



**Group Insurance Plan of Benefits for
Chevron Phillips Chemical Company LP(Control #499719)
Administered by Aetna International®
Effective Date: January 1, 2022
Middle East Plan**

| Eligibility Provision | | | |
|---|---|---------------------------------|---|
| Employee | Regular full-time employees of Chevron Phillips Chemical Company LP participating in this plan working a minimum of 30 hours per week and part-time employees working at least 20 hours per week. | | |
| Dependent | Wife or husband; dependent children to age 26 (biological children, stepchildren, foster children, legally adopted children and/or children legally placed for adoption.) | | |
| PPO | | | |
| PLAN FEATURES | OUTSIDE THE U.S. | In the U.S. | |
| | | Preferred Benefits (In-Network) | Non-Preferred Benefits (Out-of-Network) |
| Individual Deductible | None | None | \$200 per calendar year |
| Family Deductible | None | None | \$400 per calendar year |
| Individual Payment Limit | None | \$1,500 per calendar year | \$3,000 per calendar year |
| <i>(Does not include deductibles, copays, benefit penalties, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the US)</i> | | | |
| Family Payment Limit | None | \$4,500 per calendar year | \$9,000 per calendar year |
| <i>(Does not include deductibles, copays, benefit penalties, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the US)</i> | | | |
| Lifetime Maximum | Unlimited | | |
| Inpatient Per Confinement Deductible <i>(Maximum of 3 per calendar year)</i> | None | None | \$250 |
| Plan Payment Percentages | | | |
| Hospital Services | | | |
| Inpatient | 100% | 80% | 60% after deductible and \$250 inpatient per confinement deductible |
| Outpatient | 100% | 80% | 60% after deductible |
| Private Room Limit | The institution's semiprivate rate | | |
| Pre-certification Penalty | No Penalty | No Penalty | \$400 |
| Non-Emergency Use of the Emergency Room | 100% | 80% | 60% after deductible |
| Emergency Room | 100% | 80% | 80% - not subject to deductible |
| Urgent Care | 100% | 80% | 60% after deductible |
| Physician Services | | | |
| PCP Office Visit | 100% | 80% | 60% after deductible |
| Specialist Office Visit | 100% | 80% | 60% after deductible |

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| PLAN FEATURES | OUTSIDE THE U.S. | In the U.S. | |
| | | Preferred Benefits (In-Network) | Non-Preferred Benefits (Out-of-Network) |
| Plan Payment Percentages | | | |
| Mental Health Services | | | |
| Mental Health Inpatient Coverage <i>(Unlimited days per calendar year combined with Alcoholism and Drug Abuse)</i> | 100% | 80% | 60% after deductible and \$250 inpatient per confinement deductible |
| Mental Health Outpatient Coverage <i>(Unlimited visits per calendar year combined with Alcoholism and Drug Abuse)</i> | 100% | 80% | 60% after deductible |
| Alcohol/Drug Abuse Services | | | |
| Substance Abuse Inpatient Coverage <i>(Unlimited days per calendar year combined with Mental Health)</i> | 100% | 80% | 60% after deductible and \$250 inpatient per confinement deductible |
| Substance Abuse Outpatient Coverage <i>(Unlimited visits per calendar year combined with Mental Health)</i> | 100% | 80% | 60% after deductible |
| Other Services | | | |
| Skilled Nursing Facility <i>(120 days per calendar year)</i> | 100% | 80% | 60% after deductible and \$250 inpatient per confinement deductible |
| Hospice Care Facility Inpatient <i>(Unlimited lifetime maximum)</i> | 100% | 80% | 60% after deductible and \$250 inpatient per confinement deductible |
| Hospice Care Facility Outpatient <i>(Unlimited lifetime maximum)</i> | 100% | 80% | 60% after deductible |
| Home Health Care <i>(120 visits per calendar year; includes Private Duty Nursing)</i> | 100% | 80% | 60% after deductible |
| Spinal Disorder Treatment | 100% | 80% | 75% after deductible |
| Speech Therapy <i>(Includes 60 visits per calendar year)</i> | 100% | 80% | 60% after deductible |
| Short Term Rehabilitation <i>(Includes coverage for Occupational and Physical Therapy; unlimited visits per calendar year)</i> | 100% | 80% | 75% after deductible |
| Diagnostic Outpatient X-ray | 100% | 80% | 60% after deductible |
| Diagnostic Outpatient Lab | 100% | 80% | 60% after deductible |
| Inpatient Bariatric Surgery | 100% | 80% | 60% after deductible and \$250 inpatient per confinement deductible |
| Outpatient Bariatric Surgery | 100% | 80% | 60% after deductible |
| Durable Medical Equipment | 100% | 80% | 60% after deductible |
| Base Infertility Services <i>(Base plan coverage includes coverage limited to the testing and treatment of underlying condition)</i> | 100% | 80% | 60% after deductible |
| Comprehensive Infertility Services <i>(6 cycles per lifetime for Comprehensive plan coverage which includes coverage for Artificial Insemination and Ovulation Induction)</i> | 100% | 80% | 60% after deductible |
| ART Infertility Services <i>(6 cycles per lifetime for Advanced Reproductive Technology (ART) coverage with cryopreservation, storage and unlimited embryo transfers)</i> | 100% | 80% | 60% after deductible |
| Autism | <i>Autism covered same as any other expense. Member cost sharing is based on the type of service performed and the place of service where it is rendered.</i> | | |

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| PLAN FEATURES | OUTSIDE THE U.S. | In the U.S. | |
| | | Preferred Benefits (In-Network) | Non-Preferred Benefits (Out-of-Network) |
| Payment for Non-Preferred Providers* | Not Applicable | Not Applicable | Professional: 105% of Medicare Facility: 140% of Medicare |
| Routine Hearing Exam <i>Includes one routine exam per calendar year</i> | 100% | 100% | 60% after deductible |
| Hearing Aids <i>1 hearing aid per ear to \$3,000 maximum per ear every 3 years</i> | 100% | 80% | 60% after deductible |
| Wellness Benefits | | | |
| Routine Children Physical Exams <i>Children age 0-18: 7 exams first year of life; 3 exams second year of life; 3 exams third year of life and 1 exam per year thereafter (includes immunizations)</i> | 100% | 100% | 60% after deductible |
| Routine Adult Physical Exams <i>Adults age 18+ & -65: 1 exam/12 months Adults age 65+: 1 exam/12 months (includes immunizations)</i> | 100% up to \$1,000 Calendar year maximum (Includes immunizations, x-rays and labs) | 100% | 60% after deductible |
| Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i> | 100% | 100% | 60% after deductible |
| Mammograms <i>Unlimited exams per calendar year</i> | 100% | 100% | 60% after deductible |
| Prostate Specific Antigen (PSA) <i>Unlimited tests per calendar year</i> | 100% | 100% | 60% after deductible |
| Digital Rectal Exam (DRE) <i>Unlimited exams per calendar year</i> | 100% | 100% | 60% after deductible |
| Cancer Screening <i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 45+ 1 colonoscopy every 5 years</i> | 100% | 100% | 60% after deductible |
| Office Visits at Diabetes America Locations | Not Covered | 100% after \$10 copay | Not Covered |
| Prescription Drug Coverage | | | |
| Generic Drugs <i>(365 day maximum supply)</i> | 100% | 75% (includes Mail Order Drugs; member cost not to exceed \$50 per 30 day supply) | 60% after deductible |
| Brand Name Drugs <i>(365 day maximum supply)</i> | 100% | 75% (includes Mail Order Drugs; member cost not to exceed \$100 per 30 day supply) | 60% after deductible |
| Non Brand Formulary <i>(365 day maximum supply)</i> | 100% | 75% (includes Mail Order Drugs; member cost not to exceed \$125 per 30 day supply) | 60% after deductible |
| Vision Expenses | | | |
| Routine Eye Exam <i>(Covered under medical) Includes one routine exam per calendar year</i> | 100% | 100% | 60% after deductible |
| Vision Care Supplies <i>(Schedule maximums apply every 12 months; Includes one pair of frames/lenses or contacts per 12 months)</i> | 100% after \$35 deductible | 80% after \$35 deductible | 60% after \$35 deductible |

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| Passive PPO Dental | | | |
|---|----------------------------------|------------------------------------|--|
| PLAN FEATURES | OUTSIDE THE U.S. | In the U.S. | |
| | | Preferred Benefits (In-Network) | Non-Preferred Benefits (Out-of-Network) |
| Individual Deductible | \$50 per calendar year | \$50 per calendar year | \$50 per calendar year |
| Family Deductible | \$150 per calendar year | \$150 per calendar year | \$150 per calendar year |
| Type A Expense <i>(Diagnostic & Preventative)</i> | 100% - not subject to deductible | 100% - not subject to deductible | 100% - not subject to deductible |
| Type B Expense <i>(Basic Restorative)</i> | 80% after deductible | 80% after deductible | 80% after deductible |
| Type C Expense <i>(Major Restorative)</i> | 50% after deductible | 50% after deductible | 50% after deductible |
| TMJ Expense | 50% after deductible | 50% after deductible | 50% after deductible |
| Calendar Year Maximum | \$2,000 | \$2,000 | \$2,000 |
| Orthodontic Treatment Coverage For Employees & Dependents | 50% - not subject to deductible | 50% - not subject to deductible | 50% - not subject to deductible |
| Orthodontic Lifetime Maximum | \$2,000 | \$2,000 | \$2,000 |

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Services and Programs Included in Your Plan



Employee Assistance Program (EAP)

Our EAP helps members balance the demands of work, life and personal issues. Whether it's finding balance between work and life, dealing with the loss of a loved one, managing anxiety or depression, or parenting advice, EAP offers free, confidential support delivered by qualified counselors. Includes up to 5 counseling sessions per issue per year per enrolled member.



Emergency Assistance Services

We make sure members have the support they need during a medical emergency with necessary resources and personalized care. If a medical evacuation is needed, our in-house team focuses on getting members proper care in the most efficient way.



International Care Management Program

Led by our clinical Care and Response Excellence (CARE) team, our program supports everything from clinical precertification and pre-trip planning, to acute and chronic care management, and much more. With one-on-one assistance from a clinician, we offer personalized, culturally relevant support no matter where members are in the world.



International Maternity Management Program

Offers resources and personalized tools throughout pregnancy, delivery and post-partum care, delivered by our dedicated CARE team. Focused case management for tobacco cessation, pre-term labor, and other pregnancy risk factors.



Aetna Security Assistance powered by Crisis24 (Program is underwritten by Aetna Life & Casualty - (Bermuda) Ltd.)

Includes 24/7 access to personalized safety advice from multilingual representatives. WorldAware's travel security website has extensive country and city intelligence reports to help members understand what risks may be present around the world.



Well-being Assessment**

This personalized, online health and wellness program includes a suite of online health coaching programs in addition to a health assessment. The program encourages participants to identify and reduce health risks and improve and maintain healthy lifestyles, with a focus on prevention and long-term success.



Pharmacy Shipping

We make sure members can fill their prescriptions quickly, safely and easily with our pharmacy shipping solutions. We help coordinate medication management for members preparing for assignments or travel, as well as offering a 90-day supply of maintenance medicine delivered directly to the member's home.



Teladoc***

Gives members access to a national network of certified physicians right at their fingertips, through phone and online -video consultations.



24-Hour Nurse Line**

Provides 24-hour telephone, email and chat access to experienced registered clinicians to help members make informed health care decisions on a variety of health topics.



Member Offers (discount program)

Our Member offers gives members choice and flexibility in their day-to-day life. They get a variety of discounts on products and services that keep them healthy, fit and help them save money. In addition to offers on personal wellness products and services, we also offer deals on everyday needs such as travel, tickets, car rentals, electronics and more.

*Services and resources may vary depending on member location.

** Available to members in the U.S. only

This plan includes coverage under the extent required in accordance with the Federal Mental Health Parity and Addiction Equity Act (MHPAEA) beginning with plan years starting on or after January 1, 2018.

This plan includes coverage for women's preventive health benefits to the extent required under U.S. federal law effective beginning with plan years starting on or after August 1, 2012.

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*** Payment for Non-Preferred Providers**

We cover the cost of care differently based on whether health care providers, such as doctors and hospitals, are "in network" or "out of network." We want to help you understand how much Aetna pays for your out-of-network care. At the same time, we want to make it clear how much more you will need to pay for this out-of-network care.

As an example, you may choose a doctor in our network. You may choose to visit an out-of-network doctor. If you choose a doctor who is out of network, your Aetna health plan may pay some of that doctor's bill. Most of the time, you will pay a lot more money out of your own pocket if you choose to use an out-of-network doctor or hospital.

When you choose out-of-network care, Aetna limits the amount it will pay. This limit is called the "recognized" or "allowed" amount. When you choose out-of-network care, Aetna "recognizes" an amount based on what Medicare pays for these services. The government sets the Medicare rate. Exactly how much Aetna "recognizes" depends on the plan you or your employer picks.

Your out-of-network doctor sets the rate to charge you. It may be higher -- sometimes much higher -- than what your Aetna plan "recognizes" or "allows." Your doctor may bill you for the dollar amount that Aetna doesn't recognize. You must also pay any copayments, coinsurance and deductibles under your plan. No dollar amount above the recognized charge counts toward your deductible or maximum out-of-pocket. To learn more about how we pay out-of-network benefits visit Aetna.com. Type "how Aetna pays" in the search box.

You can avoid these extra costs by getting your care from Aetna's broad network of health care providers. Go to www.aetna.com and click on "Find a Doctor" on the left side of the page. If you are already a member, sign on to your Aetna Navigator member site.

This way of paying out-of-network doctors and hospitals applies when you choose to get care out of network. When you have no choice (for example: emergency room visit after a car accident), we will pay the bill as if you got care in network. You pay your plan's copayments, coinsurance and deductibles for your in-network level of benefits. Contact Aetna if your provider asks you to pay more. You are not responsible for any outstanding balance billed by your providers for emergency services beyond your copayments, coinsurance and deductibles.

For Plan Compliant with United States Federal Affordable Care Act (ACA) legislation

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

For language assistance in your language call the number listed on your ID card at no cost. (English)

Para obtener asistencia lingüística en español, llame sin cargo al número que figura en su tarjeta de identificación. (Spanish)

欲取得繁體中文語言協助，請撥打您ID卡上所列的號碼，無需付費。(Chinese)

Pour une assistance linguistique en français appeler le numéro indiqué sur votre carte d'identité sans frais. (French)

Para sa tulong sa wika na nasa Tagalog, tawagan ang nakalistang numero sa iyong ID card nang walang bayad. (Tagalog)

Benötigen Sie Hilfe oder Informationen auf Deutsch? Rufen Sie kostenlos die auf Ihrer Versicherungskarte aufgeführte Nummer an. (German)

تغيير عتلا كاتقابطي ف روكذملا ي ناجملا مقرلا لى لعل لاصتلا ءاجرلا ،)تغيير عتلا تغللا (في فة دعاسملا. (Arabic)

Pou jwenn asistans nan lang Kreyòl Ayisyen, rele nimewo a yo endike nan kat idantifikasyon ou gratis. (French Creole)

Per ricevere assistenza linguistica in italiano, può chiamare gratuitamente il numero riportato sulla Sua scheda identificativa. (Italian)

日本語で援助をご希望の方は、IDカードに記載されている番号まで無料でお電話ください。(Japanese)

한국어로 언어 지원을 받고 싶으시면 보험 ID 카드에 수록된 무료 통화번호로 전화해 주십시오. (Korean)

دیر یگ سامت سا هدمآ امش ی یاسانش تراکی ور ربه کی ا هرامش اب ی انیز ه چیه نو دپ ، ی سراف نابز ی یامنه ار ی ارد (Persian)

Aby uzyskać pomoc w języku polskim, zadzwoń bezpłatnie pod numer podany na karcie ID. (Polish)

Para obter assistência linguística em português ligue para o número grátis listado no seu cartão de identificação. (Portuguese)

Чтобы получить помощь русскоязычного переводчика, позвоните по бесплатному номеру, указанному в вашей ID-карте удостоверения личности. (Russian)

Để được hỗ trợ ngôn ngữ bằng (ngôn ngữ), hãy gọi miễn phí đến số được ghi trên thẻ ID của quý vị. (Vietnamese)