

# Qualified Status Changes: When You Can Change Coverage

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

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

## QUALIFIED STATUS CHANGES

During the year, you may make certain election changes for the current year if you have a “qualified status change” and notify the Chevron Phillips Benefits Service Center at 1-800-446-1422, option 1 of that change within 31 days. Otherwise, you may have to wait until the next open enrollment period to make any changes. For more information, see **Special Enrollment** on page 2 of this document.

“Qualified status changes” include:

- Your marriage or divorce,
- Your spouse’s or dependent’s death,
- A change in your child’s eligible dependent status,
- Addition of a child through birth, adoption or placement for adoption,
- A Qualified Medical Child Support Order that requires you to provide medical coverage for a child,
- A change in employment status by you, your spouse or your dependent,

- A change in work schedule, including a reduction or increase in hours of employment, by you, your spouse or your dependent, including a switch between part-time and full-time, a strike or lockout, or commencement of, or return from, an unpaid leave of absence,
- A change in the place of residence or work site by you, your spouse or your dependent,
- Your and/or your family member’s becoming eligible or losing eligibility for Medicare or Medicaid,
- Your and/or your spouse’s or your dependent’s becoming entitled to COBRA, or
- The taking of, or return from, a leave under the Family Medical Leave Act of 1993 or the Uniformed Services Employment and Reemployment Rights Act of 1994.

If you are enrolled in the Value CDH Plan and a Health Savings Account (HSA), you may start, stop, increase or decrease the amount of your HSA contribution at any time, and regardless of whether or not you have experienced a qualified status change event — 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.

You may also make certain election changes if there is a significant change in the cost of coverage or benefits provided under the plans described in this handbook. Similarly, if your spouse or dependent child is eligible to make a change in their elections under the benefit plans sponsored by their employer during an open enrollment period, your spouse's or dependent child's coverage under another plan changes, or the cost of the other coverage increases or decreases significantly, you may change your elections. For example, if your spouse is covered by an HMO option under his or her employer's plan and that HMO option is eliminated, you may add your spouse to your health coverage.

During a plan year you may only make a change in your elections under the plans if the change in your election is consistent with a qualified status change or with a significant change in the cost or coverage provided under the plans. The plan administrator shall have the exclusive authority to determine if you are entitled to revoke an existing election as a result of a qualified status change or a change in the cost or coverage, as applicable, and its determination shall bind all persons. Benefit election changes are consistent with a qualified status change or a significant change in cost or coverage, as applicable, only if the plan administrator determines that the election changes are necessary or appropriate as a result of the qualified status change or a significant change in cost or coverage, and no change may reduce the contributions to be made for the full plan year to a level below the amount already paid for benefits during the plan year.

## SPECIAL ENROLLMENT

### Newly Acquired Dependent

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

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

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

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

You have **60 days** from the date of the Medicaid/CHIP eligibility change to request enrollment in the Chevron Phillips Chemical group health plan. *Please note that the 60-day enrollment window applies only to enrollment opportunities under Medicaid/CHIP; the enrollment window for qualified status changes remains 31 days.* If you are eligible for a special enrollment opportunity through Medicaid or CHIP, please contact the Chevron Phillips Benefits Service Center at 1-800-446-1422, option 1, within 60 days of your eligibility to request coverage.

#### Loss of Other Coverage

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

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

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

#### Making a Change

If you believe you are eligible to make a mid-year election change for one of the reasons listed above, you must request an election change (and provide proof of your status change) by notifying the Chevron Phillips Benefits Service Center at 1-800-446-1422, option 1, within 31 days of the relevant event. Otherwise, you have to wait until the next open enrollment period to make any changes.