



Performance by design.
Caring by choice.™



2026 NEW HIRE BENEFITS GUIDE



HEALTH

WEALTH

CAREER

FAMILY

WELLNESS

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 and a great place to work.

We care about our employees and their families. You see it right in our trademark — **Performance** by design. **Caring** by choice.™ We are committed to offering a positive experience for all our employees by providing convenient, accessible, comprehensive and inclusive benefits while keeping costs down. After all, if we are all working to take care of the people around us, we can help ensure the long-term success of CPChem.

If you have any questions regarding benefits or the enrollment process, please don't hesitate to contact the CPChem Benefits Service Center at 1-833-964-3575 or email HQRAHRGeneralists@cpchem.com.

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Important Information

You must make your benefit elections or waive coverage within 31 days of your hire date. You can update your elections any time during your 31-day enrollment period. Please call the CPChem Benefits Service Center at 1-833-964-3575 with any questions about enrollment. 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 4. **Coverage for all benefit plans begins on your date of hire.**

FOR THESE BENEFIT PLANS:	DO I NEED TO ENROLL?
Medical, Dental, Vision, Critical Illness, Flexible Spending Accounts (FSAs), Health Savings Account (HSA), Supplemental Life, Supplemental AD&PL and Group Legal Plan	Yes. You must elect or waive coverage. If you do not make benefit elections, you will be defaulted into certain coverages (see page 4).
Company-Paid Basic Life, Basic AD&PL, OAD, Business Travel Accident, Long-Term Disability (LTD), Employee Assistance Program (EAP), Health Advocacy program, Your Journey To Wellness program, Well-Being Reimbursement Account, 401(k) Savings Plan and Retirement Plan (Pension Plan)	No. You are automatically enrolled in these benefits.

Making Your Benefit Elections Is Easy

- ☐ Review this ***New Hire Benefits Guide***.
- ☐ Use online resources:
 - Find in-network providers near you on BlueCross BlueShield’s “Blue Access for Members” website at www.bcbstx.com. Search for medical providers in the Blue Choice PPO network or dental providers in the BlueCare Dental network.
 - Use our health care advocacy service, Health Advocate, for help with a variety of benefit issues. Health Advocate can provide a snapshot of your benefits package, answer eligibility and benefits questions, estimate health care costs and more! Call Health Advocate at 1-866-799-2691 or go online to www.healthadvocate.com/cpchem.
- ☐ Log on to the CPChem Benefits Service Center website at digital.alight.com/cpchem to make your health and income/survivor protection benefit elections online or call the CPChem Benefits Service Center at 1-833-964-3575. Representatives are available to take your enrollment elections from 8:00 a.m. – 5:00 p.m. Central time, Monday through Friday.
- ☐ Designate beneficiaries for your income/survivor protection benefits.
- ☐ When your enrollment is complete, print or save an electronic copy of the confirmation page.
- ☐ Designate beneficiaries for the 401(k) Savings Plan and the Retirement Plan with Fidelity at 1-866-771-5225 or online at www.netbenefits.com.
- ☐ Provide the necessary documentation to verify that your dependents are eligible for coverage (see page 6).

Tips for a Successful Online Health and Income/Survivor Protection Plan Enrollment

- When you log in to digital.alight.com/cpchem for the first time, you will be asked to provide the last four digits of your Social Security number, your date of birth and your home ZIP code. You will be prompted to register for the website and create a password.
- Complete your income/survivor protection beneficiary designations, even if you did not elect any supplemental life or AD&PL insurance coverage.
- Your benefits elections save in the system as you make your choices, even if you exit prior to completing your enrollment. You will receive an email confirming your benefits elections have been received. Be sure this confirmation reflects the elections you made.

After Your Enrollment is Complete

Once you have completed your enrollment online or by phone, here's what will happen next:

- BlueCross BlueShield (BCBS) will send you medical and/or dental plan ID cards for you and your dependents.
- A vision plan ID card will not be mailed to you. You can view and print your vision plan ID cards at www.vsp.com.
- If you signed up to participate in a Health Care Flexible Spending Account (HCFA) or a Limited-Purpose Flexible Spending Account (LPFSA), you will be sent an Inspira Card, which is an HCFA and LPFSA debit card.
- If you enrolled in the *Value CDH Plan* and you selected HSA contributions, Fidelity will open your HSA and send you an email to complete activation. Fidelity will send your 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 (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 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.

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 coverage (up to the guaranteed issue amounts) without providing Evidence of Insurability. See pages 37 – 40 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).

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

- A leased employee,
- A contract employee,
- A part-time employee (working less than 20 hours a week),
- In the case of the medical plan, covered by another medical plan to which the Company contributes, or
- A member of a collective bargaining unit whose agreement does not provide these benefits.

Union employees at the Bloomfield, Iowa location are eligible for only these benefits described in this guide: medical, prescription drug, dental, vision, health savings account, EAP, FSAs, basic life and AD&PL insurance and 401(k) Savings Plan.

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. Note that if you enroll both your spouse and child(ren), your enrollment tier is called "Employee + Family."

TYPE OF DEPENDENT(S)	ELIGIBLE FOR COVERAGE	NOT ELIGIBLE FOR COVERAGE
Your legally married spouse (excluding informal married spouses, common-law spouses and domestic partners) in any jurisdiction, regardless of gender or state of residence	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 marital¹, student or employment status, ▪ Your mentally or physically disabled children² 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	X	
Your spouse who is a common-law spouse, informal married spouse or domestic partner, even if such relationship is recognized in the state in which they reside, and children of your common-law/informal spouse or domestic partner who do not otherwise meet the definition of a dependent child		X
A dependent who is on active military duty		X
A dependent covered as an employee of the Company		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.

Dependent Verification

For your dependents to be covered under the Chevron Phillips Chemical benefit plans, you will be required to submit proof of eligibility to the Dependent Verification Center. You must submit the required documents by the deadline indicated on the communication from the CPChem Benefits Service Center. If not provided, benefits coverage for your unverified dependents will be terminated, retroactive to the date you added your dependents to coverage.

If you elect benefits coverage for your spouse, you will need to provide:

- A copy of your government-issued marriage certificate*, including date of marriage, AND
- A copy of your federal tax return within the last two years that lists your spouse, or current proof of joint ownership issued within the last six months.

For your dependent children**, the following are the only acceptable forms of documentation:

DEPENDENT TYPE	DOCUMENTS REQUIRED
Biological child	Government-issued birth certificate that includes parents' names
Adopted child	Government-issued birth certificate or adoption certificate or placement agreement
Stepchild	Government-issued birth certificate that includes parent's name AND one or both documents from the bullets in the spouse section above to verify spouse
Legal ward	Government-issued birth certificate AND court-ordered document of permanent legal guardianship
Foster child	Government-issued birth certificate AND foster care letter of placement
Disabled child	Documentation listed above AND federal tax return within last two years claiming the child

Note: You cannot verify a disabled adopted child with a placement agreement or petition.

If you have questions, contact the Dependent Verification Center at 1-800-725-5810. You can also send an email through the secure mailbox option available on the Dependent Verification Portal at digital.alight.com/cpchem.

* An informal marriage document is not sufficient proof of eligibility.

** 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 enroll in medical plan benefits, BlueCross BlueShield (BCBS) will be contacting you directly for "annual validation," which is the process of collecting other coverage and employment information from plan participants. It is required once per lifetime for subscribers and annually for dependents.

It's important that you respond to BCBS's request for information to avoid any delay in processing of your claims.

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 only 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.

You may not be covered as both an employee and a dependent. Additionally, 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 to answer a question regarding your spouse's access to other medical coverage when you complete your enrollment. If your working spouse is eligible for employer-sponsored medical coverage (other than from Chevron Phillips Chemical) but you choose to enroll them 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 is not eligible for other employer-offered medical coverage. 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 can choose to enroll in one of two available medical plan options — the *Value Consumer-Directed Health Plan (Value CDH Plan)* or the *Choice PPO Plan*.

Both options are self-insured by the Company, are administered by BlueCross BlueShield (BCBS) of Texas and cover medically necessary hospital, medical and surgical services. Both 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.

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 BCBS's Blue Choice PPO network using their Provider Finder® tool online at www.bcbstx.com.

The *Value CDH Plan* and the *Choice PPO Plan* both:

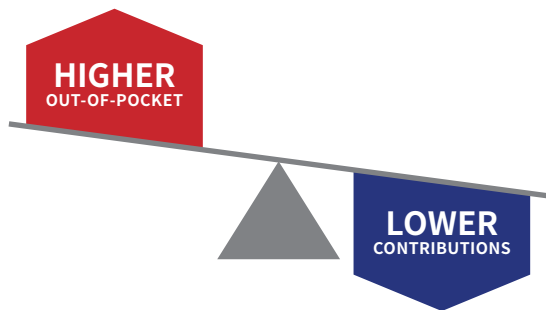
- Provide access to the Blue Choice PPO network,
- Include prescription drug coverage (see page 17), and
- Cover designated age-appropriate in-network preventive care at 100%.



HEALTH SAVINGS ACCOUNT (HSA)

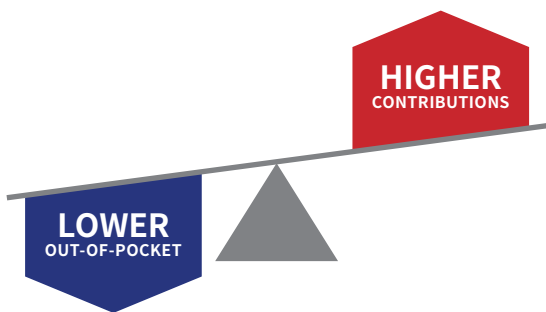
When you enroll in the *Value CDH Plan*, Chevron Phillips Chemical will contribute \$500 to your HSA for Employee-Only coverage or \$1,000 for all other coverage levels (Employee + Spouse, Employee + Child(ren) or Employee + Family) for 2026. You can also contribute and invest pre-tax dollars through convenient payroll deductions. For more information on the HSA, see page 29.

Value CDH Plan



- Lower premiums
- Access to a Health Savings Account (HSA), including annual Company contributions
- Access to Limited-Purpose Flexible Spending Account
- Higher co-insurance
- Higher deductibles and out-of-pocket maximums

Choice PPO Plan



- More expensive premiums
- Access to Health Care Flexible Spending Account
- Lower co-insurance
- Lower deductibles and out-of-pocket maximums



DEDUCTIBLES

If you sign up for Employee + Spouse, Employee + Child(ren) or Employee + Family coverage under 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 both 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 11 for the specific deductibles and out-of-pocket maximums for both medical plan options.

What to Consider When Selecting a Medical Plan

Chevron Phillips Chemical’s medical plans were designed to offer choice, so it’s up to you to select the plan that works best for you and your family. When making that decision, one of the primary considerations is how much medical care you expect to need during the year. Another consideration might be cost and how much you can save by enrolling in the lower-cost plan. Here are a few points to keep in mind:

- The **Value CDH Plan** has the lowest monthly contribution. You pay less up-front for the coverage but pay more for the services you and your family use. This plan could provide considerable cost savings for participants who only visit in-network doctors a few times a year (in addition to visits for routine physicals and other preventive services that are covered at 100%). If you and your family don’t expect to be heavy users of medical services, the *Value CDH Plan* may be the best choice for you.

When you enroll in the *Value CDH Plan*, not only can you contribute to an HSA, but Chevron Phillips Chemical will contribute \$500 to your HSA for Employee-Only coverage or \$1,000 for all other coverage levels. **Note that you cannot contribute to an HSA if you have a balance in a Retirement HRA or if you are enrolled in Medicare Parts A and/or B.**

- The **Choice PPO Plan** has a higher monthly contribution than the *Value CDH Plan* so you will pay more in premiums for this plan, but will have lower deductibles and out-of-pocket maximums. If you and your family expect to need a lot of medical services, this plan may be right for you.





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 both medical plan options:

- Well-child care
- Routine physicals
- Routine OB/GYN care
- Prenatal doctor's office visits
- Lab tests for gestational diabetes screening
- Breastfeeding 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 limits, see the Preventive Care Guidelines under "Health" on www.mycpchembenefits.com.

Medical Plan Comparison Chart

The following chart summarizes the treatments and services under each medical plan option. Your contribution rates for each option can be found at digital.alight.com/cpchem in the Plan Information section and during your enrollment flow when enrolling online.

	VALUE CDH PLAN ¹	
	In-Network ²	Out-of-Network ²
BCBS network	Blue Choice PPO network	
Deductible	\$1,700/Employee-Only \$3,400/Employee + Spouse ³ \$3,400/Employee + Child(ren) ³ \$3,400/Employee + Family ³	\$ 2,250/Employee-Only \$ 4,500/Employee + Spouse ³ \$ 4,500/Employee + Child(ren) ³ \$ 4,500/Employee + Family ³
Out-of-pocket maximum	\$4,500/Employee-Only \$9,000/Employee + Spouse \$9,000/Employee + Child(ren) \$9,000/Employee + Family	\$ 6,750/Employee-Only \$13,500/Employee + Spouse \$13,500/Employee + Child(ren) \$13,500/Employee + Family
Lifetime maximum benefit	Unlimited	
For the following treatments and services, the medical plan option pays:		
Preventive Care ⁴		
Routine physicals (includes labs)	100% — deductible waived	50%
Annual well-woman exam (includes labs)	100% — deductible waived	50%
Mammograms (routine for women ages 39 and over)	100% — deductible waived	50%
Well-child care (includes labs)	100% — deductible waived	50%
Physician Office Visits		
Primary care office visits (surgical & non-surgical)	Preventive: 100% — deductible waived Non-preventive: 70%	Preventive: 50% Non-preventive: 50%
Specialist office visits (surgical & non-surgical)	70%	50%
MDLIVE phone or online video consultation	70%	N/A
Lab & X-ray	Preventive: 100% — deductible waived Non-preventive: 70%	Preventive: 50% Non-preventive: 50%
Maternity care	Prenatal office visits: 100% — deductible waived ⁵ . All other visits/services covered at 70%	50%
Emergency Services		
Hospital emergency room	70%	70%
Urgent care	70%	50%
Non-emergency use of the emergency room	Not covered	Not covered
Ambulance	70%	70%
Outpatient Services		
BDC/BDC+ locations (certain services) ⁶	80%	N/A
Outpatient surgery	70%	50%
Physician/surgeon and related professional fees (non-office visits)	70%	50%
Hospital Services		
BDC/BDC+ locations (certain services) ⁶	80%	N/A
Per confinement copay	Not applicable	Not applicable
Inpatient and outpatient (not BDC/BDC+) ⁶	70%	50%

Please see the footnotes on page 13.

	CHOICE PPO PLAN ¹	
	In-Network ²	Out-of-Network ²
BCBS network	Blue Choice PPO network	
Deductible	\$ 600/Employee-Only \$1,200/Employee + Spouse \$1,800/Employee + Child(ren) \$1,800/Employee + Family	\$ 900/Employee-Only \$ 1,800/Employee + Spouse \$ 2,700/Employee + Child(ren) \$ 2,700/Employee + Family
Out-of-pocket maximum	\$3,000/Employee-Only \$6,000/Employee + Spouse \$9,000/Employee + Child(ren) \$9,000/Employee + Family	\$ 4,000/Employee-Only \$ 8,000/Employee + Spouse \$12,000/Employee + Child(ren) \$12,000/Employee + Family
Lifetime maximum benefit	Unlimited	
For the following treatments and services, the medical plan option pays:		
Preventive Care ⁴		
Routine physicals (includes labs)	100% — deductible waived	60%
Annual well-woman exam (includes labs)	100% — deductible waived	60%
Mammograms (routine for women ages 39 and over)	100% — deductible waived	60%
Well-child care (includes labs)	100% — deductible waived	60%
Physician Office Visits		
Primary care office visits (surgical & non-surgical)	Preventive: 100% — deductible waived Non-preventive: 80%	Preventive: 60% Non-preventive: 60%
Specialist office visits (surgical & non-surgical)	80%	60%
MDLIVE phone or online video consultation	80%	N/A
Lab & X-ray	Preventive: 100% — deductible waived Non-preventive: 80%	Preventive: 60% Non-preventive: 60%
Maternity care	Prenatal office visits: 100% — deductible waived ⁵ . All other visits/services covered at 80%	60%
Emergency Services		
Hospital emergency room	80%	80%
Urgent care	80%	60%
Non-emergency use of the emergency room	Not covered	Not covered
Ambulance	80% — deductible waived	80% — deductible waived
Outpatient Services		
BDC/BDC+ locations (certain services) ⁶	90%	N/A
Outpatient surgery	80%	60%
Physician/surgeon and related professional fees (non-office visits)	80%	60%
Hospital Services		
BDC/BDC+ locations (certain services) ⁶	90%	N/A
Per confinement copay	\$250	\$250
Inpatient and outpatient (not BDC/BDC+) ⁶	80%	60%

Please see the footnotes on page 13.

	VALUE CDH PLAN ¹	
	In-Network ²	Out-of-Network ²
Other Covered Services		
Spinal manipulation (limits apply) ⁷	70%	50%
Sterilization (tubal ligation/vasectomy)	Tubal ligation, including ancillary services: 100% — deductible waived; vasectomy covered at 70%	50%
Short-term rehabilitation (limits apply) ⁸	70%	50%
Autism treatment (inpatient/outpatient services, medication management and diagnostic services, and Applied Behavioral Analysis (ABA); speech, occupational and physical therapy, each up to 60 visits/year)	70%	50%
Hearing aids (maximum benefit of \$3,000 every 36 months)	70%	50%
Routine eye exam ⁴	100% — deductible waived	50%
Routine hearing exam ⁴	100% — deductible waived	50%
Gym Membership	\$19 initiation fee and \$19/month to \$99/month access charge, based on gym tier	Not covered
Travel Expense Reimbursement	100% of travel and lodging expenses to obtain covered services not available within 100 miles of the patient’s home. Maximum of \$50/day per person for patient and one approved caregiver (or two approved caregivers for a child). Annual limit of \$10,000/year per patient.	
Prescription Drug Coverage		
For covered prescription drugs, you pay:		
Deductible	N/A — Prescription costs other than the \$10/\$20 generic preventive drug copays are subject to the <i>Value CDH Plan</i> medical deductible	
Retail (30-day supply)	Generic Preventive Drugs: \$10 copay from a designated list of drugs and conditions (deductible waived) Other Preventive Drugs (deductible waived): • 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)	\$0 copay (after deductible) for eligible drugs if enrolled in PrudentRx ⁹ If not enrolled in PrudentRx: 30% (deductible applies) ¹⁰	
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 (deductible waived): • Preferred Brand: \$ 68 • Non-Preferred Brand: \$125 Other Non-Preventive Drugs (deductible applies): 30%	

¹ 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 Guidelines on www.mycpchembenefits.com/health.

⁵ 100% 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.

⁶ Eligible services at Blue Distinction Centers (BDCs) and Blue Distinction Centers+ (BDC+) include cardiac care, knee/hip replacement, spine surgery and maternity care.

⁷ 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.

⁸ 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.

⁹ You must enroll in PrudentRx to participate. A list of eligible specialty drugs is available online at www.mycpchembenefits.com/health under "CVS Caremark." If you are not enrolled in PrudentRx, you will pay 30% co-insurance for specialty drugs.

¹⁰ Under the True Accumulator program, manufacturer's coupon payments for specialty drugs will not count toward your medical plan deductible, co-insurance or out-of-pocket maximum.

	CHOICE PPO PLAN ¹	
	In-Network ²	Out-of-Network ²
Other Covered Services		
Spinal manipulation (limits apply) ⁷	80%	60%
Sterilization (tubal ligation/vasectomy)	Tubal ligation, including ancillary services: 100% — deductible waived; vasectomy covered at 80%	60%
Short-term rehabilitation (limits apply) ⁸	80%	60%
Autism treatment (inpatient/outpatient services, medication management and diagnostic services, and Applied Behavioral Analysis (ABA); speech, occupational and physical therapy, each up to 60 visits/year)	80%	60%
Hearing aids (maximum benefit of \$3,000 every 36 months)	80%	60%
Routine eye exam ⁴	100% — deductible waived	60%
Routine hearing exam ⁴	100% — deductible waived	60%
Gym Membership	\$19 initiation fee and \$19/month to \$99/month access charge, based on gym tier	Not covered
Travel Expense Reimbursement	100% of travel and lodging expenses to obtain covered services not available within 100 miles of the patient's home. Maximum of \$50/day per person for patient and one approved caregiver (or two approved caregivers for a child). Annual limit of \$10,000/year per patient.	
Prescription Drug Coverage		
For covered prescription drugs, you pay:		
Deductible	N/A	
Retail (30-day supply)	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.	
Specialty Drugs (30-day supply)	\$0 copay for eligible drugs if enrolled in PrudentRx ⁹ If not enrolled in PrudentRx: 30%	
Mail-Order and CVS Retail (90-day supply)	Generic Preventive Drugs: \$20 copay from a designated list of drugs and conditions Other Drugs: • Generic: \$ 25 • Preferred Brand: \$ 68 • Non-Preferred Brand: \$ 125	

Please see the footnotes on page 13.

Filing Claims

In-network providers file claims for you. All you need to do is show your BCBS 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 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.

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" Summary Plan Descriptions on www.mycpchembenefits.com under "Summary Plan Descriptions."

The Behavioral Health Plan

Under both medical plan options, mental health and alcohol/substance abuse services are provided through BlueCross BlueShield. Call 1-800-528-7264 for a referral to a network provider or precertification of inpatient care.

If you use a BCBS 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 BlueCross BlueShield.

COVERED EXPENSE	VALUE CDH PLAN		CHOICE PPO	
	In-Network (Deductibles and Co-insurance Limits combined with Medical)	Out-of-Network (Deductibles and Co-insurance Limits combined with Medical)	In-Network (Deductibles and Co-insurance Limits combined with Medical)	Out-of-Network (Deductibles and Co-insurance Limits combined with Medical)
Mental Health Services				
Inpatient Mental Disorders Co-insurance	70% after deductible	50% after deductible	80% after deductible	60% after deductible
Inpatient Mental Disorders Per Confinement Copay	Not applicable	Not applicable	\$250	\$250
Maximum Inpatient Days Per Year	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Mental Disorders Co-insurance	70% after deductible	50% after deductible	80% after deductible	60% after deductible
Outpatient Mental Disorders Copay (per visit)	70% after deductible	50% after deductible	80% after deductible	60% after deductible
Maximum Outpatient Visits Per Year	Unlimited	Unlimited	Unlimited	Unlimited
Partial Hospitalization	Paid same as outpatient	Paid same as outpatient	Paid same as outpatient	Paid same as outpatient
Residential Treatment Facility — aligns with Inpatient Hospitalization benefit	70% after deductible	50% after deductible	80% after deductible	60% after deductible
Mental Disorders Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited
Alcoholism/Substance Abuse				
Inpatient Rehabilitation & Detoxification	70% after deductible	50% after deductible	80% after deductible	60% after deductible
Inpatient Alcoholism/Substance Abuse Per Confinement Copay	Not applicable	Not applicable	\$250	\$250
Maximum Inpatient Days Per Year	Unlimited	Unlimited	Unlimited	Unlimited
Outpatient Alcoholism/Substance Abuse Co-insurance	70% after deductible	50% after deductible	80% after deductible	60% after deductible
Outpatient Alcoholism/Substance Abuse Copay/Deductible	70% after deductible	50% after deductible	80% after deductible	60% after deductible
Maximum Outpatient Visits Per Year	Unlimited	Unlimited	Unlimited	Unlimited
Alcoholism/Substance Abuse Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited

Prescription Drug Plan

When you enroll in medical coverage, you're automatically enrolled in the Prescription Drug Plan, administered by CVS Caremark. This plan allows you to purchase the medication you need from:

- A participating retail pharmacy,
- A non-participating retail pharmacy, or
- The CVS Caremark Mail Service Pharmacy or the CVS Retail Maintenance Choice Program.



The amount you pay is based on your medical plan option, 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:

	VALUE CDH PLAN	CHOICE PPO PLAN
	<i>Under the medical plan options, you pay:</i>	
Deductible	Prescription costs other than the \$10/\$20 generic preventive drug copays are subject to the <i>Value CDH Plan</i> medical deductible.	None
Retail¹ (30-day supply)	Generic Preventive Drugs: \$10 copay from a designated list of drugs and conditions (deductible waived) Other Preventive Drugs (deductible waived): ▪ Preferred Brand: 20%, \$25 min. and \$100 max. ▪ Non-Preferred Brand: 30%, \$50 min. and \$200 max. Other Non-Preventive Drugs (deductible applies): 30%	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.
Specialty Drugs (30-day supply)	\$0 copay (after deductible) for eligible drugs if enrolled in PrudentRx ² If not enrolled in PrudentRx: 30% (deductible applies) ³	\$0 copay for eligible drugs if enrolled in PrudentRx ² If not enrolled in PrudentRx: 30%
Mail Order and CVS Retail Maintenance Choice Program (90-day supply)	Generic Preventive Drugs: \$20 copay from a designated list of drugs and conditions (deductible waived) Other Preventive Drugs (deductible waived): ▪ Preferred Brand: \$ 68 ▪ Non-Preferred Brand: \$125 Other Non-Preventive Drugs (deductible applies): 30%	Generic Preventive Drugs: \$20 copay from a designated list of drugs and conditions Other Drugs: ▪ Generic: \$ 25 ▪ Preferred Brand: \$ 68 ▪ Non-Preferred Brand: \$125

¹ Penalties may apply after your second 30-day fill of maintenance medications. See "Incentivized Mail Order Program" on page 19 for more information.

² You must enroll in PrudentRx to participate. A list of eligible specialty drugs is available online at www.mycpchembenefits.com/health under "CVS Caremark." If you are not enrolled in PrudentRx, you will pay 30% co-insurance for specialty drugs.

³ Under the True Accumulator program, manufacturer's coupon payments for specialty drugs will not count toward your medical plan deductible, co-insurance or out-of-pocket maximum.

Both medical plan options use one single, inclusive formulary. You can access the CVS Caremark Preferred Drug Guide (Formulary), which is also referred to as the Performance Drug List, at www.mycpchembenefits.com under "Health & Wellness," then "Health."

Lower Copays for Certain Generic Preventive Drugs

Both 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 included are:

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

No Cost Preventive Drugs

The following preventive drugs are covered at 100% — when prescribed by a physician — with no deductible (under the *Value CDH Plan*), copay or co-insurance:

- For iron deficiency in children — iron supplements,
- For pregnancy — folic acid supplements,
- For birth control — designated over-the-counter and single source brand contraceptives,
- For participants ages 12 through 59 years as prescribed to prevent cardiovascular disease — aspirin,
- For children ages 6 months through 5 years — oral fluoride supplements,
- For participants ages 40 through 75 years — certain generic cholesterol medications,
- Colonoscopy preparation medications,
- Breast cancer prevention medications,
- HIV pre-exposure prophylaxis, and
- Designated Monkeypox vaccination and oral antivirals.

For more information, see the CVS Caremark No Cost Preventive List on www.mycpchembenefits.com under “Health & Wellness,” then “Health.”

Payment Procedures

Value CDH Plan

For preventive drugs, you will pay the copay or co-insurance as shown on page 17. For non-preventive drugs, you will pay the full cost of the prescription until the *Value CDH Plan* deductible is met. Once you have met your deductible, you will pay 30% co-insurance for non-preventive drugs. If you have a balance in your HSA, or if you have an LPFSA balance and have met your medical plan deductible, you can use your HSA debit card or your Inspira Card to pay for prescriptions.

Choice PPO Plan

You will need to present your BCBS medical ID card and pay your copay or co-insurance (as shown on page 17) to the pharmacy. You can use your Inspira Card if you are enrolled in the Health Care FSA (HCFSA) and have a balance in your account.



Maintenance Medications

The Prescription Drug Plan's Mail Order Service* can save you time and money on your maintenance medications. It's easy to order your maintenance medications through CVS Caremark Mail Service Pharmacy. The plan allows you to obtain your first two 30-day fills of a maintenance drug at any retail pharmacy. After that, you have the option to obtain up to a 90-day supply either through CVS Caremark Mail Service Pharmacy or at a local CVS retail pharmacy through the Maintenance Choice Program. No matter which option you choose, you pay the same mail order copay/co-insurance. However, if you continue to use a retail pharmacy (including CVS) for 30-day supplies, you will pay a surcharge in addition to the standard copay/co-insurance. See page 20 for details.

CVS Caremark Mail Service Pharmacy has many benefits:

- **Savings:** Save money by ordering up to a 90-day supply and paying one low fee. Shipping is free and you can receive status alerts for tracking.
- **Convenience:** You can order your prescriptions online or by phone (and manage your refills at www.caremark.com or through the CVS Caremark mobile app) and avoid trips to the pharmacy. With automatic refills, CVS Caremark will alert you 10 days before a refill in case you need to make changes.
- **Service:** You can talk confidentially to a pharmacist 24 hours a day, seven days a week.
- **Safety:** Every order is filled by a licensed pharmacist, then quality checked before shipping.

There are two ways to get started receiving your maintenance medications by mail:

- ❶ Visit www.caremark.com/mailservice. Follow the prompts to set up home delivery of your maintenance medications.
- ❷ Call the pharmacy number on the back of your medical plan ID card for live help getting your maintenance medications set up through mail order.

Residents of certain states may not be eligible to use the Mail Service Pharmacy or the Maintenance Choice Program or may have a version which is modified to comply with applicable state law.

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 (including those inside Target stores) for the same cost as mail order. Just take your new 90-day prescription to a local retail CVS Pharmacy, or call CVS Caremark Mail Service Pharmacy, 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.

Residents of certain states may not be subject to the surcharges under the Incentivized Mail Order Program or may have a version which is modified to comply with applicable state law.

* Note: Due to Oklahoma state law changes, the Mail Order Service, Maintenance Choice Program and Incentivized Mail Order Program are not applicable for Oklahoma residents until further notice.

Precertification or “Prior Authorization”

Certain prescription drugs that are taken regularly for designated ongoing conditions like diabetes, psoriasis, fungal infections, seizure disorders/migraines or rheumatoid arthritis require precertification 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 precertification, 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.

Precertification 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.

CVS Caremark 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 medical deductible under the *Value CDH Plan* — only the copay applies.

PrudentRx Specialty Drug Program

The PrudentRx Specialty Drug Program provides 100% coverage (\$0 copay) for eligible specialty medications included on the PrudentRx Specialty Drug List. It will apply available manufacturer copay assistance to offset the cost of these medications. Under the *Value CDH Plan*, you must meet the deductible before PrudentRx covers the cost of specialty drugs. If you don’t enroll in PrudentRx, you will pay 30% co-insurance (after deductible under the *Value CDH Plan*) for specialty drugs.

Rx Savings Solutions (RxSS)

Rx Savings Solutions (RxSS) is a unique program that can identify ways to help you save money on prescription drugs by searching for savings opportunities for you. Based on your prescriptions, RxSS may recommend lower cost alternative medicines, purchase channel substitutes or coupons for certain drugs. RxSS will contact you (typically by email or text) and, if you choose to participate, they will contact your physician and the pharmacy on your behalf to make any needed changes. You have to enroll to receive the savings, and you can opt out at anytime.

Well-Being Reimbursement Account

To support your well-being and encourage a fit lifestyle through physical fitness, Chevron Phillips Chemical offers a program to reimburse you up to \$200 per year for certain fitness items, work-life solutions and well-being and financial support services. This taxable benefit is administered by Alight and reimbursement is provided through your paycheck after you complete and submit your eligible claim at digital.alight.com/cpchem. Eligible expenses include, but are not limited to:



- Fitness center memberships, group exercise classes, personal training and organized sports and recreation,
- Weight management programs and home meal kit delivery services,
- Online fitness class fees, mobile fitness apps, fitness-related subscriptions and exercise videos,
- Exercise equipment, wearable fitness tracking devices and athletic shoes,
- Family caregiver support, pet insurance premiums and well-being mobile apps, and
- Financial planning fees, investment advisor fees and tax preparation and filing fees.

For more information, visit www.mycpchembenefits.com/wellness or call the CPChem Benefits Service Center (Alight) 1-833-964-3575.

Caregiver Support: Care.com & LifeMart

CPChem provides employees with a Care.com membership, offering access to quality providers for child care, senior care, pet care, housekeeping, tutoring and well-being webinars. Membership also includes LifeMart shopping discounts on home goods, travel, entertainment, electronics and more. To access your account, log in at cpchem.care.com with your employee ID number or call 1-866-814-1638 for more information.



Wellness Program

Chevron Phillips Chemical's Wellness Program, Your Journey To Wellness, is administered by Alight.



It is designed to encourage you to take an active role in your health. You will have the opportunity to earn up to \$250 in incentives in the form of digital gift cards. You can **choose** which of the activities listed below you wish to complete to earn incentives, to a maximum reward of up to \$250 total:

- A wellness check-up with your health care provider — \$100,
- A CPChem biometric screening — \$50,
- In-range metabolic syndrome and clean nicotine/tobacco screening OR completion of a digital journey or digital care path* — \$50,
- A routine dental exam and teeth cleaning — \$25,
- A financial wellness activity through Fidelity — \$25,
- Complete one of the CPChem step challenges — \$25, and
- View a mental health video in the Learning Management System (LMS) — \$25.

* If you test positive for nicotine/tobacco and have three or more metabolic syndrome risk indicators out-of-range, you only need to complete one digital journey or digital care path on the Alight website.

You can request your digital gift cards at digital.alight.com/cpchem. For more information, visit www.mycpchembenefits.com/wellness or call the CPChem Benefits Service Center (Alight) at 1-833-964-3575.

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 and help you stay healthy:

- Fitness program,
- Wondr Weight Management Program,
- Virtual visits through MDLIVE,
- Blue365 member discount program,
- Walk-in medical clinics,
- Urgent care centers,
- 24/7 Nurseline,
- Targeted solutions for diabetes and musculoskeletal/joint pain conditions,
- Progyny for women's and men's health,
- Well onTarget, and
- My Care Profile.



Fitness Program

All medical plan participants over the age of 16 have the opportunity to enroll in an affordable Fitness Program offered by BlueCross BlueShield. You pay a \$19 enrollment fee and \$19/month to \$239/month (based on gym tier) for access to a nationwide network of fitness locations, or a digital content-only option for \$10/month. For more information, see the “BCBS Fitness Program Flyer” at www.mycpchembenefits.com/wellness or call 1-888-762-2583.

Weight Management Program — Wondr

Medical plan participants ages 18 and older who meet basic screening requirements are eligible to participate in a weight management point solution through Wondr at no additional cost. Wondr is a virtual program that includes a mailed welcome packet, a simple self-paced mobile app for 24/7 assistance, on-call health coaches and an online community for social support. The personalized program is designed to change behaviors that allow you to lose weight and improve your physical and mental well-being. For more information, visit wondrhealth.com/cpchem or call 1-855-999-7549.

Virtual Visits through MDLIVE

When you enroll in any of the medical plan options, you can take advantage of a low-cost telemedicine feature available through MDLIVE. With your virtual visits benefit, provided by BCBS and powered by MDLIVE, you have 24/7 access to a doctor via phone, mobile app or online video consultations. MDLIVE 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, asthma, sinus infections, pink eye, nausea, etc.) or when you are away from home. An MDLIVE doctor can even send an e-prescription to a local pharmacy for minor ailments. You can also set up a virtual visit appointment to speak with a licensed counselor, therapist or psychiatrist about issues such as anxiety, depression, trauma or relationship problems.

Also, a virtual visit can cost less than going to an urgent care or emergency room.

To activate your MDLIVE account or schedule a virtual visit:

- Log on to the “Blue Access for Members” website at www.bcbstx.com or visit www.MDLIVE.com/bcbstx,
- Download the MDLIVE app from the Apple App Store or the Google Play Store, or
- Call MDLIVE at 1-888-680-8646.

Blue365 Member Discount Program

Active medical plan participants have access to Blue365, a website of health-focused discounts. With discounts on health and wellness products and services, fitness clubs, weight loss programs and much more, you can decide what choices are right for you while saving money. For more information log on to www.bcbstx.com and click on “My Health” then “Wellness.”

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 by co-insurance once your deductible is met.

For a list of participating network walk-in clinics, visit www.bcbstx.com and search for clinics in the Blue Choice PPO network.

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.
- **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 by co-insurance once your deductible is met.

You should confirm that the facility is a UCC before you go — even if the facility's name includes "urgent" it could still be an emergency room.



24/7 Nurseline

Employees and their family members enrolled in any of the medical plan options have around-the-clock access to reliable health information through BCBS's 24/7 Nurseline.

The 24/7 Nurseline is staffed by registered nurses who are available 24 hours a day, 7 days a week. When a health problem pops up late in the day or in the middle of night, it can be hard to know how serious it is. Should you go to the emergency room or urgent care? Or can it wait until you can see your regular doctor? The 24/7 Nurseline can help answer your health questions, day or night.

Plus, when you call, you can access an audio library of more than 300 health topics — from allergies to surgeries — available in English and Spanish.

Call the 24/7 Nurseline anytime at 1-800-581-0368.

Targeted Solutions for Diabetes

Medical plan participants with diabetes will be eligible to participate in a diabetes management program through Teladoc Health. Participants can receive a glucose meter, testing supplies, a connected app that tracks your numbers and 24/7 expert advice from Certified Diabetes Educators, all at no cost. To register, visit [TeladocHealth.com/Register/CPCHEM](https://www.teladoc.com/register/cpcchem) or call 1-800-835-2362.

Targeted Solutions for Musculoskeletal/ Joint Pain Conditions

Medical plan participants with musculoskeletal/joint pain issues can receive a personalized diagnosis and treatment through Airrosti. Airrosti assists individuals with acute or chronic pain or injuries such as back/neck, knee, shoulder, foot, wrist and more. You'll receive an accurate diagnosis and personalized recovery plan. They can help find safe, effective alternatives to surgery, pain management and long-term chiropractic or physical therapy programs. Out-of-pocket costs apply, but should be much lower than going straight to an orthopedic surgeon. For more information, visit [airrosti.com](https://www.airrosti.com) or call 1-800-404-6050.

Progyny for Women's and Men's Health

From fertility and pregnancy to postpartum and menopause/andropause, Progyny provides you and your family with comprehensive women's/men's health and family planning coverage and resources. Coverage includes comprehensive fertility treatment services, dedicated Patient Care Advocates, reproductive urology services, adoption and surrogacy support, menopause/midlife care and much more. Progyny is available to employees and their spouses enrolled in the medical plan. You can reach Progyny at 1-833-233-0717 from Monday through Friday, 8 a.m. to 8 p.m., Central time.

Well onTarget®

Well onTarget provides tools and resources to help you manage your health. Visit the Well onTarget portal by logging on to www.bcbstx.com and clicking on "My Health." There you'll find:

- A Health Assessment to help you measure the status of your health,
- Digital self-management programs, lessons and challenges to help you reach your wellness goals,
- The Blue PointsSM program, where you can earn points and redeem them in the online shopping mall by completing specific activities and achieving goals, and
- Tools to track healthy behaviors and sync your fitness and nutrition devices with the Well onTarget portal or mobile app.

My Care Profile

Set up your My Care Profile to access information about your medical conditions, hospital and doctor visits, medications, test results and other key health information in one convenient, easy-to-access location. You can view information over time and validate recent updates. Access your My Care Profile by logging on to www.bcbstx.com and clicking on the "My Health" tab.

Dental Plan

Chevron Phillips Chemical offers eligible employees a choice of two dental plan options, both administered by BCBS of Texas:

- The **Preventive Dental Plan**, which covers routine preventive care and diagnostic services only, or
- The **Comprehensive Dental Plan**, which covers a broad range of dental services, including routine and diagnostic services, fillings, dental surgery, major restorations and orthodontia.

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.

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

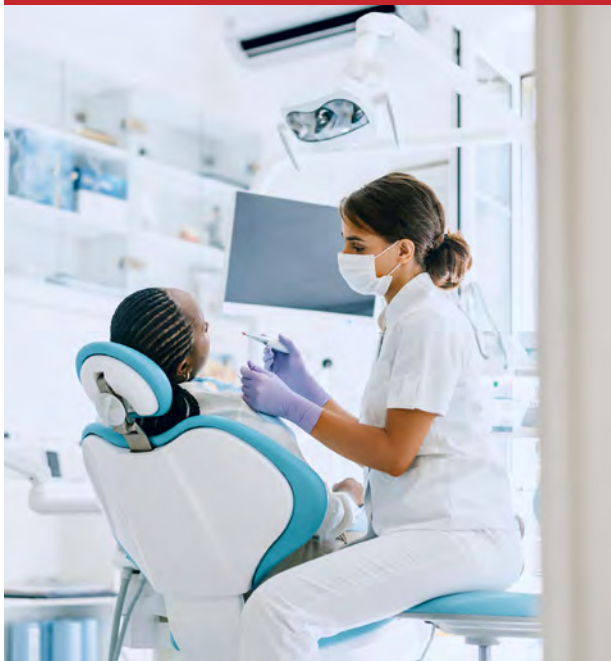
The dentists who participate in BCBS of Texas' BlueCare Dental network agree to:

- Accept BCBS'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 BCBS. You should receive an explanation of benefits (EOB) form showing the portion of the charges paid by BCBS and any amount you owe.

Your dentist's office can tell you if they participate in the BlueCare Dental network. If you have questions about in-network dentists, call BCBS of Texas at 1-800-240-6430 or go to www.bcbstx.com.

TO FIND IN-NETWORK DENTAL PROVIDERS:

- Visit www.bcbstx.com
- Under "Find Care" — choose "Find a Provider" and then choose "Dentists"
- Choose "BlueCare Dental PPOSM" network and search by location, dentist name, dental office name or county



Non-Participating Dentists

If you use a non-participating dentist, BCBS'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 BCBS of Texas.

For more detailed information about Chevron Phillips Chemical's dental plan options, see the "Dental Plan" Summary Plan Description on www.mycpchembenefits.com under "Summary Plan Descriptions."

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 can be found at digital.alight.com/cpchem.

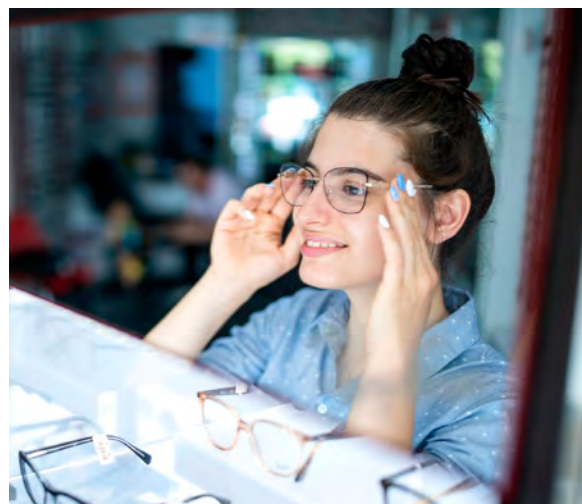
	COMPREHENSIVE DENTAL PLAN	PREVENTIVE DENTAL PLAN
General Information		
BCBSTX network	BlueCare Dental PPO Network	BlueCare Dental PPO Network
Deductible	\$ 50/Employee-Only \$100/Employee + Spouse \$100/Employee + Child(ren), 1 child \$150/Employee + Child(ren), 2+ children \$150/Employee + Family	None
Plan year maximum	\$2,000/person	None
<i>For the following treatments and services, the dental plan options pay:</i>		
Covered Services		
Diagnostic and preventive care	100%	100%
Basic services*	80%	Not covered
Major services*	50%	Not covered
Orthodontia		
▪ Adults	50%	Not covered
▪ Children	50%	Not covered
▪ Lifetime maximum	\$2,000	Not covered

* Benefits are paid after the deductible is met. See the "Dental Plan" Summary Plan Description on www.mycpchembenefits.com under "Summary Plan Descriptions" 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. 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 Vision PLUS Plan also includes VSP Essential Medical Eye Care, which goes beyond routine vision expenses and provides additional coverage for medical and urgent eye care for chronic medical conditions or urgent issues.



The following chart shows the services covered under the Vision PLUS Plan. Your contribution rates for coverage can be found at digital.alight.com/cpchem.

VISION PLUS PLAN — VSP		
	In-Network	Out-of-Network
Eye exam, including corrective exam and contact lens fitting and evaluation (once per calendar year)	Covered 100%	Reimbursed up to \$45
Frames (once every two calendar years)	Covered up to \$150; 20% discount on any amount over \$150	Reimbursed up to \$70
Lenses (once per calendar year)		
▪ Single	Covered 100%	Reimbursed up to \$30
▪ Bifocal	Covered 100%	Reimbursed up to \$50
▪ Trifocal	Covered 100%	Reimbursed up to \$65
▪ Lenticular	Covered 100%	Reimbursed up to \$100
Progressive lenses (once per calendar year)		
▪ Standard	VSP member cost: \$55	Reimbursed up to \$50
▪ Premium	VSP member cost: \$95 – \$105	Reimbursed up to \$50
▪ Custom	VSP member cost: \$150 – \$175	Reimbursed up to \$50
Contacts (once per calendar year; in lieu of eyeglass lenses; applies to all three items below)		
▪ Elective	Covered up to \$130	Reimbursed up to \$105
▪ Medically necessary	Covered 100%	Reimbursed up to \$105
▪ Contact lens fitting and evaluation	Covered 100%	Included in eye exam reimbursement above
Second annual eye exam related to diabetic eye disease, glaucoma or age-related macular degeneration (AMD)	\$20 copay	Not covered



Critical Illness Plan

Critical illness insurance offers valuable protection by helping pay out-of-pocket costs associated with serious health conditions, such as certain childhood diseases, neurological conditions, severe burn and brain tumor. 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. Some limitations may apply. Contribution rates for each coverage level can be found at digital.alight.com/cpchem.

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

Health Advocate

All employees and their eligible dependents are automatically enrolled in the Health Advocate Advocacy Services program and Employee Assistance Program (EAP) from their hire date, and coverage is paid entirely by the Company.

Advocacy Services

Advocacy Services helps employees and their families navigate the health care system by providing personalized support for medical, insurance and billing issues. They act as a single point of contact to coordinate care, resolve claims and ensure you understand your benefits and treatment options. You can reach Health Advocate Advocacy Services at 1-866-799-2691.

EAP

The Health Advocate 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 10 counseling sessions per person per issue. 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,
- Legal assistance, financial coaching and identity theft resolution,
- Work-life services, and
- Many other issues.

Health Advocate 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, more than the 10 Company-provided counseling sessions or other services, Health Advocate can coordinate that care through the Behavioral Health Plan, which is part of the medical plan. If you’re not covered by the Behavioral Health Plan, meaning you’re not enrolled in one of the medical plan options, the EAP can refer you to community-based resources. You will be financially responsible for any follow-up care.

Phone Support

Call Health Advocate at 1-866-799-2691 to talk to an EAP counselor at any time. You may also reach the EAP by calling 1-800-446-1422 (option 8).

Online Support

Go online to discover even more services designed to improve your emotional well-being and productivity. The Health Advocate website at www.healthadvocate.com/cpchem allows you to connect with a Health Advocate expert, view important news alerts, complete checklists and take self-assessments, explore webinars, online courses and articles, and more.

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 2026.* 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.” The funds in your HSA are always yours even if you change medical plan options, leave the Company or retire.

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:

2026 HSA MAXIMUM CONTRIBUTIONS	
Employee-Only	\$4,400
Employee + Spouse, Employee + Child(ren) or Employee + Family	\$8,750

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.

* Please note that employer HSA contributions are applied as quickly as administratively possible, but generally within 45 days of opening your HSA account.

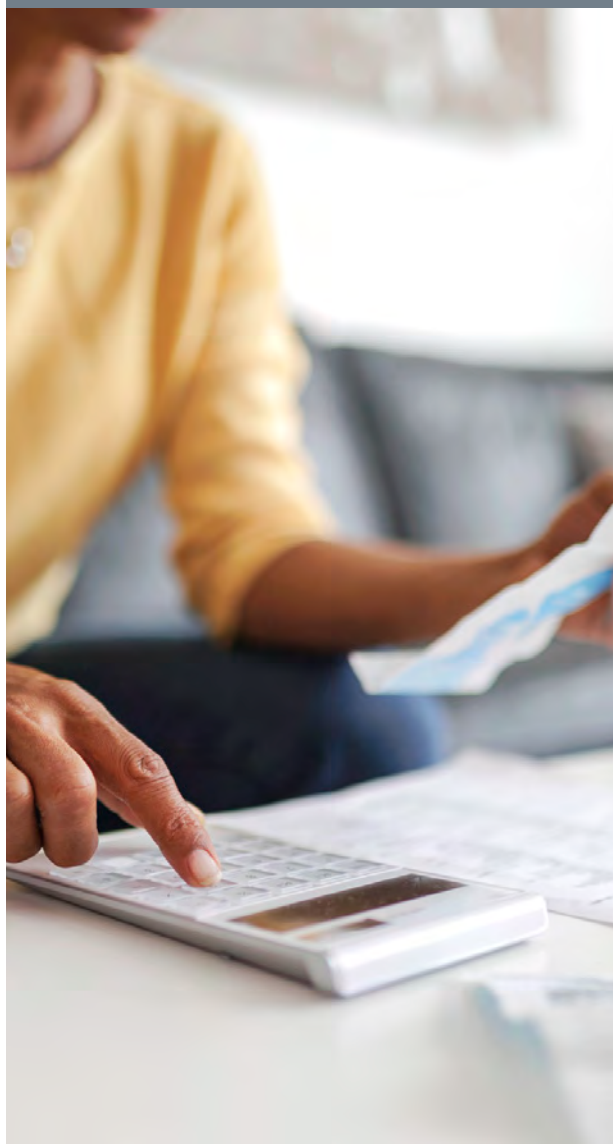


How to Establish and Use Your HSA

- ☐ 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 the CPChem Benefits Service Center at 1-833-964-3575.
- ☐ If you read and agree to Fidelity's HSA terms and conditions, Fidelity will set up an HSA account for you. If you have questions, contact Fidelity at 1-866-771-5225 or go online to www.netbenefits.com.
- ☐ 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 online at digital.alight.com/cpchem or by calling the CPChem Benefits Service Center at 1-833-964-3575.
- ☐ Your money is held in a Fidelity brokerage account that includes a core money market account. You can leave your money in the core account or invest your funds in a wide variety of options, including mutual funds, ETFs, CDs, and individual stocks and bonds. You must meet certain minimums to invest in mutual funds. Any earnings on your investments are automatically invested and grow tax-free — although your account is also subject to possible market losses.
- ☐ Pay health care providers 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. Keep records of eligible medical expenses — you don't submit claims documentation to Fidelity.
- ☐ Generally, the types of expenses eligible for HSA reimbursement are similar to those reimbursable under the Health Care FSA, although the HSA has some additional reimbursable items such as qualified long-term care insurance, Medicare and COBRA premiums.

For more detailed information about the HSA, see these resources on www.mycpchembenefits.com:

- Under “Summary Plan Descriptions,” 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 (FSAs)

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to reimburse yourself for eligible health and/or dependent care expenses incurred during your participation period (not before and not after, unless you elect COBRA continuation). 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 (LPPFSA)** — 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 medical 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 INSPIRA'S ONLINE TOOLS

The FSAs are administered by Inspira, which offers many convenient online features to track and manage your accounts. Visit www.inspirafinancial.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.

If you don't have a username and password, you'll need to create your profile to get started. If you have already created an account, click "Log In" under "Manage your HSA, FSA, or other benefits" to access your account.



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 2026, the maximum annual contribution for the Chevron Phillips Chemical HCFSAs or LPFSAs is \$3,400. If you and your spouse are both Chevron Phillips Chemical employees and have access to a Chevron Phillips Chemical HCFSAs or LPFSAs, you can each contribute \$3,400 for a total of \$6,800 per family.

FSAs operate under IRS guidelines and special rules apply. Only certain health care expenses are eligible for reimbursement under the HCFSAs (or LPFSAs 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 “Summary Plan Descriptions.”

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.gov/publications/p502.

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 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).

	HEALTH CARE FSA	DEPENDENT CARE FSA	LIMITED-PURPOSE FSA	HEALTH SAVINGS ACCOUNT (HSA)
2026 Annual Limit	\$3,400	\$7,500	\$3,400	\$4,400 Single \$8,750 Family
Employee Catch-Up Contribution Option at Age 55				\$1,000
Company Contributes				✓
Pre-Tax	✓	✓	✓	✓
Choice PPO Enrollment	✓	✓		
Value CDH Plan Enrollment		✓	✓	✓
Health Care Expenses	✓		✓	✓
Dependent Care Expenses		✓		
Must Incur Expenses Prior to 12/31	✓	✓	✓	
Rolls Over From Year to Year				✓
Must Elect to Contribute Each Year	✓	✓	✓	✓
Can Change Contribution Amount at Any Time				✓

How to Use Your HCFA or LPFA Funds

You may use your Inspira Card, which is an HCFA and LPFA debit card, to pay for eligible health care expenses at qualified doctor and dental offices, hospitals, pharmacies and hearing and vision care centers. When you use the card, the funds automatically come out of your HCFA or LPFA, eliminating the need to pay the expenses up front, submit a claim and then wait for reimbursement.

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

Note for LPFA Members

The LPFA is designed with pre- and post-deductible phases. This means that before you meet your *Value CDH Plan* deductible, funds must be used only for vision and dental expenses. Then, once you meet your *Value CDH Plan* deductible, you can use LPFA funds to pay for all eligible health care expenses.

Inspira will require proof that you have satisfied your deductible before LPFA funds can be used for all eligible expenses. Please contact Inspira if you need assistance or have questions about the verification process.

MANAGE YOUR ACCOUNTS WITH THE INSPIRA MOBILE APP

The Inspira Mobile app makes it easy for you to manage your FSA accounts 24/7. The free app is available on iOS and Android devices. The Inspira Mobile app lets you:

- View your account balances, deposits and payments.
- View your account alerts.
- Verify Inspira Card purchases.
- Pay providers directly from your account.
- Request reimbursement of eligible expenses.

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



Using the DCFSA

The Dependent Care Flexible Spending Account (DCFSA) allows you to use pre-tax dollars to pay for 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 they are 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 \$7,500 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 \$7,500 annual limit for the DCFSA applies to you and your spouse together (or \$3,750 each if married and filing separate income tax returns). 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 "Summary Plan Descriptions."

Additional details about eligible and ineligible expenses under the DCFSA can be found in **IRS Publication 503, Child and Dependent Care Expenses**, available online at www.irs.gov/publications/p503.

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:

COMPANY-PAID PLANS	VOLUNTARY PLANS
▪ Basic Life Insurance ▪ Basic Accidental Death and Personal Loss (AD&PL) Insurance ▪ Occupational Accidental Death (OAD) Insurance ▪ Business Travel Accident Insurance ▪ Long-Term Disability (LTD) Insurance	▪ Supplemental Life Insurance ▪ Spouse Life Insurance ▪ Dependent Child Life Insurance ▪ Supplemental AD&PL Insurance

IMPORTANT!

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

Note: Short-term disability coverage is Company-paid and self-insured by the Company. For more details, see “Policy HR 3200 – Short-Term Disability” at <https://cpchem.sharepoint.com/sites/PolicyPortal>.



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, \$10,000 or \$15,000 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 Evidence of Insurability. 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 — Evidence of Insurability 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 38 for details.



BENEFIT	MINIMUM BENEFIT	GUARANTEED ISSUE AMOUNT	MAXIMUM BENEFIT
Basic Life ▪ 1x annual pay* ▪ Company-paid	\$10,000	\$300,000	\$300,000
Employee Supplemental Life ▪ 1x – 8x annual pay*	\$10,000	3x your annual pay or \$400,000, whichever is less	\$600,000
Spouse Life ▪ \$10,000 increments	\$10,000	\$70,000	\$250,000 or 100% of the combined total of your employee basic and supplemental life benefit
Dependent (Child) Life ▪ \$5,000, \$10,000 or \$15,000 for each child	\$5,000	\$15,000	\$15,000

* 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 can be found at digital.alight.com/cpchem.

Don't forget to designate a beneficiary or beneficiaries for your Company-paid and voluntary income protection plans, if applicable.

WHEN EVIDENCE OF INSURABILITY IS REQUIRED

In some cases, MetLife, the Plan Administrator, requires Evidence of Insurability — proof of your or your dependents' physical condition and other factual information — to apply for supplemental life insurance coverage. You and/or your dependents must provide Evidence of Insurability 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 life insurance coverage over \$70,000,
- For a voluntary increase in supplemental life insurance for you or your spouse after the first 31 days of eligibility.

If you elect a coverage amount under one of the life insurance plans that requires Evidence of Insurability, complete an online form through the CPChem Benefits Service Center website at digital.alight.com/cpchem as required for yourself and/or each of your enrolled dependents. Separate Evidence of Insurability forms must be completed for employees and spouses 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.



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 \$300,000. 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 can be found at digital.alight.com/cpchem.

Occupational Accidental Death (OAD) Insurance

The Company-paid OAD 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 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.



Long-Term Disability (LTD) Insurance

Company-paid Long-Term Disability (LTD) insurance provides financial support if you experience a qualifying non-occupational injury or illness after six months of disability or once you have used all available paid leave from CPChem, whichever occurs later. Chevron Phillips Chemical provides all eligible employees LTD coverage equal to 60% of your basic monthly earnings (which does not include awards, bonuses and unscheduled overtime), up to a maximum benefit of \$14,000* per month. LTD benefit payments are subject to income taxes in the year received and may be offset by other income sources such as Social Security payments, etc. All employees are automatically enrolled in LTD benefits with no Evidence of Insurability required to receive coverage.

* Coverage limits may differ based on employee eligibility criteria.



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.

AGE WHEN DISABILITY OCCURS	BENEFIT PERIOD
Less than age 60	to age 65
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69+	12 months

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 (your date of hire).

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:

- A Company match on your eligible contributions to the 401(k) Savings Plan, and
- Participation in a Company-paid Pension 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 (Pension 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, or
- A member of a collective bargaining unit whose agreement does not provide for participation.

If you're in one of the following groups, you are not eligible to participate in the Retirement Plan (Pension Plan). You are eligible for the 401(k) Savings Plan, but with a different Company match 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 than is detailed in this guide. See "401(k) Savings Plan" in the "Performance Pipe Hourly" Summary Plan Description at www.cpchembenefits.com under "Summary Plan Descriptions" 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 6% 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. 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 as qualified distributions, and/or
- **After-tax basis** — where you pay income taxes on your contributions now, but defer taxes on any earnings until they are withdrawn (note, however, that non-Roth after-tax contributions are not eligible for Company matching contributions).

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.

Company Contributions

The Company matches your pre-tax and/or Roth 401(k) contributions dollar-for-dollar, up to 8%* of your base pay, on a per-paycheck basis.

* Match formula is different for hourly employees of Performance Pipe.

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.

ANNUAL CONTRIBUTION LIMITS

The IRS sets certain limits each year on maximum contributions to 401(k) plans. For 2026 the limits are:

- \$24,500 for combined employee pre-tax and Roth 401(k) contributions (excluding catch-up contributions),
- \$8,000 for additional employee catch-up contributions (if you're age 50 or older by the end of the year) or \$11,250 for additional employee catch-up contributions (if you're age 60, 61, 62 or 63 by the end of the year), which are not eligible for Company match, and
- \$72,000 for combined employee and Company contributions (\$80,000 for employees age 50 or older by the end of the year or \$83,250 for employees age 60, 61, 62 or 63 by the end of the year).

These limits are subject to change each year.

INVESTMENT ADVICE

Chevron Phillips Chemical has contracted with Fidelity Personalized Planning & Advice®, a Registered Investment Advisor (RIA), to provide professional investment management of your account. As an RIA, they have a fiduciary duty to 401(k) Plan participants, which means they have a fundamental obligation to provide investment advice that is in the best interest of the participant.

You can find resources or schedule an appointment with an advisor through www.netbenefits.com or by calling 1-800-601-5957. Fidelity advisors can offer recommendations on your overall investments inside and outside of the 401(k) Plan. Fidelity also provides a personalized evaluation and a step-by-step action plan with specific investment option recommendations. It is up to you to implement the investment option recommendations and monitor/adjust allocations going forward. There is no cost to use this service.

Investing Your 401(k) Savings Plan Account

You can invest both your own and the Company's contributions to the 401(k) Savings Plan in a wide variety of investment options, including more than 20 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.

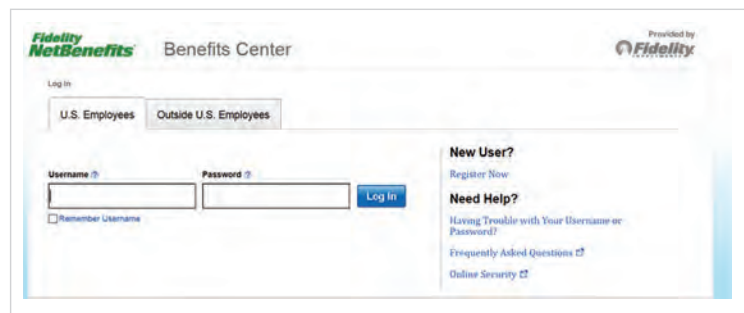
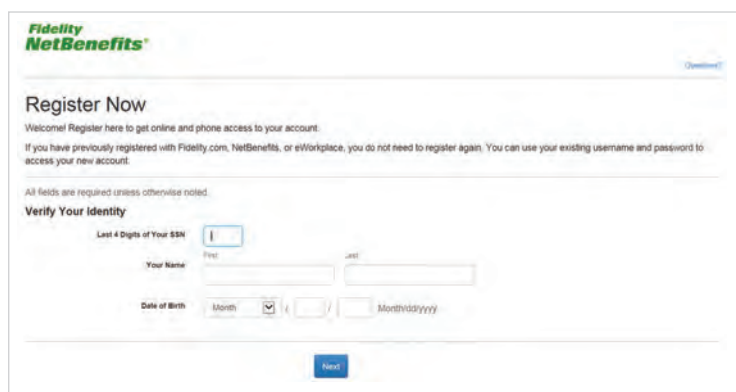
Designating a Beneficiary

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.

The screenshot shows the Fidelity NetBenefits Benefits Center login page. At the top, there's a "Log In" section with tabs for "U.S. Employees" and "Outside U.S. Employees". Below these are input fields for "Username" and "Password", followed by a "Log In" button. A "Remember Username" checkbox is also present. To the right, there's a "New User?" section with a "Register Now" link, and a "Need Help?" section with links for "Having Trouble with Your Username or Password?", "Frequently Asked Questions", and "Online Security".The screenshot shows the Fidelity NetBenefits "Register Now" page. It includes a "Welcome! Register here to get online and phone access to your account." message. Below this, it states: "If you have previously registered with Fidelity.com, NetBenefits, or eWorkplace, you do not need to register again. You can use your existing username and password to access your new account." A note says "All fields are required unless otherwise noted." The "Verify Your Identity" section contains a "Last 4 Digits of Your SSN" field, a "Your Name" section with "First" and "Last" name fields, and a "Date of Birth" section with "Month", "Day", and "Year" dropdowns. A "Next" button is at the bottom.

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.

Retirement Plan (Pension Plan)

The Company pays the entire cost of the Retirement Plan for eligible employees. Eligible employees 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 eligible compensation (generally base pay plus annual bonus) over time,
- How many years you work for the Company, and
- Your age at benefit commencement.

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 Plan" and "Retirement Plan" Summary Plan Descriptions under "Summary Plan Descriptions."



Group Legal Plan

When you enroll in the Group Legal Plan through MetLife Legal, a licensed attorney can assist you with a number of legal matters. If you use one of MetLife Legal's in-network attorneys, you are entitled to unlimited in-office, phone or email consultations on covered matters including:

- Estate planning* (for example wills, living wills, trusts and powers of attorney).
- Family law (for example 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 \$14.85 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.

* Employees with Metlife supplemental life insurance coverage who do not elect Group Legal Plan coverage can still receive a free basic will and medical directive support from Metlife through their supplemental life insurance coverage.

Using Online Tools

There are many resources you can find online to help you understand your benefit options.

WHAT CAN I FIND ON ... ?

www.mycpchembenefits.com



Click on “Health & Wellness”

- Here you'll find information about our medical, dental, vision and prescription drug plans, wellness program, voluntary benefits and more.

Click on “Summary Plan Descriptions”

- The Summary Plan Descriptions give detailed information about all of our benefit plans.

Click on “Contacts”

- Phone numbers and websites for each of the plan vendors are listed here.

www.bcbstx.com



The “Blue Access for Members” website helps you get the most out of your health care benefits

- Use the Provider Finder® tool to search for an in-network medical provider or hospital. Search for providers in the Blue Choice PPO network.
- You can also click “Find a Dentist” to locate dental providers in the BlueCare Dental network.
- Use the Cost Estimator tool to find the price of hundreds of tests, treatments and procedures.
- Download the app.
- Sign up for text or email alerts.

After you have enrolled

- Request or print your ID card.
- Check the status or history of a claim.
- View or print Explanation of Benefits statements.

digital.alight.com/cpchem



Access your CPChem Benefits Service Center portal, hosted by Alight

- Make your new hire benefit elections within 31 days of your hire date and your annual benefit elections during Open Enrollment.
- Initiate benefits changes within 31 days after a qualified life event.
- Submit dependent verification documents to Alight and complete Evidence of Insurability for MetLife coverages.
- Conveniently access other health plan vendor-partner websites.
- Track your progress toward annual Wellness Program reward incentives, request reimbursement from the Well-Being Reimbursement Account, and more.

www.healthadvocate.com/cpchem



Benefits at-a-glance

- Get a snapshot of your benefits package including medical, dental, vision and pharmacy benefits.

Become more informed

- Access trusted information on virtually any health topic.

Save money and make smarter choices

- Use the Health Cost Estimator+ tool to estimate and compare costs for medical procedures.

Get live support

- A Health Advocate team member will be standing by to answer your questions and provide personalized help at 1-866-799-2691 or answers@healthadvocate.com.

www.caremark.com



Check drug costs and coverage

- View side-by-side cost comparisons of your medications to see where you can save.

Manage all your Rx in the same place

- Easily manage prescriptions you get from your local pharmacy or by mail in one place. Specialty drugs can be managed at www.cvsspecialty.com.

Quick start new orders

- Transfer a current prescription, or submit a new one, with a picture of the label (or a written Rx).

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:

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

* Under the COBRA Medicare entitlement rule, if an employee becomes entitled to Medicare (generally when Medicare Part A coverage becomes effective) before a termination of employment, dependents may be eligible for up to 36 months of COBRA coverage measured from the Medicare entitlement date, while the employee's COBRA coverage generally remains limited to 18 months from the qualifying event.

Extension of Coverage

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

EVENT	
Disability	- If the Social Security Administration determines that the qualified beneficiary was disabled on the date of the qualifying event according to Title II (Old Age Survivors and Disability Insurance) or XVI (Supplemental Security Income) of the Social Security Act, the 18-month coverage period will be extended to 29 months. - The qualified beneficiary must obtain the disability determination from the Social Security Administration and notify the Plan Administrator within 60 days of the date of disability determination and before the close of the initial 18-month period. The qualified beneficiary has 30 days to notify the Plan Administrator from the date of a final determination that they are no longer disabled.
Secondary Event	If during the 18 months of continuation coverage, a second event takes place (divorce, legal separation, death, Medicare entitlement or a dependent child ceasing to be a dependent), the 18-month coverage period will be extended to 36 months. The qualified beneficiary must notify the Plan Administrator within 60 days of the event and within the initial 18-month period. COBRA coverage does not last beyond 36 months from the original qualifying event, no matter how many events occur.

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

Providing Notification of a Qualifying Event

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

Electing COBRA Coverage

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

Paying for COBRA

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

Updating Information on Qualified Beneficiaries

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

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

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

Cancellation of COBRA Coverage

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

- Your employer no longer provides group health coverage to any of its employees,
- The premium for continuation coverage is not paid on time,
- The qualified beneficiary becomes covered, after the date they elect 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 they elect COBRA coverage,
- The qualified beneficiary extends coverage to 29 months due to a Social Security disability and a final determination has been made that they are 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 2026. 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 CPChem Benefits Service Center at 1-833-964-3575. **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
9500 Lakeside Blvd.
The Woodlands, TX 77381
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 the 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.

YOUR RESOURCES			
Plan Contacts	Carrier	Phone	Website
CPChem Benefits Service Center - Enrollment help and overall benefits information - Dependent Verification Center - Your Journey To Wellness - Well-Being Reimbursement Account	Alight Solutions	1-833-964-3575	digital.alight.com/cpchem
Advocacy Program	Health Advocate	1-866-799-2691	www.healthadvocate.com/cpchem
Chevron Phillips Pension and Savings Service Center 401(k) - Retirement - Financial planning/investment advice - Health Savings Account (HSA)	Fidelity	1-866-771-5225	www.netbenefits.com
Medical Plan	BlueCross BlueShield	1-800-240-6430	www.bcbstx.com
Prescription Drug Plan	CVS Caremark	1-855-305-3028	www.caremark.com
MDLIVE (Telemedicine)	MDLIVE	1-888-680-8646	www.mdlive.com/bcbstx
24/7 Nurseline	BlueCross BlueShield	1-800-581-0368	www.bcbstx.com
Weight Management Program	Wondr	1-855-999-7549	wondrhealth.com/cpchem
Diabetes Management Program	Teladoc	1-800-835-2362	TeladocHealth.com/Register/CPCHEM
Musculoskeletal/Joint Pain Program	Airrosti	1-800-404-6050	airosti.com
Employee Assistance Program	Health Advocate	1-866-799-2691	www.healthadvocate.com/cpchem
Dental Plan	BlueCross BlueShield	1-800-240-6430	www.bcbstx.com
Critical Illness Plan	MetLife	1-800-438-6388	digital.alight.com/cpchem
Vision PLUS Plan	VSP	1-800-877-7195	www.vsp.com
Flexible Spending Accounts	Inspira	1-888-678-8242	www.inspirafinancial.com
Income Protection Plans - Basic Life Insurance - Supplemental Life Insurance - Basic AD&PL Insurance - Supplemental AD&PL Insurance - OAD Insurance - Business Travel Accident Insurance - Long-Term Disability	MetLife (contact the CPChem Benefits Service Center with questions)	1-833-964-3575	digital.alight.com/cpchem
Behavioral Health	BlueCross BlueShield	1-800-528-7264	www.bcbstx.com
Fitness Program	BlueCross BlueShield	1-888-762-2583	www.bcbstx.com
Group Legal Plan	MetLife Legal	1-800-821-6400	info.legalplans.com www.metlife.com/cpchem
Care.com & LifeMart - Caregiver finder - Employee discounts	Care.com	1-866-814-1638	cpchem.care.com

Please note: Summary Plan Descriptions are available on the Chevron Phillips Chemical Benefits website at www.mycpchembenefits.com under “Summary Plan Descriptions.”



Performance by design.
Caring by choice.™

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.