

Critical Illness Plan

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Your Critical Illness Plan

Chevron Phillips Chemical Company LP (Chevron Phillips Chemical or the Company) offers eligible employees and their dependents employee-paid critical illness insurance through MetLife. Critical illness insurance provides valuable protection by helping pay out-of-pocket costs associated with serious health conditions, such as heart attack, stroke, coronary artery bypass surgery, kidney failure, organ transplants, Alzheimer’s disease and certain cancers. Coverage also includes sudden cardiac arrest, benign brain tumor, certain childhood diseases, severe burns, pulmonary embolism, thoracic aortic aneurysm, certain infectious diseases, advanced Parkinson’s Disease, paralysis of two or more limbs, and loss of ability to speak, hear or see.

If you or an enrolled family member is diagnosed with a covered condition, the Critical Illness Plan provides a lump-sum benefit for you to use however you choose. Coverage is voluntary and you pay 100% of the premiums on an after-tax basis through payroll deductions. Since contributions for coverage are after-tax, any benefit payments you receive from the plan are not subject to taxes.

You must enroll to participate. For more information on eligibility and enrollment, see pages A-1 – A-7 of the **How to Participate** chapter.

The Critical Illness Plan is separate from the medical plan, so benefits are payable whether or not you have met your medical deductible or out-of-pocket maximum. The plan is available to all eligible employees, but it may be especially helpful to provide “stopgap” coverage for *Value CDH Plan* participants because of that option’s relatively higher out-of-pocket costs.

How the Plan Works

Under the Critical Illness Plan, you can choose coverage for yourself and your eligible dependents. You can elect coverage amounts of \$10,000, \$20,000 or \$30,000. When you or a covered dependent is diagnosed with a covered condition, you will receive a lump-sum benefit (called an “initial benefit” for the first occurrence). The requirements for coverage are indicated in the following table.

Critical Illness Insurance Coverage Requirements

Eligible Individual	Initial Benefit	Requirements
Employee	\$10,000, \$20,000 or \$30,000	Coverage is guaranteed provided you are actively at work on the effective date of coverage.
Spouse	100% of the employee’s initial benefit	Coverage is guaranteed provided the employee is actively at work and the spouse is not hospitalized or under a medical restriction* on the effective date of coverage.
Dependent Child(ren)	100% of the employee’s initial benefit	Coverage is guaranteed provided the employee is actively at work and the dependent child is not hospitalized or under a medical restriction* on the effective date of coverage.

* Hospitalized and/or medical restriction means a person is (1) confined at home under a physician’s care; (2) receiving or applying for disability benefits from any source; (3) an inpatient at a hospital; (4) receiving care in a hospice, intermediate care, or long-term care facility; or (5) receiving chemotherapy, radiation therapy or dialysis.

What the Plan Pays

Depending on the coverage amount you choose, your initial benefit provides a lump-sum payment of \$10,000, \$20,000 or \$30,000 upon the first diagnosis of the covered conditions listed in the **Covered Conditions and Benefit Amounts** chart on pages E-3 – E-4. Your plan also pays a recurrence benefit for certain covered conditions as indicated in the chart. A recurrence benefit is only available if an initial benefit has been paid for the covered condition.

There is a benefit suspension period of 90 days between recurrences. You cannot receive a recurrence benefit for any condition that recurs during the 90-day benefit suspension period, and you must continue to pay premiums during the 90-day period to be eligible for any future benefits. In addition, the plan will not pay a recurrence benefit for either an invasive cancer or a non-invasive cancer unless you have not, for a period of 30 days, had symptoms of, or been treated for, the invasive cancer or non-invasive cancer for which the plan paid an initial benefit.

You may increase your benefit amount at specific times, such as during open enrollment or if you experience a qualified status change (see **Qualified Status Changes** on page A-11), as long as the eligibility requirements listed in **Critical Illness Insurance Coverage Requirements** on this page are met.



Covered Conditions and Benefit Amounts

- **Initial Benefit** means the benefit that is payable for a covered condition the first time that it occurs while coverage is in effect. The Initial Benefit amount is expressed as a percentage of the elected Benefit Amount.
- **Recurrence Benefit** means the benefit that is payable for another occurrence of the same covered condition for which MetLife has already paid a benefit. The Recurrence Benefit amount is expressed as a percentage of the Initial Benefit amount.

Covered Conditions	Initial Benefit	Recurrence Benefit
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Cancer Category		
Invasive Cancer¹	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer¹	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	100% of Initial Benefit, but not less than \$250
Coronary Artery Disease Category		
Coronary Artery Bypass Graft (CABG) <i>(where surgery involving either a median sternotomy or minimally invasive procedure is performed)</i>	100% of Benefit Amount	100% of Initial Benefit
Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	None
Cleft Lip or Cleft Palate	100% of Benefit Amount	None
Cystic Fibrosis	100% of Benefit Amount	None
Diabetes (Type 1)	100% of Benefit Amount	None
Down Syndrome	100% of Benefit Amount	None
Sickle Cell Anemia	100% of Benefit Amount	None
Spina Bifida	100% of Benefit Amount	None
Functional Loss Category		
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	None
Paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit
Heart Attack Category		
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	None
Infectious Disease Category		
<i>For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 5 consecutive days.</i>		
Anthrax	25% of Benefit Amount	None
Bacterial Cerebrospinal Meningitis	100% of Benefit Amount	100% of Initial Benefit
COVID-19	25% of Benefit Amount	100% of Initial Benefit
Diphtheria	100% of Benefit Amount	100% of Initial Benefit
Ebola	25% of Benefit Amount	None
Encephalitis	100% of Benefit Amount	100% of Initial Benefit

(continued)

Covered Conditions	Initial Benefit	Recurrence Benefit
Legionnaire's Disease	100% of Benefit Amount	100% of Initial Benefit
Lyme Disease	100% of Benefit Amount	None
Malaria	100% of Benefit Amount	100% of Initial Benefit
Methicillin-Resistant Staphylococcus Aureus (MRSA)	100% of Benefit Amount	None
Necrotizing Fasciitis	100% of Benefit Amount	100% of Initial Benefit
Osteomyelitis	100% of Benefit Amount	100% of Initial Benefit
Pertussis (Whooping Cough)	100% of Benefit Amount	None
Rabies	100% of Benefit Amount	None
Rocky Mountain Spotted Fever	25% of Benefit Amount	None
Sepsis	5% of Benefit Amount	None
Tetanus	100% of Benefit Amount	100% of Initial Benefit
Tuberculosis	100% of Benefit Amount	100% of Initial Benefit
Typhoid Fever	25% of Benefit Amount	None
Variant Creutzfeldt-Jakob Disease (<i>condition refers to the human version of Mad Cow disease</i>)	25% of Benefit Amount	None
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Major Organ Transplant Category		
Major Organ Transplant (<i>for bone marrow, heart, lung, pancreas, and liver</i>)	100% of Benefit Amount	100% of Initial Benefit
Progressive Disease Category		
ALS	100% of Benefit Amount	None
Alzheimer's Disease²	100% of Benefit Amount	None
Multiple Sclerosis	100% of Benefit Amount	None
Parkinson's Disease (Advanced)	100% of Benefit Amount	None
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	None
Severe Burn Category		
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke Category		
Stroke	100% of Benefit Amount	100% of Benefit Amount
Transient Ischemic Attack	10% of Benefit Amount	100% of Benefit Amount
Vascular Disease Category		
Abdominal Aortic or Thoracic Aortic Aneurysm	25% of Benefit Amount	None
Pulmonary Embolism	100% of Benefit Amount	None

¹ Not all types of cancer are covered. Some cancers are covered at less than the initial benefit amount. See **What's Covered** beginning on page E-5 for definitions of invasive cancer and non-invasive cancer.

² See **What's Covered** on page E-5 for a definition of Alzheimer's disease and **What's Not Covered** beginning on page E-7 for a list of specific exclusions relating to a diagnosis of Alzheimer's disease.



What's Covered

The Critical Illness Plan pays benefits upon the first diagnosis of the following conditions:

- Alzheimer's disease, defined as the development of multiple, progressive cognitive deficits manifested by memory impairment (impaired ability to learn new information or to recall previously learned information) and one or more of the following cognitive disturbances:
 - Aphasia (language disturbance),
 - Apraxia (impaired ability to carry out motor activities despite intact motor function),
 - Angosia (failure to recognize or identify objects despite intact sensory function), and
 - Disturbance in executive functioning (i.e., planning, organizing, sequencing, abstracting).
- Benign brain tumor.
- Childhood diseases, defined as any of the following:
 - Cerebral Palsy,
 - Cleft Lip or Cleft Palate,
 - Cystic Fibrosis,
 - Diabetes (Type 1),
 - Down Syndrome,
 - Sickle Cell Anemia, and
 - Spina Bifida.
- Coma, defined as a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, as confirmed by a physician and characterized by the absence of purposeful response to commands, including:
 - Eye opening,
 - Verbal response, and
 - Motor response.
 Coma does **not** include a medically induced coma.
- Coronary artery bypass graft, defined as a heart surgery procedure to bypass a narrowing or blockage of one or more coronary arteries using venous or arterial grafts. Surgical access may be done by a procedure that is a surgery in which a median sternotomy is performed or a minimally invasive endoscopic cardiac surgery procedure is performed. Coronary artery bypass graft does not include:
 - Coronary angioplasty,
 - Coronary angiography, or
 - Any other intra-catheter technique.
- Heart attack (myocardial infarction), defined as the death of a portion of the heart muscle as a result of obstruction of one or more coronary arteries due to arteriosclerosis, spasm, thrombus or emboli.
- Infectious diseases, defined as when the covered person has been treated for any of the following diseases in a hospital for at least five consecutive days:
 - Anthrax,
 - Bacterial Cerebrospinal Meningitis,
 - COVID-19,
 - Diptheria,
 - Ebola,
 - Encephalitis,
 - Legionnaire's Disease,
 - Lyme Disease,
 - Malaria,
 - Methicillin-Resistant Staphylococcus Aureus (MRSA),
 - Necrotizing Fasciitis,
 - Osteomyelitis,
 - Pertussis (Whooping Cough),
 - Rabies,
 - Rocky Mountain Spotted Fever,
 - Sepsis,
 - Tetanus,
 - Tuberculosis,
 - Typhoid Fever, and
 - Variant Creutzfeldt-Jakob Disease (human version of Mad Cow disease).

What's Covered *(continued)*

- Invasive cancer, defined as the presence of one or more malignant tumors with invasion of normal tissue and characterized by the uncontrollable and abnormal growth and spread of malignant cells to lymph nodes and/or a body part different from the site of cancer origin. Invasive cancer includes the following:
 - A malignant melanoma for which a pathology report shows a maximum thickness greater than 0.80 millimeters using the Breslow method of determining tumor thickness,
 - A cancer that is a leukemia or lymphoma, or
 - Where a covered person has terminal cancer and has a life expectancy of 24 months or less from the date of diagnosis and will not benefit from, or has exhausted, curative therapy.
- Kidney failure, defined as the total, end stage, irreversible failure of both kidneys to function, provided that a physician has determined that such failure requires either:
 - Immediate and regular kidney dialysis (no less often than weekly) that is expected by such physician to continue for at least six months, or
 - A kidney transplant.
- Loss of the ability to speak, hear or see.
- Major organ transplant, defined as:
 - The irreversible failure of a covered person's heart, lung, pancreas, entire kidney or any combination thereof, for which a physician has determined that the complete replacement of such organ with an entire organ from a human donor is medically necessary, and either the covered person has been placed on the Transplant List or the transplant procedure has been performed,
 - The irreversible failure of a covered person's liver for which a physician has determined that the complete or partial replacement of the liver with a liver or liver tissue from a human donor is medically necessary, and either the covered person has been placed on the Transplant List or the procedure has been performed, or
 - The replacement of a covered person's bone marrow with bone marrow from the covered person or another human donor, and replacement is determined to be medically necessary by a physician in order to treat irreversible failure of the covered person's bone marrow.
- Non-invasive cancer, defined as the presence of a malignant tumor and characterized by the abnormal growth of malignant cells which are confined to the site of origin without spread to lymph nodes and/or a body part different from the site of cancer origin. Non-invasive cancer includes the following:
 - A malignant melanoma for which a pathology report shows a maximum thickness less than or equal to 0.80 millimeters using the Breslow method of determining tumor thickness,
 - A tumor of the prostate classified as T1bN0M0 or T1cN0M0, or
 - A carcinoma in Situ classified as TisN0M0.
 Non-invasive Cancer does not include skin cancer.
- Paralysis of two or more limbs, defined as the total and irrevocable loss of extremity movement affecting two or more limbs and:
 - Has lasted for a continuous period of not less than 90 consecutive days and is expected to be permanent, as confirmed by a physician, or
 - Is a result of a transected spinal cord with supporting clinical and radiological evidence and no expectation of a return to function.
- Progressive diseases, defined as any the following:
 - ALS,
 - Alzheimer's Disease (see definition on page E-5),
 - Multiple Sclerosis,
 - Parkinson's Disease (Advanced), and
 - Systemic Lupus Erythematosus (SLE).
- Severe Burn, defined as when a covered person has sustained a burn that is, at least, a third-degree burn.
- Skin cancer, defined as any malignant growth that arises on the surface of the skin that is any of the following:
 - Basal cell carcinoma,
 - Squamous cell carcinoma, or
 - Malignant melanoma that remains confined to the epidermis.
- Stroke, defined as a cerebrovascular accident or incident producing measurable, functional and permanent neurological impairment (not including transient ischemic attacks (TIA) or prolonged reversible ischemic attacks) caused by any of the following, which results in an infarction of brain tissue:
 - Hemorrhage,
 - Thrombus, or
 - Embolus from an extracranial source.

What's Covered *(continued)*

- Sudden cardiac arrest, defined as the sudden, unexpected loss of heart function, breathing and consciousness resulting when the heart suddenly, and unexpectedly, stops beating because of an internal electrical disturbance of the heart, which results in a covered person being pronounced deceased by a physician.
- Transient Ischemic Attack.
- Vascular Disease, defined as abdominal aortic aneurysm, thoracic aortic aneurysm, or pulmonary embolism.



What's Not Covered

The Critical Illness Plan will not pay benefits in certain situations. The following are exclusions and limitations under the plan.

Exclusions Relating to Covered Conditions

The plan will only pay benefits for specific covered conditions as indicated on pages E-5 – E-7. If you are misdiagnosed with a covered condition — or diagnosed with a similar non-covered condition as indicated in this section — benefits will not be paid.

The plan will not pay benefits for:

- A diagnosis of Alzheimer's disease for:
 - Other central nervous system conditions that may cause deficits in memory and cognition (e.g., cerebrovascular disease, Parkinson's disease or normal-pressure hydrocephalus),
 - Systemic conditions that are known to cause dementia (e.g., hypothyroidism, vitamin B12 or folic acid deficiency, niacin deficiency, hypercalcemia or neurosyphilis),
 - Substance-induced conditions, or
 - Any form of dementia that is not diagnosed as Alzheimer's disease.
- Coronary artery bypass graft that is performed outside the United States.
- A diagnosis of invasive cancer for:
 - Any condition that is non-invasive cancer,
 - Any dysplasia, intraepithelial neoplasia or pre-malignant growth,
 - Any papillary tumor of the bladder classified as Ta under TNM staging,
 - Any tumor of the prostate classified as T1N0M0 under TNM staging,
 - Any papillary, follicular or medullary tumor of the thyroid that is classified as T1N0M0 or less under TNM staging and is one centimeter or less in diameter unless there is metastasis,
 - Any tumor in the presence of human immunodeficiency virus (this exclusion is not applicable to Florida residents),
 - Any non-melanoma skin cancer unless there is metastasis, or
 - Any malignant tumor classified as less than T1N0M0 under TNM staging.

What's Not Covered *(continued)*

- A diagnosis of non-invasive cancer for:
 - Any dysplasia, intraepithelial neoplasia or pre-malignant growth,
 - Any papillary tumor of the bladder classified as Ta under TNM staging,
 - Any tumor of the prostate classified as T1N0M0 under TNM staging,
 - Any papillary, follicular or medullary tumor of the thyroid that is classified as T1N0M0 or less under TNM staging and is one centimeter or less in diameter,
 - Any tumor in the presence of human immunodeficiency virus (this exclusion is not applicable to Florida residents),
 - Any non-melanoma skin cancer, or
 - Any melanoma in situ classified as TisN0M0 under TNM staging.
- A diagnosis of stroke for:
 - Cerebral symptoms due to migraine,
 - Cerebral injury resulting from trauma or hypoxia, or
 - Vascular disease affecting the eye or optic nerve or vestibular functions.
- A major organ transplant that:
 - Involves organs received from non-human donors,
 - Involves implantation of mechanical devices or mechanical organs,
 - Involves stem cell-generated transplants, or
 - Involves islet cell transplants.

Diagnoses made outside the United States must be confirmed in the U.S. to be considered.

- The following listed conditions:
 - A diagnosis of multiple sclerosis for clinically isolated syndrome (CIS),
 - A diagnosis of systemic lupus erythematosus (SLE) for any form of Lupus that is not diagnosed as systemic lupus erythematosus (SLE), or
 - A suspected or probable diagnosis of any conditions under **What's Covered** on pages E-5 – E-7.

General Exclusions

The plan will not pay benefits for a covered condition that was diagnosed before the effective date of your coverage under the plan. For example, if prior to the date your coverage begins, you have been diagnosed with amyotrophic lateral sclerosis (ALS) or multiple sclerosis (MS), that diagnosis will not be covered. Take a look at two specific examples of how this exclusion works:

- You enroll in the Critical Illness Plan with coverage effective January 1, 2026. You are diagnosed with cancer in December 2025. The cancer diagnosis will not be covered under the plan since it occurred before your effective date of coverage. However, if you receive treatment and are cancer-free for 180 days and then your cancer returns, your second cancer diagnosis is covered as a new condition as long as you are still covered under the plan.
- You enroll in the Critical Illness Plan with coverage effective January 1, 2026. You have a heart attack on December 31, 2025. The heart attack is not covered under the plan since it occurred before your effective date of coverage. However, if you have another heart attack after coverage becomes effective — for example two weeks later on January 14, 2026 — the second heart attack is covered as a new condition.

In addition, the plan will not pay benefits for covered conditions:

- Arising from war or any act of war, even if war was not declared,
- For which a diagnosis is made outside of the United States, unless the diagnosis is confirmed in the United States, in which case the covered condition will be deemed to occur on the date the diagnosis is made outside the United States,
- Caused by, contributed by or resulting from a covered person:
 - Participating in a felony, riot or insurrection,
 - Intentionally causing a self-inflicted injury,
 - Committing or attempting to commit suicide while sane or insane,
 - Voluntarily taking or using any drug, medication or sedative unless it is:
 - Taken or used as prescribed by a physician, or
 - An “over-the-counter” drug, medication or sedative taken according to package directions,

What's Not Covered *(continued)*

- Engaging in an illegal occupation,
- Serving in the armed forces or any auxiliary unit of the armed forces of any country, or
- Who is involved in an incident where he or she is intoxicated at the time of the incident and is the operator of a vehicle involved in the incident. Intoxicated means that the covered person's alcohol level met or exceeded the level that creates a legal presumption of intoxication under the laws of the jurisdiction in which the incident happened.

How to File a Claim

To make a claim for benefits, complete and submit a Critical Illness Insurance Claim Form, which is available at www.mycpchembenefits.com/forms. You can also visit mybenefits.metlife.com and go to the Claims Center to submit your claim online or download a claim form. Or you can request a claim form from a MetLife Customer Service Representative at 1-866-626-3705. Representatives are available Monday through Friday from 8:00 a.m. to 8:00 p.m., Eastern time.

To file a Critical Illness claim, you must give MetLife notice of the claim and submit proof of the claim to MetLife through the following four steps:

- **Step 1:** You must give MetLife notice of your claim in writing or by calling MetLife at 1-800-438-6388 within 30 days of the date of the loss.
- **Step 2:** MetLife will send you a claim form and explain how to complete it. You should receive the claim form within 15 days of giving MetLife notice of claim.
- **Step 3:** When you receive the claim form, you should fill it out as instructed and return it with the required proof described on the claim form. If you do not receive a claim form within 15 days after giving MetLife notice of claim, you may send MetLife proof using any form sufficient to provide MetLife with the required proof.
- **Step 4:** You must give MetLife proof no later than 90 days after the date of the loss. If notice of claim or proof is not given within the time limits described in this section, the delay will not cause a claim to be denied or reduced if such notice and proof are given as soon as is reasonably possible, but in no event, other than in the absence of the legal capacity of the claimant, later than 15 months from the date of the loss.

To be eligible for benefits, a diagnosis of a covered condition must be made by a physician through the use of clinical and/or laboratory findings. For more information, see the Critical Illness Plan section at www.mycpchembenefits.com under "Health & Wellness" then "Voluntary Benefits." You will be required to provide proof of a covered condition, including information from your health care provider, with your claim. MetLife may, at its own expense, request a medical exam or blood and urine tests.

All decisions concerning the payment of claims under the plan are at the sole discretion of the claims administrator. If you disagree with the way your claim is handled, apply for a formal review. For more information, see the **Claims** section beginning on page Q-2.

Who Receives Plan Benefits

Regardless of which family members are covered under the plan, if you are alive when a covered claim is paid by the insurer, the insurance proceeds are paid to you. Benefits are paid as soon as possible after the insurance company receives proof to support the claim.

If you die after the diagnosis of a covered condition but before a claim can be filed or before a claim is paid, the claim can be filed by your beneficiary and/or the payment can be made to your beneficiary. Your beneficiary is the person or persons you want to receive the proceeds of your insurance upon your death. When you enroll for benefits as a new employee or when you add or change your benefit elections, you indicate your beneficiary as part of the enrollment process. For more information, see **Naming a Beneficiary** on page A-23.

Situations That Affect Your Benefits or Coverage

No benefits are payable for covered conditions diagnosed before coverage begins or after coverage ends. Critical Illness Plan coverage ends at the end of the month in which your employment with the Company ends. Under certain circumstances, you can continue your coverage when your employment with Chevron Phillips Chemical ends. You must make a request in writing on a form approved by MetLife within 31 days after your active employee coverage ends. You can request a coverage continuation form by calling MetLife at 1-800-438-6388. After enrolling in coverage continuation, you must pay premiums for coverage directly to the insurance carrier. Contact MetLife for more information, including details regarding when coverage continuation is or is not available and when continued coverage ends.

As a participant in a Chevron Phillips Chemical benefit plan, you have certain rights under the Employee Retirement Income Security Act of 1974 (ERISA). For information about your rights under ERISA and other important information, see **Your ERISA Rights** on page Q-16.

