



# 2021 BENEFITS ENROLLMENT GUIDE

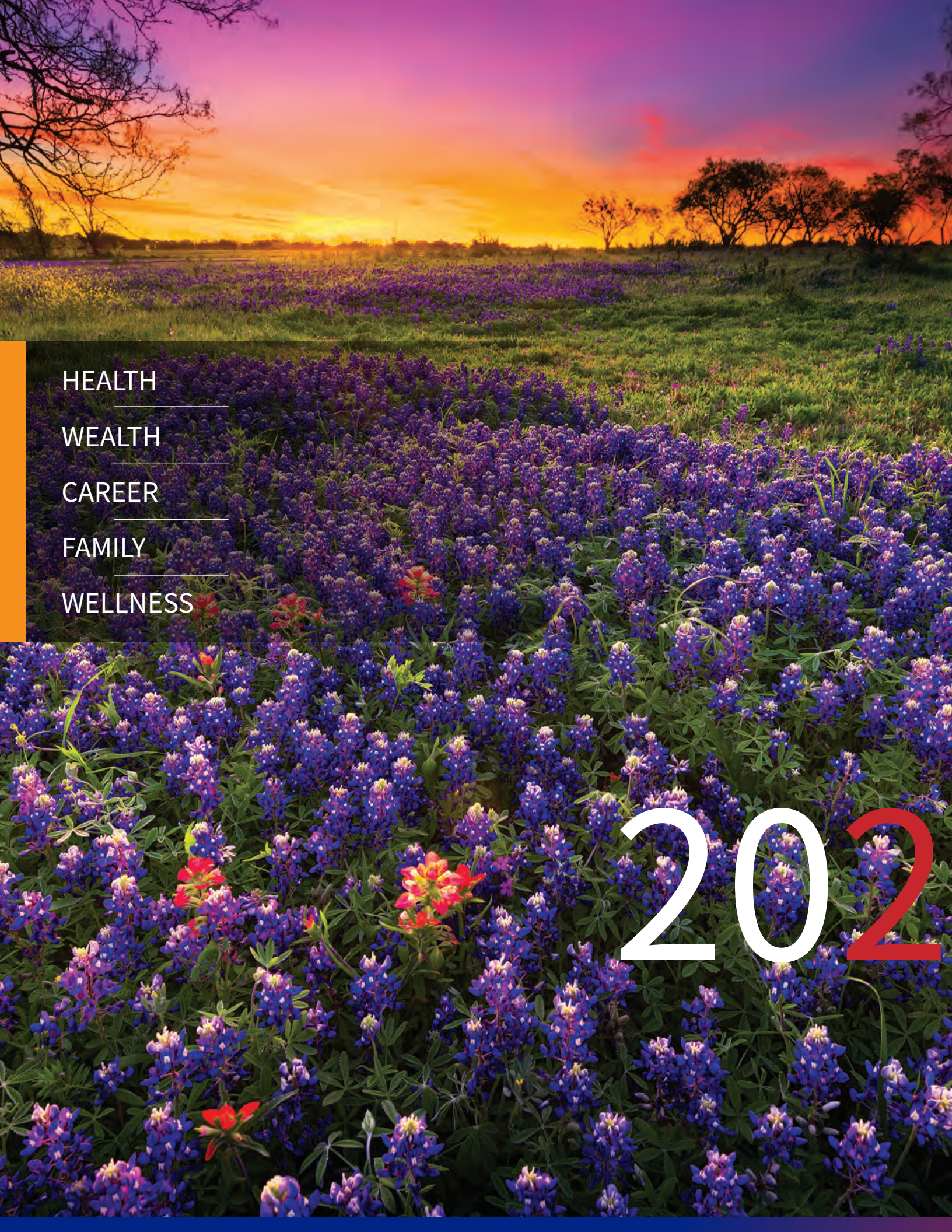
## INSIDE YOU'LL FIND:

- What's new for 2021 — *page 2*
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- Your benefit options — *page 4*
- Using online tools — *page 13*

OCTOBER 7 – OCTOBER 23, 2020



Performance by design.  
Caring by choice.™



HEALTH

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WEALTH

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CAREER

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FAMILY

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WELLNESS

2022



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# OPEN ENROLLMENT

Dear CPChem Colleagues,

This year has been a time of challenge and change for all of us as we navigate COVID-19 and its ongoing effects on our work and home lives.

**Especially during these uncertain times,** I believe all of us at CPChem are working hard to live the spirit of our tagline, *Performance by design. Caring by choice.*™



To continuously improve performance and demonstrate our commitment to the health and well-being of our employees, CPChem is dedicated to providing an affordable and competitive benefits package. Open Enrollment is your annual opportunity to choose the benefits that are the best fit for you and your family. This year's Open Enrollment period is from October 7 through October 23, 2020.

Now more than ever, focusing on your health and wellness is critical, and we are implementing benefits changes designed to support you and your family's well-being. We are enhancing the Aetna International expat dental plan for 2021 to help lower your out-of-pocket costs. We are emphasizing two high-impact health conditions, diabetes and hypertension, in the wellness program, and we are increasing the total annual incentive reward for participation in the program. Details about all benefits changes are on page 2 of this guide.

If you have questions about your benefits or Open Enrollment, contact the CPChem Benefits Service Center.

Thank you for all you do — today and every day. Stay well and stay safe.

All the best,

**Maricela Caballero**  
*Vice President, Human Resources*

# What's New for 2021

The following changes are effective January 1, 2021.

## Wellness Program Enhancements

- The total annual incentive reward will increase from \$200 to \$250 per employee.
- If you are within the normal range for blood pressure and/or A1C (glucose/diabetes) levels, or if you fall outside the normal range but complete three telephonic coaching calls to receive education on those conditions, you will receive \$20 in wellness rewards for each.
  - A blood pressure check and A1C screening are already part of the biometric screening for which you can receive \$20.
- The chart below shows how you can earn up to \$250 in wellness rewards in 2021.

WELLNESS ACTIVITY	REWARD
Wellness check-up	\$40
Biometric screening	\$20
– Clean nicotine/tobacco screening*	\$20
– Normal range blood pressure*	\$20
– Normal range blood sugar (A1C)*	\$20
Financial wellness activity	\$20
Dental exam	\$10
<b>Bonus for completing all 7 activities</b>	<b>\$100</b>
<b>Total reward for 2021</b>	<b>\$250</b>

\* Can also earn reward by completing three telephonic coaching calls on tobacco cessation, blood pressure and/or diabetes.

## Expat Medical and Dental Plan Changes

- Employee contributions for coverage under the Aetna International expat medical plan will stay the same. Your monthly cost for coverage will be the same in 2021 as it is in 2020.
- Under the Aetna International expat dental plan, the plan year maximum benefit will increase from \$1,750 to \$2,000 per person and the lifetime orthodontia maximum will increase from \$1,750 to \$2,000 per person.
- Employee contributions for coverage under the dental plan will decrease.

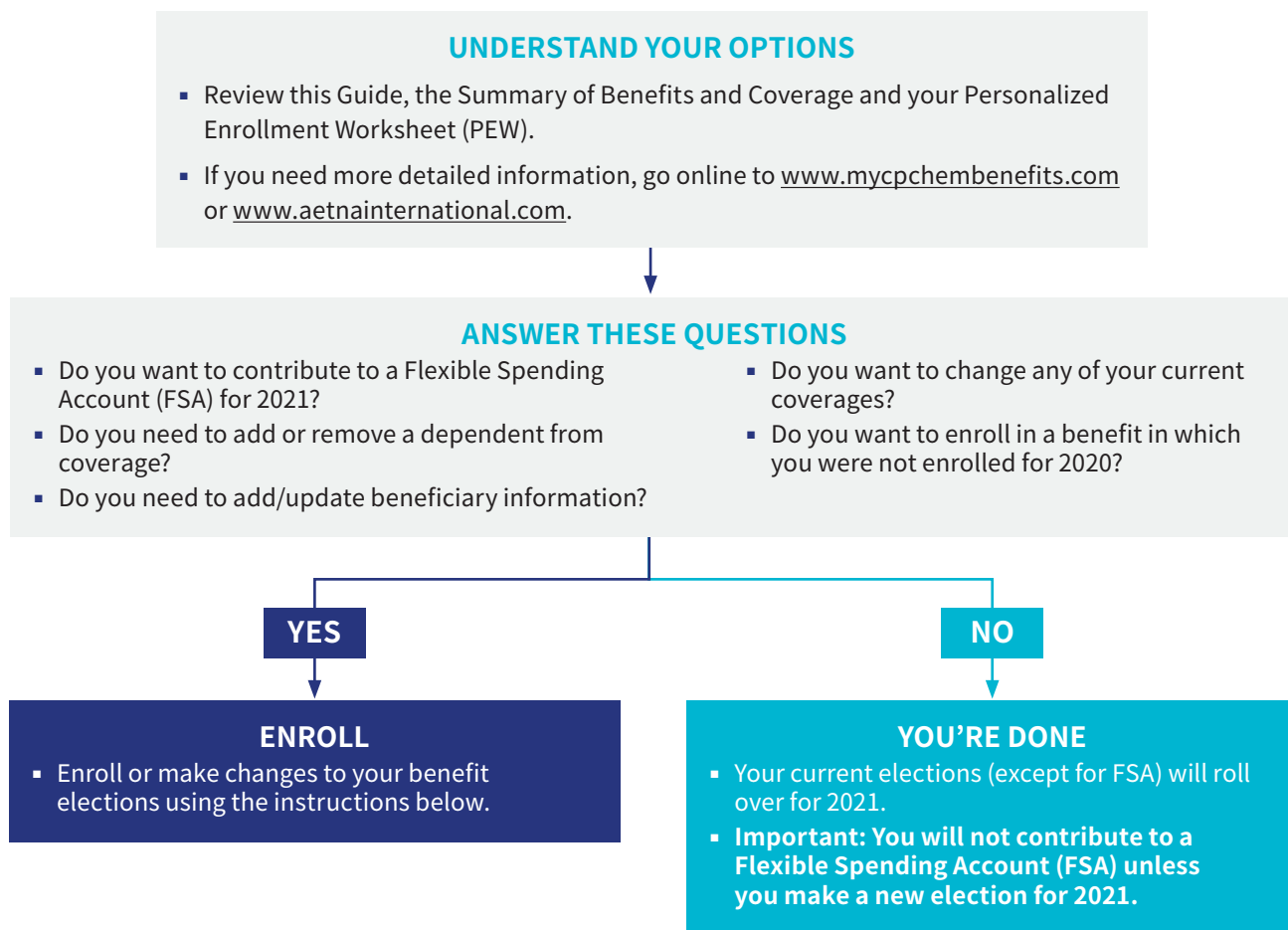
### DON'T FORGET!

You can earn up to \$200 in rewards in 2020 by completing up to five different activities through the **Your Journey to Wellness** program by December 13, 2020. For 2021, the total reward incentive will increase to \$250 with two additional activities to complete. For more information, visit [www.mycpchembenefits.com/wellness](http://www.mycpchembenefits.com/wellness).



# What You Need to Do

Open Enrollment for your 2021 health and welfare benefits runs from October 7 – October 23, 2020. You may or may not need to actively enroll — depending on your current benefits and the changes you wish to make for 2021.



## Enroll

If you answered “yes” to one of the questions above, you should enroll for 2021. Here’s what you need to do:

- **Understand your options.**
  - Review your Personalized Enrollment Worksheet (PEW). It includes your current benefit elections and available 2021 plan options and costs.
  - For more information about your benefit options, visit [www.mycpchembenefits.com](http://www.mycpchembenefits.com) and click on “Expats.”
- **Update your 2021 elections.**
  - Enroll through the Chevron Phillips Benefits Service Center website at [www.myplansconnect.com/cpchembenefits](http://www.myplansconnect.com/cpchembenefits).
  - OR**
  - Call the Chevron Phillips Benefits Service Center at 1-800-446-1422 (press 1).

## REMEMBER!

- You can go online or call and make changes as many times as you like during the Open Enrollment period.
- The final elections in place on October 23, 2020, will be summarized on the confirmation statement mailed to you after enrollment closes and will be the ones that are effective January 1, 2021.
- **Be sure to review the confirmation statement you receive in the mail and report any errors to the Chevron Phillips Benefits Service Center right away.**

# Aetna International Expat Medical Plan Summary

	AETNA INTERNATIONAL — MEDICAL BENEFITS		
	Outside the U.S.	In-Network** (Inside the U.S.)	Out-of-Network (Inside the U.S.)
Maximum lifetime benefit	Unlimited	Unlimited	Unlimited
Deductible	\$0 — Individual \$0 — Family	\$0 — Individual \$0 — Family	\$200 — Individual \$400 — Family
Annual out-of-pocket maximum	\$1,500 — Individual \$4,500 — Family (Does not apply to employees in the Middle East Plan)	\$1,500 — Individual \$4,500 — Family	\$3,000 — Individual \$9,000 — Family
Inpatient per confinement deductible (Maximum of three per calendar year)	None	None	\$250
<b>Hospital Services</b>			
Inpatient	90%*	80%	60% after \$250 per confinement deductible
Outpatient	90%*	80%	60% after deductible
Pre-certification penalty	None	None	\$400
Non-emergency use of the emergency room	90%*	80%	60% after deductible
Emergency room	90%*	80%	80%
Urgent care	90%*	80%	60% after deductible
<b>Physician Services and Wellness Benefits</b>			
PCP or specialist doctor's office visits	90%*	80%	60% after deductible
Teladoc phone or online video consultation	N/A	80%	N/A
Routine child physical exams (Includes immunizations)	90%*	100%	60% after deductible
Routine adult physical exams (Includes immunizations)	90%*	100%	60% after deductible
Routine gynecological exams (One exam and pap smear per calendar year)	90%*	100%	60% after deductible
Mammograms (One exam per calendar year)	90%*	100%	60% after deductible
PSA tests (One per calendar year for males age 40+)	90%*	100%	60% after deductible
Digital rectal exam (One per calendar year for males age 40+)	90%*	100%	60% after deductible
Cancer screenings (One flex sigmoid and one double barium contrast every 5 years; at age 50+ one colonoscopy every 5 years)	90%*	100%	60% after deductible
Routine hearing exam (One per calendar year)	90%*	100%	60% after deductible
<b>Mental Health and Alcohol/Substance Abuse Services</b>			
Inpatient treatment	90%*	80%	60% after \$250 per confinement deductible
Outpatient treatment	90%*	80%	60% after deductible

(continued)

<b>AETNA INTERNATIONAL — MEDICAL BENEFITS</b>			
	<b>Outside the U.S.</b>	<b>In-Network** (Inside the U.S.)</b>	<b>Out-of-Network (Inside the U.S.)</b>
<b>Other Services</b>			
<b>Skilled nursing facility</b> (120-day calendar year maximum)	90%*	80%	60% after \$250 per confinement deductible
<b>Home health care</b> (120-visit calendar year maximum, includes Private Duty Nursing)	90%*	80%	60% after deductible
<b>Spinal disorder treatment</b> (\$1,000 per calendar year maximum)	90%*	80%	60% after deductible
<b>Short-term rehabilitation</b> (speech, physical and occupational therapy; combined 60 visits per calendar year maximum)	90%*	80%	60% after deductible
<b>Autism treatment</b> (inpatient/outpatient services, medication management and diagnostic services, and Applied Behavioral Analysis (ABA); speech, physical and occupational therapy)	90%*	80%	60% after deductible
<b>Comprehensive infertility services</b> (comprehensive plan coverage includes coverage for Artificial Insemination and Ovulation Induction)	90%*	80%	60% after deductible
<b>Advanced Reproductive Technology (ART) infertility services</b> (6 cycles per lifetime for ART coverage with in vitro fertilization, cryopreservation, storage and unlimited embryo transfers)	90%*	80%	60% after deductible
<b>Diagnostic outpatient lab and X-ray</b>	90%*	80%	60% after deductible
<b>Bariatric surgery</b>	90%*	80%	60% after deductible
<b>Durable medical equipment</b> (including foot orthotics)	90%*	80%	60% after deductible
<b>Hearing aids</b> (maximum benefit of \$3,000 every 36 months)	90%*	80%	60% after deductible
<b>Global emergency assistance program</b> (\$500,000 per calendar year maximum)	100%	100%	100%
<b>Prescription Drug Coverage</b>			
<b>Generic</b> (365-day maximum supply)	75%*	75%, member cost not to exceed \$50 per 30-day supply (includes Mail-Order Drugs)	60% after deductible
<b>Preferred brand</b> (365-day maximum supply)	75%*	75%, member cost not to exceed \$100 per 30-day supply (includes Mail-Order Drugs)	60% after deductible
<b>Non-preferred brand</b> (365-day maximum supply)	75%*	75%, member cost not to exceed \$125 per 30-day supply (includes Mail-Order Drugs)	60% after deductible
<b>Vision Expenses</b>			
<b>Routine eye exam</b> (One exam every 12 months)	90%*	100%	60% after deductible
<b>Eyeglass frames and lenses OR contact lenses</b> (One frames/lenses or contacts per 12 months)	90% after \$35 copay	80% after \$35 copay	60% after \$35 copay

\* The plan pays 100% for covered services outside the U.S. for employees enrolled in the Saudi Arabia or other Middle East Plans.

\*\* To find a participating in-network provider in the U.S., log on to [www.aetnavigators.com](http://www.aetnavigators.com) or call the International Member Service Center at 1-800-231-7729 or 1-813-775-0190 (collect calls are accepted).

## 2021 Medical Contribution Rates

The following chart shows the 2021 monthly contributions for medical coverage. Remember, your contributions for coverage are deducted from your pay on a pre-tax basis.

	YOUR CONTRIBUTIONS	COMPANY CONTRIBUTIONS	TOTAL
<b>Aetna International – Medical Coverage</b>			
Employee-Only	\$183.78	\$ 739.12	\$ 922.90
Employee + Spouse	\$414.17	\$1,616.21	\$2,030.38
Employee + Child(ren)	\$356.53	\$1,397.00	\$1,753.53
Employee + Family	\$496.20	\$2,410.94	\$2,907.14

## Critical Illness Plan

Critical illness insurance offers valuable protection by **helping pay out-of-pocket costs associated with serious health conditions**, such as heart attack, stroke, bypass surgery, renal failure, organ transplants, Alzheimer’s Disease and certain cancers. 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. It 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 high deductibles. Coverage is voluntary and 100% employee-paid.

## 2021 Critical Illness Contribution Rates

The following chart shows the 2021 monthly contributions per \$10,000 in coverage under the Critical Illness Plan. Coverage of \$20,000 is 2x the rates shown below and coverage of \$30,000 is 3x the rates shown below. Your contributions for coverage are deducted from your pay on an after-tax basis. Therefore, any benefit payments you receive from the plan are non-taxable.

<b>CRITICAL ILLNESS PLAN PREMIUMS PER \$10,000 IN COVERAGE</b>				
<b>EMPLOYEE’S AGE</b>	<b>Employee-Only</b>	<b>Employee + Spouse</b>	<b>Employee + Child(ren)</b>	<b>Employee + Family</b>
Under 25	\$ 1.42	\$ 2.84	\$ 4.07	\$ 5.49
25 – 29	\$ 1.58	\$ 3.18	\$ 4.24	\$ 5.83
30 – 34	\$ 2.69	\$ 5.03	\$ 5.34	\$ 7.69
35 – 39	\$ 4.49	\$ 8.22	\$ 7.14	\$ 10.88
40 – 44	\$ 7.51	\$ 13.54	\$ 10.16	\$ 16.19
45 – 49	\$ 12.25	\$ 21.78	\$ 14.90	\$ 24.43
50 – 54	\$ 19.24	\$ 33.36	\$ 21.90	\$ 36.01
55 – 59	\$ 28.47	\$ 48.38	\$ 31.12	\$ 51.04
60 – 64	\$ 42.11	\$ 70.68	\$ 44.76	\$ 73.33
65 – 69	\$ 65.14	\$107.86	\$ 67.79	\$110.52
70+	\$ 96.44	\$163.01	\$ 99.09	\$165.66

For more details, including coverage exclusions, please refer to [www.mycpchembenefits.com](http://www.mycpchembenefits.com) under “Health & Wellness” then “Voluntary Benefits.”



# Dental Plan

The following chart shows the dental services under the Aetna International program.

AETNA INTERNATIONAL – DENTAL BENEFITS	
<b>General Information</b>	
<b>Deductible</b>	\$ 50/Employee-Only \$100/Employee + Spouse \$150/Employee + Child(ren) \$150/Employee + Family
<b>Plan year maximum</b>	\$2,000/person
<i>For the following treatments and services, the Aetna International program pays:</i>	
<b>Covered Services</b>	
<b>Diagnostic and preventive care</b>	100% with no deductible
<b>Basic services</b>	80% after deductible
<b>Major services</b>	50% after deductible
<b>Orthodontia</b>	
– Adults	50% with no deductible
– Children	50% with no deductible
– Lifetime maximum	\$2,000

## 2021 Dental Contribution Rates

The following chart shows the 2021 monthly contributions for dental coverage. Your contributions for coverage are deducted from your pay on a pre-tax basis.

	YOUR CONTRIBUTIONS	COMPANY CONTRIBUTIONS	TOTAL
<b>Aetna International – Dental Coverage</b>			
<b>Employee-Only</b>	\$21.61	\$21.61	\$ 43.22
<b>Employee + Spouse</b>	\$42.17	\$42.17	\$ 84.34
<b>Employee + Child(ren)</b>	\$49.93	\$49.93	\$ 99.86
<b>Employee + Family</b>	\$70.48	\$70.48	\$140.96



## 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](http://www.vsp.com).

**Note: The Aetna International expatriate medical plan offers a higher level of vision coverage than the domestic medical plans. Adding VSP coverage may not offer any additional benefit beyond what is already covered as part of the Aetna International expatriate medical plan. Expats should carefully consider their existing coverage before enrolling in the Vision PLUS Plan.**

The following chart shows the services covered under the Vision PLUS Plan.

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

### 2021 Vision Contribution Rates

The following chart shows the 2021 monthly contributions for Vision PLUS Plan coverage. Your contributions for coverage are deducted from your pay on a pre-tax basis.

VISION PLUS PLAN – YOUR CONTRIBUTIONS	
Employee-Only	\$ 6.40
Employee + Spouse	\$12.80
Employee + Child(ren)	\$13.46
Employee + Family	\$21.51



For more details, please refer to the Vision PLUS Plan Summary Plan Description at [www.mycpchembenefits.com](http://www.mycpchembenefits.com) under “Benefit Handbooks.”

# Other Benefit Options to Consider

Besides health care coverage, you'll also be eligible to enroll in — or make changes to — other benefit options during Open Enrollment. For more information on any of these benefit plans, please refer to the Summary Plan Descriptions at [www.mycpchembenefits.com](http://www.mycpchembenefits.com) under “Benefit Handbooks.”

## Flexible Spending Accounts

Flexible Spending Accounts (FSAs) allow you to set aside pre-tax dollars to reimburse yourself for eligible health and/or dependent care expenses. Each year during the Open Enrollment period, you decide if you want to participate in the **Health Care Flexible Spending Account (HCFSA)**, the **Dependent Care Flexible Spending Account (DCFSA)** or **both** for the following year.

### 2021 FSA MAXIMUMS

For 2021, the maximum annual amounts you can contribute are:

- **\$2,750** to the HCFSA (if you and your spouse both have access to an HCFSA, you can each contribute \$2,750 for a total of \$5,500 per family).
- **\$5,000** to the DCFSA (if you are married and file a joint tax return, the \$5,000 annual limit for the DCFSA applies to you and your spouse together).

The money in your FSAs must be spent by the end of the plan year and reimbursement must be requested by March 31st of the next plan year or you lose it.



## Life Insurance

Life insurance pays a benefit to your beneficiary in the event of your death, or to you in the event of your enrolled dependent's death. The company provides you **basic life insurance** equal to one times your current annual pay — with a minimum benefit of \$10,000 and a maximum benefit of \$250,000. Your coverage amount is rounded up to the next higher \$1,000, if not already a multiple of \$1,000.

### IMPORTANT NOTE

You will need to provide a Statement of Health if you make your first request for supplemental employee life insurance, supplemental dependent life insurance or voluntary long-term disability insurance — or increase your coverage amount for these benefits — during Open Enrollment. It's important to take action on your Statement of Health as soon as possible, but no later than March 31, 2021.

During Open Enrollment, you may elect **supplemental life insurance** for yourself and your eligible dependents, as follows:

- **Employee Supplemental Life**
  - Coverage of one to eight times your current annual pay, with a minimum of \$10,000 and a maximum of \$500,000.
  - Your coverage is rounded up to the next higher \$1,000 if not already a multiple of \$1,000.
  - The maximum coverage you may have for both basic (company-provided) and supplemental life insurance combined is \$750,000.
- **Dependent Supplemental Life**

If you elect supplemental life insurance for yourself, you may also buy supplemental life coverage for:

  - Your spouse in \$10,000 increments, with a minimum of \$30,000 and a maximum of \$250,000 or the combined total of your basic and supplemental life insurance, whichever is less.
  - Your eligible dependent children with coverage of \$5,000 or \$10,000 for each child.

## Accidental Death and Personal Loss (AD&PL) Insurance

If you or your eligible dependent suffers certain accidental injuries, the AD&PL benefit will pay a percentage of your benefit. 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 \$250,000.

You may elect Employee-Only or Family **supplemental AD&PL insurance** in \$10,000 increments, with a minimum of \$50,000 and a maximum of 10 times your current annual pay (rounded up to the next \$10,000) or \$1,000,000, whichever is less.

If you elect Family supplemental AD&PL coverage, your eligible dependents' coverage amounts will be:

- Spouse only — 65% of employee coverage.
- Spouse and children — 55% of employee coverage for spouse and 20% for each child.
- Children only — 25% of employee coverage for each child.

## Voluntary Long-Term Disability (LTD) Insurance

The Long-Term Disability (LTD) Plan is designed to provide you with financial assistance when you have an injury or illness that lasts longer than 26 weeks. Your LTD premiums are deducted from your pay on an after-tax basis. Therefore, any LTD benefit payments you receive are non-taxable.

You have two LTD options. You can choose LTD coverage equal to 50% or 60% of your basic monthly earnings (which does not include awards, bonuses and unscheduled overtime), up to a maximum benefit of \$12,000 per month.

### IF YOU ENROLL IN LTD COVERAGE

If you are not currently covered under the LTD Plan and enroll during Open Enrollment, please note that you must submit a Statement of Health and, once approved, a 12-month Pre-Existing Condition provision applies. 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 or had prescription medication prescribed, within the previous six months from the effective date of coverage or increase in coverage.



## Insurance Premiums

The following charts show the 2021 monthly contributions for supplemental life, supplemental AD&PL and voluntary LTD insurance.

SUPPLEMENTAL LIFE INSURANCE PREMIUMS					
SUPPLEMENTAL EMPLOYEE LIFE INSURANCE		SUPPLEMENTAL SPOUSE LIFE INSURANCE		SUPPLEMENTAL CHILD LIFE INSURANCE	
Age	Monthly Rate Per \$1,000 of Coverage	Age	Monthly Rate Per \$1,000 of Coverage		
29 and under	\$0.036	29 and under	\$0.041	\$5,000 per child	\$0.52 per month*
30 – 34	\$0.041	30 – 34	\$0.047	\$10,000 per child	\$1.05 per month*
35 – 39	\$0.055	35 – 39	\$0.062	* Price covers all children, up to age 26, no matter how many children you enroll.	
40 – 44	\$0.071	40 – 44	\$0.078		
45 – 49	\$0.116	45 – 49	\$0.130		
50 – 54	\$0.196	50 – 54	\$0.216		
55 – 59	\$0.333	55 – 59	\$0.370		
60 – 64	\$0.488	60 – 64	\$0.606		
65 – 69	\$0.794	65 – 69	\$0.878		
70+	\$1.540	70+	\$1.718		

SUPPLEMENTAL ACCIDENTAL DEATH AND PERSONAL LOSS (AD&PL) INSURANCE PREMIUMS	
Coverage For...	Monthly Rate Per \$1,000 of Coverage
Employee-Only	\$0.022
Family	\$0.032

VOLUNTARY LONG-TERM DISABILITY (LTD) INSURANCE PREMIUMS		
Age	Monthly Rate Per \$100 of Monthly Earnings – 50% Option	Monthly Rate Per \$100 of Monthly Earnings – 60% Option
24 and under	\$0.112	\$0.177
25 – 29	\$0.119	\$0.315
30 – 34	\$0.206	\$0.325
35 – 39	\$0.231	\$0.365
40 – 44	\$0.319	\$0.502
45 – 49	\$0.468	\$0.739
50 – 54	\$0.643	\$1.015
55 – 59	\$1.117	\$1.763
60 – 64	\$1.472	\$2.325
65 or older	\$1.260	\$1.989

## Group Legal Plan

When you enroll in the Group Legal Plan through MetLife Legal Plans, a **licensed attorney can assist you with a number of legal matters**. If you use one of MetLife Legal Plan's more than 14,000 in-network attorneys, you are entitled to **unlimited in-office or phone 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, property tax assessments, debt collection and immigration).
- ID theft services (for example prevention resources and assistance following ID theft).

Group Legal coverage is available for \$16.50 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.

## Group Home & Auto Insurance

Chevron Phillips Chemical has negotiated group rates through Liberty Mutual for homeowners, automobile, condominium and renters insurance. Group home and auto coverage is not an integrated part of the Open Enrollment process. You can call Liberty Mutual at 1-800-837-5254 anytime to receive a quote and purchase a policy at group rates. You pay Liberty Mutual directly for coverage through electronic fund transfers, online payments or direct billing.

## Eligible Dependents

If you enroll in coverage for yourself, you may also enroll your eligible dependents. **If you enroll a new dependent for the first time during Open Enrollment, you will be required to provide proof of eligibility for that dependent.** Eligible dependents include:

- Your legally married spouse in any jurisdiction, regardless of gender or state of residence.
- Your dependent children — including biological children, stepchildren, foster children, legally adopted children, children legally placed for adoption and children under your permanent legal guardianship or permanent sole managing conservatorship — if they are one of the following:
  - Under age 26, regardless of marital, student or employment status;
  - Your mentally or physically disabled child, as defined above, age 26 or older who was covered under the plan before he or she reached age 26; or
  - A child, as defined above, who is the subject of a valid Qualified Medical Child Support Order (QMCSO), as determined by the plan administrator.

**Note:** If you enroll a dependent who doesn't meet the plan's eligibility requirements or don't cancel coverage within 31 calendar days of when a dependent ceases to meet the plan's dependent eligibility requirements (for example, if you get divorced), he or she will be considered an ineligible dependent and will be removed from coverage. In addition, the plan has the right to request reimbursement of any claims or expenses paid for an ineligible dependent.



# Using Online Tools

There are many resources you can find online to help you before, during and after Open Enrollment.

## WHAT CAN I FIND ON...?

[www.mycpchembenefits.com](http://www.mycpchembenefits.com)



### Click on “Expats”

- You can find benefits information specific to your location, links to Aetna International resources and contacts for additional assistance.
- The “Expatriate Guide” will give you detailed information about all of the benefits available to you as an expatriate employee.

### Click on “Benefit Handbooks” for the 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.aetnainternational.com](http://www.aetnainternational.com)



### Log in for Aetna’s International Provider Directory

- You can search for providers and specialists around the globe.
- Find information about the doctor’s education, board certification, languages spoken and much more.
- To find an in-network provider in the U.S., log on to [www.aetnavigators.com](http://www.aetnavigators.com) and select the *Open Choice PPO* network.

**Access translation databases, download forms, submit claims and much more.**

[www.healthadvocate.com/members](http://www.healthadvocate.com/members)



### Expert healthcare help

- Find the right in-network doctors and make appointments.

### 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.

### Get live support

- A HealthAdvocate team member will be standing by to answer your questions and provide personalized help at 1-866-799-2731 or [answers@healthadvocate.com](mailto:answers@healthadvocate.com).

[www.myactivehealth.com/cpchem](http://www.myactivehealth.com/cpchem)



### Click on “Your Journey to Wellness” for details about the CPChem Wellness Program

- Track your progress toward the wellness reward incentives, find a location for your biometric screening, and more.

### Click on “My Health” and then “Take the Health Assessment”

- Complete the online Health Assessment questionnaire to help identify your healthy habits and potential health risks.

# 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 or group health plan 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 or placement for adoption, you may be able to enroll yourself and your dependents if you were previously not enrolled. You must enroll within 31 days after marriage, birth, adoption or placement for adoption. If you lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, you must request enrollment within 60 days after the loss of such coverage.

If you request a change due to a special enrollment event within the 31 day timeframe, coverage will be effective the date of the special enrollment event. In addition, you may enroll in Chevron Phillips Chemical's medical plan if you become eligible for a state premium assistance program under Medicaid or CHIP. You must request enrollment within 60 days after you gain eligibility for medical plan coverage. If you request this 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).

## 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 2021. 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 Chevron Phillips Benefits Service Center at 1-800-446-1422, option 1. **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](http://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](http://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  
10001 Six Pines Drive  
The Woodlands, TX 77380  
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 her 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.





This enrollment package is presented as a matter of information and as an expression of management policy. It isn't intended to constitute a promise or contractual commitment by the company of your continued employment and eligibility for benefits. The company reserves the right to unilaterally change or terminate any or all of its employee benefit plans and programs at any time and without prior notice. Also, modifications may be necessary to comply with applicable legal requirements. In the event of any inconsistency between a statement contained in this enrollment package and the relevant plan document, plan summary or plan prospectus, the plan document, plan summary or plan prospectus will control over the statement in this enrollment package. Employees covered by collective bargaining agreements will also be subject to the benefit plan provisions contained in the applicable collective bargaining agreements.

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