plan options available to you. Depending on the benefit, either you or the Company pays for your coverage, or you share the cost.

- If you are an active employee, any amount that you pay for benefits is deducted from your paycheck.
- If you are a retiree, a survivor, have COBRA coverage or are on an unpaid leave for greater than 31 days, you are required to make periodic premium payments. If you are a retiree eligible for the RRA, you may be able to use your RRA to obtain reimbursement for your medical, dental and vision premium payments. For more information, see the ***Retiree Reimbursement Account (RRA)*** chapter beginning on page J-1.

Health Care Coverage

As an active employee, you and the Company share the cost of your medical and dental coverage, while coverage under the Vision PLUS Plan is fully employee-paid. The amount of your premium payments depends on the plan options you select and the dependents you cover. **You will pay a $100/month pre-tax surcharge if your working spouse has access to other employer-sponsored medical coverage (other than as an employee of Chevron Phillips Chemical) and you enroll him or her in Chevron Phillips Chemical's medical plan.** You make your premium payments for medical, dental and vision coverage with pre-tax dollars. This means that your taxable pay is lower and, as a result, so is the amount you pay for Social Security tax, Medicare tax, federal income tax, and in most areas, state and local income tax.

As a retiree, you pay 100% of your medical, dental and vision coverage. The amount of your premium payments depends on the plan options you select and the dependents you cover. If you're eligible for the RRA, you may be able to use your RRA to obtain reimbursement for your medical, dental and vision premium payments.

The medical plan (which includes prescription drug and behavioral health coverage) and dental plan are both self-insured by Chevron Phillips Chemical, which means the Company pays the claims. However, Chevron Phillips Chemical has contracted with insurance companies to serve as claims administrators to handle processing of all claims under the plans. VSP provides the Vision PLUS Plan and pays all claims under that plan. For more information on claims administrators, see pages Q-28 – Q-30.

Income and Survivor Protection Coverage for Actives

The Company currently pays the entire cost of your coverage for:

- Basic Life Insurance,
- Basic Accidental Death and Personal Loss Insurance (AD&PL),
- Occupational Accidental Death and Personal Loss Insurance (OAD&PL),
- Business Travel Accident Insurance, and
- Long-Term Disability (LTD).

You pay for any voluntary coverages with after-tax dollars. Voluntary coverages include:

- Critical Illness,
- Supplemental Life Insurance, and
- Supplemental Accidental Death and Personal Loss Insurance (AD&PL).

Premiums for your critical illness coverage are based on the level of coverage you elect, the amount of coverage and your age as of January 1 of the current year.

Premiums for your supplemental life and supplemental AD&PL coverage are based on the level of coverage you elect, your current pay and your age as of January 1 of the current year.

Premiums for your family for supplemental life and supplemental AD&PL coverages are based on who is covered and the level of coverage and are determined as follows:

Family Member	Premiums
Your spouse	Based on his/her age and level of coverage.
Your children	The same no matter how many eligible children you have.

For a list of rates, log on to the CPChem Benefits Service Center website at digital.alight.com/cpchem.

Income and Survivor Protection Coverage for Retired Employees

As a retiree, you can decide whether to convert or port your current Chevron Phillips Chemical life insurance coverage into an individual policy through MetLife. You can contact MetLife directly at 1-877-275-6387 to complete the transaction within 31 days of your retirement date*.

* Last day on the Chevron Phillips Chemical payroll.

Flexible Spending Accounts and Health Savings Account for Actives

If you choose to participate in the Flexible Spending Accounts or the Health Savings Account, your contributions are made with pre-tax dollars.

Group Legal Plan

If you elect Group Legal Plan coverage, your premium payments are deducted from your pay on an after-tax basis. Premiums for the Group Legal Plan cover you, your spouse and your eligible dependents.

When You Can Change Coverage

After your initial enrollment, you may change your plan options and whom you cover:

- During open enrollment,
- Within 31 days of a qualified status change, or
- If you are eligible for a special enrollment.

Qualified Status Changes

During the year, you may make certain changes to your benefit elections if you have a "qualified status change" and notify the CPChem Benefits Service Center at 1-833-964-3575, of that change within 31 days. Otherwise, you may have to wait until the next open enrollment period to make any changes. For more information, see ***Special Enrollment*** on page A-12.

"Qualified status changes" include:

- Your marriage* or divorce,
- Your spouse's or dependent's death,
- A change in your child's eligible dependent status,
- Addition of a child* through birth, adoption, placement for adoption, permanent legal guardianship or permanent sole managing conservatorship,
- A Qualified Medical Child Support Order that requires you to provide medical coverage for a child (for more information, see ***Qualified Medical Child Support Order (QMCSO)*** on page Q-23),
- A change in employment status by you, your spouse or your dependent, resulting in a gain or loss of other health plan coverage by you, your spouse or your dependent,
- A change in work schedule resulting in a gain or loss of other health plan coverage by you, your spouse or your dependent, including a reduction or increase in hours of employment, a switch between part-time and full-time, a strike or lockout, or commencement of, or return from, an unpaid leave of absence,
- A change in the place of residence or work site by you, your spouse or your dependent,
- Your and/or your family member's becoming eligible or losing eligibility for Medicare or Medicaid,
- Your and/or your spouse's or your dependent's becoming entitled to COBRA,
- The taking of, or return from, a leave under the Family Medical Leave Act of 1993 or the Uniformed Services Employment and Reemployment Rights Act of 1994, or
- For the Dependent Care FSA only, a substantive change in your cost of care, such as an increase in the fee rate of your day care center.

* Addition of new spouse or child applies to active employees only and does not apply to retirees, unless the spouse or child met the definition of an eligible dependent on the retiree's retirement date.

You may also make certain changes to your benefit elections if your spouse or another dependent experiences a significant change in the cost (increase or decrease) or coverage level of their employer-sponsored benefit plan, and their open enrollment period does not coincide with Chevron Phillips Chemical's open enrollment period. For example, if your spouse is covered by his/her employer-offered HMO plan and that plan is eliminated, that change would be considered "significant" and would allow you to add your spouse to your Chevron Phillips Chemical health coverage outside of the open enrollment period.

You can only make changes to your elections during the plan year that are consistent with the qualified status change that you or your dependents experience. You may not reduce your Health Care Flexible Spending Account (HCFSA) or Limited-Purpose Flexible Spending Account (LPFSA) contribution election to an amount lower than the amount for which you have already been reimbursed for the plan year. The plan administrator has the exclusive authority to determine if you are entitled to change a benefit election as a result of a qualified status change, and its determination shall be binding on all persons. If your premium payments for coverage change as the result of a qualified status change, you will not be retroactively reimbursed any premium payments already paid.

Other Permissible Changes

Reduction in Hours

You may revoke an election of coverage under a Chevron Phillips Chemical group health plan if you have a reduction in hours and are reasonably expected to average less than 30 hours of service per week after the reduction. Your revocation election for you and your eligible dependents must accompany your intended enrollment in another plan that provides minimum essential coverage, with the new coverage effective no later than the first day of the second month following the month in which your coverage under the Chevron Phillips Chemical group health plan is revoked.

Eligibility for Exchange Coverage

You may also revoke an election of coverage under a Chevron Phillips Chemical group health plan due to enrollment in a qualified health plan offered through the Health Insurance Marketplace (Exchange Coverage). In order to revoke an election due to enrollment in Exchange Coverage, you must be eligible to enroll in Exchange Coverage as a special enrollee or during the Marketplace's annual enrollment period. In addition, the revocation election must accompany your intended enrollment for you — and any related individuals who cease coverage due to the revocation — in Exchange Coverage with an effective date no later than the day immediately following the date that coverage under the Chevron Phillips Chemical group health plan is revoked.

Special Enrollment

*Newly Acquired Dependent**

If you and/or your eligible dependents are not covered under any of the group health care plans described in this handbook, you and/or your eligible dependents may have special enrollment rights under certain of the group health care plans described in this handbook if you add a dependent as a result of birth, legal adoption, permanent legal guardianship, permanent sole managing conservatorship or marriage. In order to take advantage of this special enrollment right, you must enroll yourself and your eligible dependents within 31 days of the event giving rise to the special enrollment right. If the event giving rise to your special enrollment right is the birth, legal adoption, permanent legal guardianship or permanent sole managing conservatorship of a dependent, coverage for you and your eligible enrolled dependents will be effective on the date of the event, provided you timely enroll. If the event giving rise to your special enrollment right is your marriage, coverage for you and your eligible enrolled dependents will be effective on the first day of the month following your date of marriage, or your date of marriage if it is the first day of the month, provided you timely enroll.

* Addition of new spouse or child applies to active employees only and does not apply to retirees, unless the spouse or child met the definition of eligible dependent on the retiree's retirement date.

Children's Health Insurance Program Reauthorization Act of 2009 (CHIP)

On April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIP) was signed into law, extending additional enrollment rights to eligible employees and dependents. Under this law, Chevron Phillips Chemical will allow a special enrollment opportunity if you or your eligible dependents:

- Lose Medicaid or CHIP coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.

You have **60 days** from the date of the Medicaid/CHIP eligibility change to request enrollment in the Chevron Phillips Chemical group health plan. *Please note that the 60-day enrollment window applies **only** to enrollment opportunities under Medicaid/CHIP; the enrollment window for qualified status changes remains 31 days.* If you are eligible for a special enrollment opportunity through Medicaid or CHIP, please contact the CPChem Benefits Service Center at 1-833-964-3575, within 60 days of your eligibility to request coverage.

Loss of Other Coverage

You and/or your eligible dependents may have special enrollment rights under certain group health care plans described in this handbook if you did not enroll yourself and/or your eligible dependents in the group health care plans when you were first eligible to enroll because:

- You and/or your eligible dependents had existing health coverage under another plan at the time you had an opportunity to enroll, and
- Coverage under the other employer's health benefit plan ended because of any of the following:
  - Loss of eligibility (including without limitation, legal separation, divorce or death), but not as a result of a failure to make any required premium payment toward the cost of the coverage.
  - The employer stopped paying the contributions.
  - In the case of COBRA continuation coverage, the coverage ended, but not as a result of a failure to make any required premium payment toward the cost of the coverage.

In order to take advantage of this special enrollment right, you must enroll yourself and your eligible dependents within 31 days of the event giving rise to the special enrollment right. Coverage will be effective on the date of the event, provided you timely enroll.

Making a Change

If you believe you are eligible to make a mid-year election change for one of the special enrollment reasons listed in this section, you must request an election change (and provide proof of your status change) by notifying the CPChem Benefits Service Center at 1-833-964-3575, or, for certain types of qualified status changes, by logging on to digital.alight.com/cpchem within 31 days (or 60 days in the case of a Medicaid/CHIP eligibility change) of the relevant event. Otherwise, you have to wait until the next open enrollment period to make any changes.

When You're on a Leave of Absence

For more information about the leaves discussed below, and any other leaves, please contact your local Human Resources Department.

Personal Leave

If you are on a paid personal leave of absence, all of your benefits will continue throughout your leave. If you are on a scheduled unpaid personal leave *for 31 days or less*, your benefits will continue during your leave and any missed premium payments will be deducted from your pay during the first pay period after you return to work.

If you are on an unpaid scheduled personal leave *for more than 31 days*, your benefits will be affected as follows:

Medical (includes behavioral health and prescription drug), Dental and Vision coverage	Basic Life, Basic AD&PL, OAD&PL, Business Travel Accident and LTD coverage	Critical Illness, Supplemental Employee Life, Supplemental Dependent Life, Supplemental AD&PL and Group Legal Plan coverage	Flexible Spending Accounts (FSAs)	Health Savings Account (HSA)
▪ Coverage ends on the last day of the calendar month in which your leave begins. ▪ You may continue coverage during your leave for up to 18 months through COBRA. You must make your COBRA elections within 60 days after being notified of your eligibility to elect COBRA continuation coverage. ▪ You must re-enroll in coverage within 30 days of your return to work. If you do not re-enroll after you return to work, you will be automatically enrolled in the plan(s) in which you were enrolled before your leave began.	▪ Coverage ends on the day your leave begins. ▪ Coverage will be reinstated when you return to work.	▪ Coverage continues as long as you make the required timely premium payments. ▪ If you do not make timely premium payments, coverage ends and will be reinstated when you return to work.	▪ Your participation ends on the last day of the calendar month in which your leave begins. However, you may continue to submit reimbursement claims for eligible expenses incurred before the start of your leave. ▪ You may continue participation in the HCFSA or LPFSA by making after-tax contributions until the end of the calendar year through COBRA. You must make your COBRA elections within 60 days after being notified of your eligibility to elect COBRA continuation coverage. ▪ If you want to resume participation after your leave, you must re-enroll within 30 days of your return to work.	▪ You may continue to make payments or withdrawals from your HSA for eligible health care expenses during your leave. ▪ You may make after-tax contributions to your HSA.

Long-Term Disability Leave and Disability Leave Without Pay

If you are on an approved Long-Term Disability leave or a disability leave without pay, your benefits will be affected as follows:

Medical (includes behavioral health and prescription drug), Dental and Vision coverage	Basic Life and Basic AD&PL coverage	OAD&PL, Business Travel Accident and LTD coverage	Critical Illness, Supplemental Employee Life, Supplemental Dependent Life, Supplemental AD&PL and Group Legal Plan coverage	Flexible Spending Accounts (FSAs)	Health Savings Account (HSA)
▪ Coverage continues during your approved leave (up to 24 months) as long as you make the required timely premium payments. ▪ Coverage will terminate at the end of your approved leave (maximum of 24 calendar months from the effective date of your first monthly installment of LTD benefit payments (your "LTD Benefit Start Date")). ▪ If you do not make timely premium payments, coverage ends and will be reinstated when you return to work.	▪ Coverage continues during your approved leave (up to 24 months). ▪ Coverage will terminate at the end of your approved leave (maximum of 24 calendar months from your LTD Benefit Start Date).	**Long-Term Disability Leave** ▪ Coverage ends on the day your leave begins. ▪ Coverage will be reinstated when you return to work, provided you return to work within 24 months from your LTD Benefit Start Date. **Disability Leave Without Pay** ▪ OAD&PL and Business Travel Accident coverage end on the day your leave begins. ▪ Coverage will be reinstated when you return to work, provided you return to work within 24 months from the initial date of your disability leave.	▪ Coverage continues during your approved leave (up to 24 months) as long as you make the required timely premium payments. ▪ Coverage will terminate at the end of your approved leave (maximum of 24 calendar months from your LTD Benefit Start Date). ▪ If you do not make timely premium payments, coverage ends and will be reinstated when you return to work.	▪ Your participation ends on the last day of the calendar month in which your leave begins. However, you may continue to submit reimbursement claims for eligible expenses incurred before the start of your leave. ▪ You may continue participation in the HCFSA or LPFSA by making after-tax contributions until the end of the calendar year through direct bill and pay through PayFlex. ▪ If you want to resume participation after your leave, you must re-enroll within 30 days of your return to work.	▪ You may continue to make payments or withdrawals from your HSA for eligible health care expenses during your leave. ▪ You may make after-tax contributions to your HSA. ▪ You will not be eligible for Company HSA contributions while on long-term disability leave or disability leave without pay.

Military Leave

If you are on an approved leave of absence under the Uniformed Services Employment and Reemployment Rights Act (USERRA) *for less than 31 days*, any benefit plans you are enrolled in will continue during your leave. When you return from leave, any missed premium payments will be deducted from your pay during the first pay period after you return to work.

If your USERRA leave lasts *31 days or longer*, your benefits will be affected as follows:

Medical (includes behavioral health and prescription drug), Dental and Vision coverage	Basic Life, Basic AD&PL, OAD&PL, Business Travel Accident and LTD coverage	Critical Illness, Supplemental Employee Life, Supplemental Dependent Life, Supplemental AD&PL and Group Legal Plan coverage	Flexible Spending Accounts (FSAs)	Health Savings Account (HSA)
▪ Coverage ends on the last day of the calendar month in which your leave begins. ▪ You may continue coverage during your leave for up to 24 months. You must make your USERRA elections within 60 days from the date you are notified of your eligibility to elect USERRA continuation coverage. ▪ You may be required to pay up to 102% of the full cost of coverage under the plan. ▪ You must re-enroll in coverage within 30 days of your return to work.	▪ Coverage ends on the day your leave begins. ▪ Coverage will be reinstated when you return to work.	▪ You may continue coverage for the first 12 months of your leave by making the required timely premium payments. ▪ After 12 months, you may convert your coverage to an individual policy by contacting the claims administrator. ▪ If you do not make timely premium payments or your leave has been longer than 12 months and you do not convert your coverage to an individual policy, coverage ends and will be reinstated when you return to work.	▪ Your participation ends on the last day of the calendar month in which your leave begins. However, you may continue to submit reimbursement claims for eligible expenses incurred before the start of your leave. ▪ You may continue participation in the HCFSA or LPFSA by making after-tax contributions until the end of the calendar year. You must make your USERRA elections within 60 days from the date you are notified of your eligibility to elect USERRA continuation coverage. ▪ If you want to resume participation after your leave, you must re-enroll within 30 days of your return to work.	▪ You may continue to make payments or withdrawals from your HSA for eligible health care expenses during your leave. ▪ You may make after-tax contributions to your HSA.

For more information about your benefits while on military leave and your rights under USERRA, contact your local Human Resources Department.

FMLA Leave

The Family and Medical Leave Act (FMLA) of 1993 provides for continuation of certain health care benefits coverage during an unpaid leave of absence. If you take a leave under FMLA, you may elect to continue your coverage under some of the health care plans described in this handbook.

While on an FMLA leave, the Company will continue to make the same contributions on your behalf that it would have made had you not taken leave. You must also continue any required timely premium payments.

Paying for Coverage During Your Leave

The method for making required premium payments for benefits coverage during your leave depends on whether you are on a paid or unpaid leave:

- If you are on a paid leave, your premium payments will continue to be deducted from your pay.
- If you are on an unpaid leave, you must arrange to pay your premium payments on an after-tax basis, unless you receive any taxable compensation during your leave. The plan administrator will set the schedule for payments.

When Coverage Ends

Employees

As an employee, your coverage under the Chevron Phillips Chemical benefit plans ends on the earliest of these dates:

- The end of the month in which your employment with the Company ends,
- The end of the month in which you waive coverage,
- The last day of the month in which you are no longer an eligible employee (for more information, see ***Who's Eligible*** on page A-1),
- The date you die,
- The date the Company no longer offers the coverage (or, in the case of insured plans, the policy terminates),
- The date certain coverages continued during a leave of absence end (for more information, see ***When You're on a Leave of Absence*** on page A-13), or
- The date any required premium payment is not made.

For life insurance coverages, the benefit ends the date you terminate from the Company. For Flexible Spending Accounts (FSAs), the coverage end date depends on the type of FSA account. For details, see the ***Flexible Spending Accounts*** chapter beginning on page H-1.

Retirees

As a retiree, your coverage ends on the earliest of these dates:

- The date the Company no longer offers the coverage (or, in the case of insured plans, the policy terminates),
- The end of the month in which you waive coverage,
- The date any required premium payment is not made,
- The month you turn age 65 (for the medical plans only), or
- The date you die.

Dependents

Coverage for your dependents ends on the earliest of these dates:

- The last day of the month in which your coverage ends,
- The date you die (except as described under ***Survivor Coverage*** on page A-17),
- The last day of the month in which the dependent is no longer eligible (for more information, see ***Who's Eligible*** on page A-1),

- The date the Company no longer offers the coverage (or, in the case of insured plans, the policy terminates),
- The last day of the month in which any required premium payment is not made,
- The last day of the month in which a divorce or legal separation becomes effective,
- The last day of the month in which a dependent begins active military duty, or
- The last day of the month in which a dependent becomes covered as an employee of the Company.

Survivor Coverage

If you die while a participant in the medical, dental and/or vision plans, your dependents' coverage may continue in the same plan and at the same rates that employee/retiree dependents pay.

Your surviving spouse's coverage will end on the date he or she:

- Remarries,
- Does not make the necessary premium payments,
- Becomes covered as an employee of the Company,
- Waives coverage,
- Becomes eligible for Medicare,
- Attains age 65, or
- Dies.

Surviving spouses who lose coverage due to becoming eligible for Medicare or attaining age 65 will be eligible to continue dental and vision coverage at retiree rates.

Your surviving dependent children's coverage continues as long as they meet the dependent eligibility requirements and will end when the earliest of the following occurs:

- The child attains age 26,
- The child becomes eligible for Medicare or Medicaid, or
- With respect to a child enrolled under family coverage, the deceased employee's or retiree's surviving spouse waives coverage or otherwise ceases to be eligible for coverage.

Once coverage is waived, a member cannot re-enroll in the plan.

How to Continue Coverage

Health Care

The Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) entitles you and any covered dependents to continue group health care benefits under certain circumstances and subject to your payment of the required premiums when coverage would otherwise end. You and your dependents who are eligible for COBRA coverage because you were covered under the group health care plan on the date of a qualifying event are referred to as **qualified beneficiaries**. In addition, any child born to you, adopted by you or under your permanent legal guardianship or permanent sole managing conservatorship during your period of COBRA coverage is also a qualified beneficiary and is eligible for COBRA coverage for the remainder of the continuation period.

NOTICE REQUIREMENTS

Under the law, you or a family member has the responsibility to inform the CPChem Benefits Service Center of a divorce, legal separation or a child losing dependent status under the plan within 60 days from the later of: (i) the date of the qualifying event, or (ii) the date benefits would be lost as a result of the qualifying event. If notice is received by the CPChem Benefits Service Center more than 60 days from the later of: (i) the date of the qualifying event, or (ii) the date benefits would be lost as a result of the qualifying event, you may not be entitled to elect COBRA continuation coverage.

The length of COBRA coverage depends on the type of qualifying event causing your loss of coverage as follows:

Employee Qualifying Event	Dependent Qualifying Event
You and Your Dependents are Eligible for 18 Months of COBRA Coverage if:	**Your Dependents are Eligible for 36 Months of COBRA Coverage if:**
You terminate employment for reasons other than gross misconduct	They no longer qualify as dependents under the plan
Your work hours are reduced and that reduction in your work hours affects your eligibility for benefits	You die
You reach the last day of leave under the Family and Medical Leave Act (FMLA) and do not return to work	You divorce or legally separate
In the event you are out on FMLA leave and you inform your employer that you do not intend to return to work	You become entitled to Medicare and your entitlement to Medicare would, absent the first qualifying event, have resulted in your dependents losing coverage

In addition, special COBRA rules apply to retirees if Chevron Phillips Chemical goes into bankruptcy. In the unlikely event such a bankruptcy occurs, affected persons will receive notice of their COBRA rights.

A qualifying event occurs on the date of the qualifying event — not the date on which coverage ends because of the qualifying event.

If you are enrolled in a Health Care Flexible Spending Account (HCFSA) or the Limited-Purpose Flexible Spending Account (LPFSA) (if you are enrolled in the *Value CDH Plan*), you may also be able to continue your participation in the HCFSA or LPFSA for the remainder of the plan year under COBRA rules. For more information about your options under COBRA, go to www.dol.gov.

Electing COBRA Coverage

You or your dependent is responsible for notifying the CPChem Benefits Service Center at 1-833-964-3575, of a divorce, legal separation or loss of dependent eligibility. You are responsible for notifying Human Resources if you intend not to return after an FMLA leave. Chevron Phillips Chemical will notify the Benefits Service Center of your death, termination, leave of absence, or a reduction in your hours of employment which affects your right to benefits. You are responsible for notifying PayFlex, the COBRA administrator, at 1-888-678-7835 if you become eligible for Medicare for any reason other than age.

In turn, PayFlex, the COBRA administrator, will notify you and/or your dependents of your eligibility for continuation of coverage. Under the law, you have 60 days from the later of the date: (i) you would otherwise lose coverage or (ii) you are provided with the notice advising you of your right to elect COBRA coverage. You or your dependents will need to agree to pay the required premium payments.

If you do not elect COBRA continuation coverage, your coverage ends in accordance with plan provisions.

In the Event of Marriage or the Birth, Adoption, Permanent Legal Guardianship or Permanent Sole Managing Conservatorship of a Child

During the COBRA continuation period, you and all other qualified beneficiaries have the same rights as active employees to cover a new spouse, newborn or adopted child(ren) or children newly under your permanent legal guardianship or permanent sole managing conservatorship. However, only a child born to or adopted by you or placed under your permanent legal guardianship or permanent sole managing conservatorship will be a qualified beneficiary for COBRA coverage purposes. You or your eligible dependent must notify PayFlex, the COBRA administrator, at 1-888-678-7835 within 31 days after the marriage, or birth, adoption, permanent legal guardianship or permanent sole managing conservatorship of a child to cover the spouse or child as a dependent under COBRA. Additional premium payments for continuation coverage for a new dependent must be paid on a timely basis. If COBRA coverage ends for a former employee, that employee's newborn or adopted child(ren) or those under permanent legal guardianship or permanent sole managing conservatorship can individually continue their coverage under COBRA.

Extending COBRA Coverage

Your dependents may extend their 18-month coverage to 36 months from the date of the initial qualifying event if a subsequent dependent qualifying event occurs during the original 18-month period of coverage. Specifically:

- Your covered spouse may elect to continue coverage for up to 36 months in the event of your death; your and your covered spouse's divorce or legal separation; or your entitlement to Medicare, if it otherwise would have resulted in your dependents losing coverage.
- Your covered dependent child(ren) may elect to continue coverage for up to 36 months in the event of your death; your and your covered spouse's divorce or legal separation; your entitlement to Medicare, if it otherwise would have resulted in your dependents losing coverage; or if a child no longer qualifies as a dependent child under the health care group plans.
- If you become entitled to Medicare while still employed with the Company and within 18 months you terminate employment for reasons other than gross misconduct, or your work hours are reduced and that reduction in your hours results in your loss of coverage, your dependents will be eligible for COBRA continuation coverage for up to 36 months from the date you became entitled to Medicare.

In the Event of Disability

An 18-month continuation period may be extended to 29 months if:

- You or a dependent are considered totally disabled under Social Security rules at the time you qualify for COBRA coverage or you or a dependent become disabled during the first 60 days of the 18-month COBRA continuation coverage period,
- The disability continues throughout the continuation period, and
- You or a qualified beneficiary provide evidence to PayFlex of the Social Security Administration's determination of your or a qualified beneficiary's disability within 60 days after the date of the determination and before the end of the initial 18-month COBRA continuation coverage period.

Your non-disabled family members who currently have COBRA coverage are also entitled to this extension of coverage, regardless of whether the disabled individual elects the disability extension.

You or your covered dependents are responsible for paying the premium payments for months 19 through 29 of COBRA continuation coverage.

If Social Security determines that you or your disabled dependent are no longer totally disabled, you or your dependent must notify PayFlex within 30 days. However, coverage cannot terminate before the later of: (i) the first of the month which begins more than 30 days after the determination that you or your dependent are no longer disabled, or (ii) the end of the initial 18-month COBRA coverage period.

Paying for COBRA Continuation Coverage

The cost of continuation coverage is the full cost (including both employee and employer costs) to provide the benefit plus a two percent administrative fee or other costs as permitted by law. If coverage is being continued due to disability, the cost during months 19 through 29 is determined based on who elects the disability extension and the nature of the coverage elected. If the disabled individual is part of the coverage group then the cost during months 19 through 29 is 150% of the full cost of coverage. If the disabled individual is not part of the coverage group then the cost during months 19 through 29 is 102% of the full cost of coverage. Chevron Phillips Chemical does not subsidize the cost in any way. The cost of coverage may change annually.

You are direct billed by PayFlex for COBRA coverage after you enroll. COBRA premiums, payable to Chevron Phillips Chemical, are due on the first day of each month of coverage.

You have a 30-day grace period for payment of the regularly scheduled premium and 45 days from the date you elect COBRA coverage for the first payment. If premium payments are not made on a timely basis, COBRA coverage ends as of the last day of the month for which such premium payments were made.

Dependent Care

If you terminate employment and have an outstanding balance in your DCFSA, you may submit claims through the end of the year in which you terminate. This includes expenses incurred after termination of employment, provided you are working elsewhere (or looking for work) at the time the expense was incurred. You may **not** make additional contributions to your DCFSA after termination of employment.

When COBRA Coverage Ends

COBRA coverage may be terminated for any of the following reasons:

- The maximum COBRA continuation coverage period ends. (Coverage for a newly acquired dependent who has been added for the balance of a continuation period would end at the same time your continuation period ends, if he or she is not disabled nor eligible for an extended maximum).
- The premium is not paid on time.
- After the date of your COBRA election, you or your dependent receives health care coverage under another group plan that does not exclude coverage because of any pre-existing condition or under which any such pre-existing condition exclusion does not apply to you because of prior creditable coverage.
- After the date of your COBRA election, you or your dependent becomes entitled to Medicare (including Medicare entitlement due to end-stage renal disease).
- Chevron Phillips Chemical no longer provides group health benefits to its employees.
- The disability ends (or it is determined that the individual no longer is disabled) and you or your covered dependent received extended coverage due to disability (coverage in excess of 18 months up to 29 months). In this case, coverage ends as of the later of: (i) the first day of the first month that is more than 30 days after final determination under the Social Security Act that you or your covered dependent are no longer disabled, or (ii) the end of the initial 18-month COBRA coverage period. You have a duty to notify Chevron Phillips Chemical or PayFlex, the COBRA administrator, within 30 days of any final determination. PayFlex will cancel coverage at the end of the month when notification is made.
- You or your dependent dies.

How Health Care Coordination of Benefits Works

If You Are Covered by More Than One Plan

You or a covered dependent may be entitled to benefits from another source that pays all or part of the expenses incurred for health care (medical, dental or vision). If this is the case, benefits from Chevron Phillips Chemical plans may be reduced to an amount which, together with all benefits payable by other group plans, would not exceed the amount the Chevron Phillips Chemical plans would have paid if no other plans existed.

Another source of benefits means any group insurance or group-type coverage, whether insured or uninsured. This includes:

- Group or blanket insurance,
- Franchise insurance that terminates upon cessation of employment,
- Group hospital or medical service plans and other group prepayment coverage,
- Any coverage under labor-management trustee arrangements, union welfare arrangements or employer organization arrangements, or
- Governmental plans, or coverage required or provided by law.

This plan does not coordinate benefits with the following:

- Any coverage held by the participant for hospitalization and/or medical-surgical expenses which is written as a part of or in conjunction with any automobile casualty insurance policy,
- A policy of health insurance that is individually underwritten and individually issued,
- School accident-type coverage, or
- A state plan under Medicaid (Title XIX, Grants to States for Medical Assistance Programs, of the United States Social Security Act, as amended).

Under the plan, an "allowed expense" refers to the health care service or expense, including deductibles, co-insurance or copayments, that is covered in full or in part by any of the plans covering you or your covered dependent, except as set forth in this section or where a statute requires a different definition. Any expense or service or a portion of an expense or service that is not covered by any of the plans is not an "allowed expense."

When the plan provides benefits for an expense incurred for care provided by a network provider or an advanced procedure designated facility, the allowed expense is limited to the payment that the provider agreed to accept. For more information, see ***What's Covered*** on page B-21.

Order of Payment

If the Chevron Phillips Chemical plan is primary, its benefits are determined before those of another plan. The benefits of the other plan are not considered. When the Chevron Phillips Chemical plan is secondary, its benefits are determined after those of the other plan. In such a case, this plan's benefits may be reduced because of the other plan's benefits. When there are more than two plans, the Chevron Phillips Chemical plan may be primary to one and secondary to another.

If this coordination of benefits provision applies to benefits to which you or your family members are entitled, the bills must be filed with the "primary" carrier before being filed with the "secondary" carrier. A copy of the primary plan's explanation of benefits should be included with the secondary plan claim.

The Chevron Phillips Chemical plan determines the order of benefits by following the first of the following criteria that applies:

- A plan that does not coordinate with other plans is always the primary plan.
- The benefits of the plan that covers the person as an employee, member or subscriber (other than a dependent) is the primary plan; the plan that covers the person as a dependent is the secondary plan.
- The primary plan is the plan that covers the person as an employee who is neither laid off nor retired (or as that employee's dependent). The secondary plan is the plan that covers that person as a laid-off or retired employee (or as that employee's dependent). If the other plan does not have this rule and if, as a result, the plans do not agree on the order of benefits, this rule does not apply.
- In the case of a dependent child whose parents are not legally separated or divorced:
  - The primary plan is the plan of the parent whose birthday (month and day) falls earlier in the year. The secondary plan is the plan of the parent whose birthday falls later in the year.
  - If both parents have the same birthday, the plan that covered a parent longer is the primary plan; the plan that covered a parent for the shorter time is the secondary plan.
  - If the other plan has the male/female rule instead of the birthday rule and if, as a result, the plans do not agree on the order of benefits, the rule of the other plan determines the order of benefits.
- If a dependent child whose parents are legally separated or divorced and who is covered by the plans of both parents has a claim, the primary payer is the plan covering the parent who has financial responsibility for the child's health care under the terms of the court decree. In the absence of a court order, the payment order is:
  - The plan of the natural parent with custody, then
  - The plan of the spouse of the natural parent with custody, then
  - The plan of the natural parent without custody.

If none of the above rules determine the order of benefits, the primary plan is the plan that covered an employee, member or subscriber longer. The secondary plan is the plan that covered that person the shorter time.

Rules Regarding Processed Claims Transactions

Benefits otherwise payable under the Chevron Phillips Chemical plan for all expenses processed during a single "processed claim transaction" will be reduced by the total benefits payable under all "other plans" for the same expenses. An exception to this rule is that when the coordination of benefits rules of this plan and any "other plan" both agree that this plan is primary, the benefits of the other plan will be ignored in applying this rule. As used in this paragraph, a "processed claim transaction" is a group of actual or prospective charges submitted to the relevant claims administrator for consideration, that have been grouped together for administrative purposes as a "claim transaction" in accordance with the relevant claims administrator's then current rules.

Under the Chevron Phillips Chemical plan, medical, dental and vision coverages will be considered separate plans. The medical/pharmacy coverage will be coordinated with other medical/pharmacy plans, dental coverage will be coordinated with other dental plans and vision coverage will be coordinated with other vision plans.

Coordination With COBRA Continuation Coverage

If you have COBRA continuation coverage through another employer's medical, dental or vision plan, the Chevron Phillips Chemical plan is primary to your COBRA coverage. If you have COBRA continuation coverage under Chevron Phillips Chemical's medical, dental or vision plan in addition to coverage under another employer's plan, the COBRA coverage under Chevron Phillips Chemical's medical, dental or vision plan is secondary to coverage provided by the other employer's plan.

Coordination With Medicaid

The Chevron Phillips Chemical plan is primary and Medicaid is secondary for you or your covered dependent. Benefit payments are made by the plan in accordance with any assignments made by you or on your covered dependent's behalf as required by the state Medicaid plan.

Your or your covered dependent's qualification for Medicaid does not affect eligibility for coverage under this plan. This plan honors any subrogation rights acquired by the state by having paid Medicaid benefits to you or your covered dependent.

Coordination With Medicare

The Chevron Phillips Chemical plan pays primary and Medicare pays secondary if you or your covered dependent is Medicare-eligible and eligibility for Medicare is due to:

- **Age** — the covered **active** employee or covered spouse of an **active** employee is age 65 or older (**Note:** Chevron Phillips Chemical's COBRA coverage pays secondary to Medicare. If you or your spouse is eligible for Medicare, whether enrolled or not, COBRA coverage will always pay secondary as if you or your spouse had Medicare coverage),
- **Disability** — you or your covered dependent is less than age 65 and you have "active employment status" with Chevron Phillips Chemical in accordance with federal law and as determined by Chevron Phillips Chemical, or
- **End-stage renal disease (ESRD)** — this plan is primary only during the first 30 months of eligibility for Medicare due to ESRD, or as otherwise required by federal law. After 30 months, Medicare is primary and the plan is secondary.

Please note that Medicare remains the primary payer and the plan is secondary if:

- You or your covered dependent is already entitled to Medicare on the basis of age or disability when he/she becomes eligible for Medicare on the basis of ESRD, and
- The plan was properly paying secondary to Medicare based on the rules for age or disability.

Medicare pays primary to Chevron Phillips Chemical's health plans in regard to all other participants and dependents eligible for Medicare to the extent permitted by law.

Understanding the Health Insurance Portability and Accountability Act (HIPAA)

The federal law, HIPAA:

- Requires group health plans, such as Chevron Phillips Chemical's plans, to protect the privacy and security of your confidential health information, and
- If you leave Chevron Phillips Chemical, restricts your new employer's option to limit your coverage for pre-existing conditions, provided you had medical coverage with Chevron Phillips Chemical.

Privacy Rules

Chevron Phillips Chemical's health plans will not use or disclose your protected health information without your authorization, except if required for treatment, payment, health care operations, plan administration, or as required or permitted by law.

You can review a description of your protected health information and your rights and protections under HIPAA in the Notice of Privacy Practices. For more information, see ***Notice of Privacy Practices*** on page Q-17.

Naming a Beneficiary

The following plans described in this handbook require you to name a beneficiary when you initially enroll or when you add or change your benefit elections:

- Basic and Supplemental Life Insurance,
- Basic and Supplemental Accidental Death and Personal Loss (AD&PL) Insurance,
- Business Travel Accident Insurance,
- Occupational Accidental Death and Personal Loss (OAD&PL) Insurance,
- Long-Term Disability (LTD) Insurance, and
- Critical Illness Insurance.

You may name anyone as your beneficiary for these plans during the benefit enrollment process with the CPChem Benefits Service Center. To begin this process, either call the CPChem Benefits Service Center at 1-833-964-3575, or log on to the CPChem Benefits Service Center website at digital.alight.com/cpchem to complete the process online.

You may change your beneficiary at any time by following a similar process. Log on to digital.alight.com/cpchem and select the "Manage Beneficiaries" tab. The change becomes effective after the process is completed.

If more than one beneficiary is designated without their respective interests being specified, the beneficiaries share equally. The interest of any beneficiary who predeceased you terminates and his or her share is payable equally to the surviving beneficiaries, unless the beneficiary designation specifically provides otherwise.

If there is an amount for which there is no designated beneficiary at your death, or if the named beneficiary does not survive you, the benefits are payable to the surviving person or persons in the first of the following classes that survives you.

For all benefits listed above other than LTD:

- Your spouse,
- Your children, including legally adopted children,
- Your parents,
- Your brothers and sisters, or
- Your estate.

For LTD:

- Your legally married spouse at the date of your death,
- If there is no such spouse, your biological or legally adopted child(ren) who, when you died, is(are) not married, and is(are) under age 25, or
- Your estate, if there is(are) no such surviving child(ren).

Note: For Basic and Supplemental Life Insurance, Accidental Death and Personal Loss Insurance (including Occupational Accidental Death and Personal Loss Insurance), and Business Travel Accident Insurance, if a beneficiary or a payee is a minor or incompetent to receive the benefit payment, MetLife will pay that person's guardian. If a person of legal age has petitioned the court, and has been appointed as guardian of the "property" or "estate" of the minor, the proceeds may be released to that person in his/her capacity as guardian.

Without such court authorization, MetLife's standard procedure when presented with a claim by a minor is to deposit the proceeds into a "blocked" Total Control Account® (TCA). The monies will remain in this interest-bearing account until the earliest of:

- The attainment of the age of majority by the minor, or
- MetLife receiving a certified court-issued document naming a guardian of the "property" or "estate" of the minor.

The fact that a minor child resides with a parent does not make that parent a legal guardian. The parent is the custodial guardian, but MetLife is unable to release any funds until a guardian of the property or estate of the minor is appointed by the court. This process ensures that the proceeds designated to the minor are used for the benefit of the minor, as the insured intended.

Note: The 401(k) Savings Plan and the Retirement Plan also require you to name one or more beneficiaries. These beneficiary designations can be made through Fidelity's Online Beneficiaries Service, available through Fidelity NetBenefits. Simply log on to NetBenefits at www.netbenefits.com and click on "Beneficiaries" under the "Your Profile" tab. If you do not have access to the Internet or prefer to complete your beneficiary process by paper form, please contact Fidelity at 1-866-771-5225.