

2024 BENEFITS ENROLLMENT GUIDE

OCTOBER 16 – 31, 2023



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2024

HEALTH

WEALTH

CAREER

FAMILY

WELLNESS

2024
OPEN
ENROLLMENT

Dear CPChem Retirees,

CPChem is committed to delivering a robust and competitive benefits package designed to enhance the well-being of our retirees and their families. This 2024 Open Enrollment Guide offers a comprehensive overview of the benefits available to you and your family to help you make informed healthcare decisions.

Open Enrollment is your annual opportunity to choose the benefits that best suit your individual and family needs. This year's Open Enrollment period will run from Oct. 16 – 31, 2023.

We are excited to share with you the improvements we have made to our benefits package for the upcoming year, all aimed at further enhancing your experience as a valued retiree.



Highlights of changes for 2024

Pre-65 medical plan rates will increase slightly by 0.4%, with no increase to dental or vision rates for 2024. Based on recent benchmarks, we believe this medical rate increase is substantially below the national average. This is a testament to our medical and prescription drug administrators' performance and your preventive care diligence. In addition, pre-65 medical plan participants who enroll in the *Value CDH Plan* will have access to PrudentRx, which will cover some specialty drugs at 100% after deductible.

Review your coverages and enroll

Additional information about these and other changes can be found within this guide. I encourage you to take time to review this information with your families. If you have questions about your benefits or Open Enrollment, contact the CPChem Benefits Service Center.

All the best,

A handwritten signature in black ink that reads "Maricela Caballero".

Maricela Caballero

Senior Vice President, Human Resources

NEW!

What's New for 2024

The following changes are effective Jan. 1, 2024, unless otherwise noted.

Value CDH Plan Changes

- The *Value CDH Plan* annual deductibles will increase to \$1,600 for Retiree-Only coverage and \$3,200 for all other coverage levels to comply with 2024 IRS requirements for high deductible health plans.
- Pre-65 medical plan participants who enroll in the *Value CDH Plan* will have access to PrudentRx, a program that will cover specialty drugs on the plan's formulary at 100%, after your deductible has been satisfied, by maximizing the value of the manufacturer's coupons on your behalf. You must enroll in PrudentRx to participate; otherwise, you will pay 30% coinsurance after deductible for eligible specialty drugs.

HSA Contribution Limit Increases

- The annual contribution limit for the Health Savings Account (HSA) will increase to \$4,150 for Retiree-Only coverage and \$8,300 for all other coverage levels.

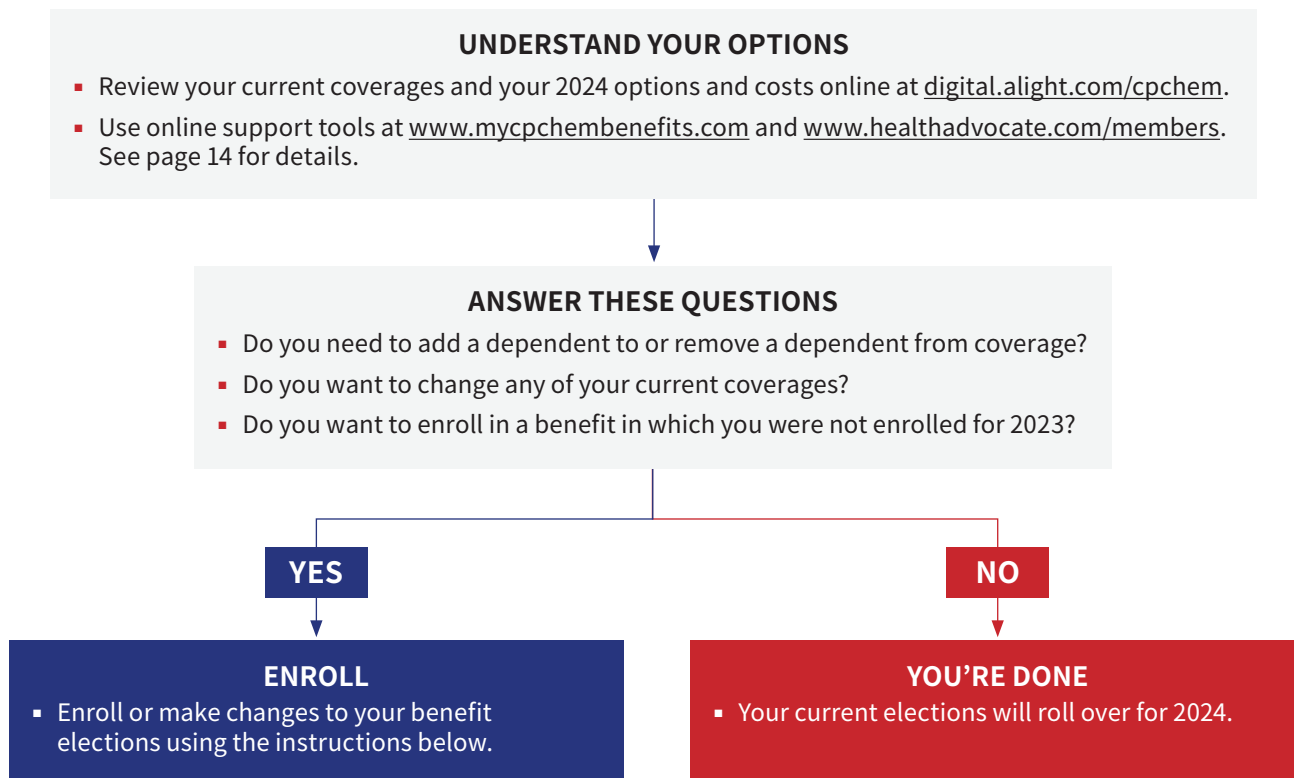
Elimination of Programs with Low Utilization

- Due to low participant usage, the targeted \$0 copay prescription drug incentive for participating in the BCBS Empower+ condition management program under the pre-65 medical plans will be discontinued.
- The provider finder feature will be removed from HealthAdvocate. You can continue to locate in-network medical providers for the pre-65 medical plans at www.bcbstx.com.



What You Need to Do

Open Enrollment for your 2024 benefits runs from Oct. 16 – 31, 2023. You may or may not need to actively enroll — depending on your current benefits and the changes you wish to make for 2024.



Enroll

If you answered “yes” to one of the questions above, you should enroll for 2024. You can enroll online or by calling the CPChem Benefits Service Center.

▪ Enroll online

- Enroll through the CPChem Benefits Service Center website at digital.alight.com/cpchem. If you haven't logged in to the website before, you'll need to provide basic identifying information (last four digits of your Social Security number, date of birth and home ZIP code), and you will be prompted to create a password when you register for the website.

▪ Enroll by phone

- Call the CPChem Benefits Service Center at **1-833-964-3575**. Representatives are available Monday through Friday, from 8 a.m. to 5 p.m., Central time.

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 Oct. 31, 2023, will be the ones that are effective Jan. 1, 2024. If you enroll online, you will receive an email confirming your benefit elections have been received.

Medical Plan — Pre-65 Retirees

You have three medical plan options from which to choose — the *Value CDH Plan*, the *Choice PPO Plan* and the *Select EPO Plan*. Alternatively, you can elect coverage through the Mercer Marketplace 365 exchange, which offers a variety of pre-65 retiree medical plan options through major insurance carriers.

2024 Medical Contribution Rates

The following chart shows the 2024 monthly contributions for the medical plan options.

	VALUE CDH PLAN	CHOICE PPO PLAN	SELECT EPO PLAN
Retiree-Only, Under Age 65	\$1,312.31	\$1,419.27	\$1,568.76
Spouse-Only, Under Age 65	\$1,312.31	\$1,419.27	\$1,568.76
Dependent (1), Under Age 65	\$1,312.31	\$1,419.27	\$1,568.76
Retiree + Spouse, Both Under Age 65	\$2,957.57	\$3,198.61	\$3,535.54
Retiree + Child(ren), All Under Age 65	\$2,545.89	\$2,753.37	\$3,043.42
Spouse + Child(ren), All Under Age 65	\$2,545.89	\$2,753.37	\$3,043.42
Dependent, 2 or More Under Age 65	\$2,545.89	\$2,753.37	\$3,043.42
Retiree + Family, All Under Age 65	\$3,543.25	\$3,832.02	\$4,235.69

For more details, please refer to the Medical Plan Summary Plan Description at www.mycpchembenefits.com under “Benefit Handbooks.”

SUMMARY OF BENEFITS AND COVERAGE

A Summary of Benefits and Coverage (SBC) is a summary of material provisions of a health plan in a uniform format, required as part of the Affordable Care Act. You can find the SBCs for Chevron Phillips Chemical’s three pre-65 medical plan options online at <http://www.mycpchembenefits.com/sbcs>. If you wish to receive a printed copy free of charge, call the CPChem Benefits Service Center at 1-833-964-3575.

KEEP IN MIND

As you consider the option that works best for you and your family, be sure to factor in ALL expenses, including your monthly premiums and out-of-pocket expenses.



What to Consider When Making Your Choice

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/or your family. When making that decision, one of the primary considerations is how much medical care you and your family expect to need during the year. Another consideration might be cost and how much you can save using a lower-cost plan. Tools are available online to help you compare plans and costs, but 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. There are no individual sub-limits for the deductible, meaning the whole family shares a single deductible, and the plan has a “family style” out-of-pocket maximum, which means that no one person will have to contribute more than the individual out-of-pocket maximum to the total family out-of-pocket maximum.**
 - You can use in-network or out-of-network providers, but you will pay less if you use providers in BCBS's network. 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 this year, the *Value CDH Plan* may be the best choice for you.
 - If you enroll in this plan, you can open a Health Savings Account (HSA) to pay for eligible health care expenses, and your unused HSA balance rolls over from year to year. Note that you cannot contribute to an HSA if you are a Chevron Phillips Chemical retiree with a Retiree Reimbursement Account (RRA), if you have a balance in a Retirement HRA or if you are enrolled in Medicare.
- **The *Choice PPO Plan* has a higher monthly contribution than the *Value CDH Plan*, but a lower monthly contribution than the *Select EPO Plan*. You will pay more in premiums for this plan than the *Value CDH Plan*, but will have lower deductibles and out-of-pocket maximums. If you and your family expect to need a lot of medical services and want the option of using both in-network and out-of-network providers, this plan may be right for you.**
- **The *Select EPO Plan* provides the most comprehensive coverage but only provides coverage if you and your family use in-network providers. It also requires the highest monthly contribution, so you're paying more for the coverage even if you don't use it. However, if you know you and/or your family will need a lot of medical services during the year — and don't mind using only network providers — this plan may be right for you.**

OTHER OPTIONS AVAILABLE THROUGH MERCER MARKETPLACE 365

A pre-65 retiree medical plan through the Mercer Marketplace 365 exchange could save you money by offering more affordable retiree medical coverage. Mercer Marketplace 365 provides access to a variety of medical plan options offered by major insurance carriers. Go online to retiree.mercermarketplace.com and enter some simple information to see what retiree medical plan options are available in your area.



Pre-65 Medical Plan Comparison Chart

The following chart compares treatments and services under the three medical plan options available to you and your family.

	VALUE CDH PLAN ¹	
	In-Network ²	Out-of-Network ²
BCBS network	Blue Choice PPO network	
Deductible	\$1,600/Retiree-Only \$3,200/Retiree + Spouse ³ \$3,200/Retiree + Child(ren) ³ \$3,200/Retiree + Family ³	\$ 2,250/Retiree-Only \$ 4,500/Retiree + Spouse ³ \$ 4,500/Retiree + Child(ren) ³ \$ 4,500/Retiree + Family ³
Out-of-pocket maximum	\$4,500/Retiree-Only \$9,000/Retiree + Spouse \$9,000/Retiree + Child(ren) \$9,000/Retiree + Family	\$ 6,750/Retiree-Only \$13,500/Retiree + Spouse \$13,500/Retiree + Child(ren) \$13,500/Retiree + Family
Lifetime maximum benefit	Unlimited	
For the following treatments and services, the medical plan options pay:		
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 ⁶ . 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) ⁸	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) ⁸	80%	N/A
Per confinement copay	Not applicable	Not applicable
Inpatient and outpatient (not BDC/BDC+) ⁸	70%	50%

Please see the footnotes on pages 8 – 9.

	CHOICE PPO PLAN ¹		SELECT EPO PLAN
	In-Network ²	Out-of-Network ²	In-Network Only ²
BCBS network	Blue Choice PPO network		Blue Choice PPO network
Deductible	\$ 600/Retiree-Only \$1,200/Retiree + Spouse \$1,800/Retiree + Child(ren) \$1,800/Retiree + Family	\$ 900/Retiree-Only \$ 1,800/Retiree + Spouse \$ 2,700/Retiree + Child(ren) \$ 2,700/Retiree + Family	\$ 400/Retiree-Only \$ 800/Retiree + Spouse \$1,200/Retiree + Child(ren) \$1,200/Retiree + Family
Out-of-pocket maximum	\$3,000/Retiree-Only \$6,000/Retiree + Spouse \$9,000/Retiree + Child(ren) \$9,000/Retiree + Family	\$ 4,000/Retiree-Only \$ 8,000/Retiree + Spouse \$12,000/Retiree + Child(ren) \$12,000/Retiree + Family	\$2,000/Retiree-Only \$4,000/Retiree + Spouse \$6,000/Retiree + Child(ren) \$6,000/Retiree + Family
Lifetime maximum benefit	Unlimited		Unlimited
For the following treatments and services, the medical plan options pay:			
Preventive Care ⁴			
Routine physicals (includes labs)	100% — deductible waived	60%	100% — deductible waived
Annual well-woman exam (includes labs)	100% — deductible waived	60%	100% — deductible waived
Mammograms (routine for women ages 39 and over)	100% — deductible waived	60%	100% — deductible waived
Well-child care (includes labs)	100% — deductible waived	60%	100% — deductible waived
Physician Office Visits			
Primary care office visits (surgical & non-surgical)	Preventive: 100% — deductible waived Non-preventive: 80%	Preventive: 60% Non-preventive: 60%	Preventive: 100% — deductible waived Non-preventive: 100% after \$35 copay ⁵
Specialist office visits (surgical & non-surgical)	80%	60%	100% after \$50 copay ⁵
MDLIVE phone or online video consultation	80%	N/A	100% after \$20 copay — deductible waived
Lab & X-ray	Preventive: 100% — deductible waived Non-preventive: 80%	Preventive: 60% Non-preventive: 60%	Preventive: 100% — deductible waived Non-preventive: 90% ⁵
Maternity care	Prenatal office visits: 100% — deductible waived ⁶ . All other visits/services covered at 80%	60%	Prenatal office visits: 100% — deductible waived ⁶ . All other visits/services covered at 90% ⁵
Emergency Services			
Hospital emergency room	80%	80%	90% after \$150 copay (waived if admitted) ⁷
Urgent care	80%	60%	100% after \$75 copay — deductible waived
Non-emergency use of the emergency room	Not covered	Not covered	Not covered
Ambulance	80% — deductible waived	80% — deductible waived	100% — deductible waived ⁷
Outpatient Services			
BDC/BDC+ locations (certain services) ⁸	90%	N/A	100%
Outpatient surgery	80%	60%	90%
Physician/surgeon and related professional fees (non-office visits)	80%	60%	90%
Hospital Services			
BDC/BDC+ locations (certain services) ⁸	90%	N/A	100%
Per confinement copay	\$250	\$250	\$250
Inpatient and outpatient (not BDC/BDC+) ⁸	80%	60%	90%

Please see the footnotes on pages 8 – 9.

	VALUE CDH PLAN ¹	
	In-Network ²	Out-of-Network ²
Other Covered Services		
Spinal manipulation (limits apply) ⁹	70%	50%
Assisted Reproductive Technology (ART), including in vitro fertilization (limits apply) ¹⁰	70%	50%
Sterilization (tubal ligation/vasectomy)	Tubal ligation, including ancillary services: 100% — deductible waived; vasectomy covered at 70%	50%
Short-term rehabilitation (limits apply) ¹¹	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: <ul style="list-style-type: none">• 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) if enrolled in PrudentRx ¹² If not enrolled in PrudentRx: 30% (deductible applies) ¹³	
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: <ul style="list-style-type: none">• Preferred Brand: \$ 68• Non-Preferred Brand: \$ 125 Other Non-Preventive Drugs (deductible applies): 30%	

¹ For the *Value CDH Plan* and the *Choice PPO Plan*, 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 Retiree + Spouse, Retiree + Child(ren), or Retiree + 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 For the *Select EPO Plan* only, lab and X-ray charges for services performed at a doctor's office and billed as part of the visit are covered by the office visit copay. When these services are not performed at the time of the office visit, are performed at another facility or are performed by an entity other than the doctor's office, you and/or your family must first meet your deductible, and then the expense will be covered at 90%. The deductible is waived for preventive services regardless of where services are performed.

⁶ 100% 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.

⁷ In a medical emergency, out-of-network hospital emergency room and ambulance will be covered at the in-network level.

⁸ Eligible services at Blue Distinction Centers (BDCs) and Blue Distinction Centers+ (BDC+) include cardiac care, knee/hip replacement, spine surgery and maternity care.

	CHOICE PPO PLAN ¹		SELECT EPO PLAN
	In-Network ²	Out-of-Network ²	In-Network Only ²
Other Covered Services			
Spinal manipulation (limits apply) ⁹	80%	60%	100% after \$50 copay
Assisted Reproductive Technology (ART), including in vitro fertilization (limits apply) ¹⁰	80%	60%	90%
Sterilization (tubal ligation/vasectomy)	Tubal ligation, including ancillary services: 100% — deductible waived; vasectomy covered at 80%	60%	Physician services covered at 100% after \$100 copay; other services, such as hospital and lab, covered at 90%
Short-term rehabilitation (limits apply) ¹¹	80%	60%	100% after \$50 copay if received in doctor's office or special rehabilitation facility; otherwise, covered at 90%
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%	100% after \$50 copay
Hearing aids (maximum benefit of \$3,000 every 36 months)	80%	60%	90%
Routine eye exam ⁴	100% — deductible waived	60%	100% — deductible waived
Routine hearing exam ⁴	100% — deductible waived	60%	100% — deductible waived
Gym Membership	\$19 initiation fee and \$19/month to \$99/month access charge, based on gym tier	Not covered	\$19 initiation fee and \$19/month to \$99/month access charge, based on gym tier
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 if enrolled in PrudentRx ¹² 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		

⁹ 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.

¹⁰ In vitro fertilization benefit limited to \$10,000/lifetime for medical and \$5,000/lifetime for associated prescription drugs.

¹¹ 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.

¹² 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.

¹³ 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.

Health Savings Account

The Health Savings Account (HSA) 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 also otherwise covered by any other medical plan other than an IRS-qualified high-deductible health plan (including any Medicare plans). If you were automatically enrolled in Medicare Part A when you turned 65, you cannot (nor can the Company) contribute to the HSA until you waive Medicare coverage. The purpose of the account is to accumulate funds to pay your out-of-pocket health care costs, such as your deductible and co-insurance amounts. Unlike the HCFSA or LPFSA, any money remaining in your HSA at the end of the year rolls over for use in future years.

The HSA is completely funded by contributions you make to your account. Also, payments/reimbursements from the HSA (including any related investment gains) aren't taxable as long as they're used for eligible health care expenses.

The HSA is administered by Fidelity. If you don't want to open an HSA at Fidelity, you can go to any bank that offers an HSA. Since you are not an active employee, you won't be able to make pre-tax contributions to your HSA through payroll deductions, but you can make after-tax contributions to your HSA by check. (Some banks may also allow automated contributions to be made by EFT.)

Please note: Per IRS rules, you cannot contribute to an HSA if you are a Chevron Phillips Chemical retiree with a Retiree Reimbursement Account (RRA), if you have a balance in a Retirement HRA or if you are enrolled in Medicare.

For more information about the HSA, please see the Summary Plan Descriptions at www.mycpchembenefits.com under "Benefit Handbooks."



2024 HSA MAXIMUMS

For 2024, the HSA contribution limits are:

- **\$4,150** for Retiree-Only coverage
- **\$8,300** for all other coverage levels

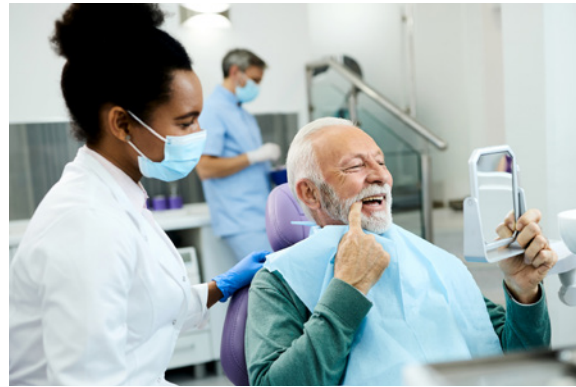
If you are at least age 55, are not enrolled in Medicare, are not receiving Medicare benefits (including Medicare Part A or Part B benefits) and are otherwise eligible, you may elect to make a catch-up contribution of an additional \$1,000 to your HSA.

Dental Plan — Pre-65 and Post-65 Retirees

You have two dental plan options from which to choose:

- The *Comprehensive Dental Plan*
- The *Preventive Dental Plan*

The following chart shows the services covered under the two dental plan options.



	COMPREHENSIVE DENTAL PLAN	PREVENTIVE DENTAL PLAN
General Information		
Aetna network	Dental PPO/PDN with PPO II Network	Dental PPO/PDN with PPO II Network
Deductible	\$ 50/Retiree-Only \$100/Retiree + Spouse \$150/Retiree + Child(ren) \$150/Retiree + 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. For details on covered treatments and services, please refer to the Dental Plan Summary Plan Description at www.mycpchembenefits.com under “Benefit Handbooks.”

2024 Dental Contribution Rates

The following chart shows the 2024 monthly contributions for the dental plan options.

	COMPREHENSIVE DENTAL PLAN	PREVENTIVE DENTAL PLAN
Retiree-Only	\$ 47.56	\$ 17.40
Retiree + Spouse	\$ 95.12	\$ 34.80
Retiree + Child(ren)	\$ 99.92	\$ 36.54
Retiree + Family	\$147.46	\$ 53.94

For more details, please refer to the Dental Plan Summary Plan Description at www.mycpchembenefits.com under “Benefit Handbooks.”

Vision PLUS Plan — Pre-65 and Post-65 Retirees

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 still 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 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

2024 Vision Contribution Rates

The following chart shows the 2024 monthly contributions for Vision PLUS Plan coverage.

VISION PLUS PLAN — YOUR CONTRIBUTIONS	
Retiree-Only	\$ 6.72
Retiree + Spouse	\$13.44
Retiree + Child(ren)	\$14.13
Retiree + Family	\$22.59

For more details, please refer to the Vision PLUS Plan Summary Plan Description at www.mycpchembenefits.com under “Benefit Handbooks.”





Eligible Dependents

If you enroll in health plan coverage for yourself, you may also enroll your dependents who were eligible dependents as of your retirement date. Dependents who were eligible dependents as of your retirement date remain eligible for coverage, regardless of whether they were covered under a Chevron Phillips Chemical health plan on your retirement date, as long as they continue to meet the definition of an eligible dependent. **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 (excluding common law spouses and domestic partners) 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



Click on “2024 Benefits Open Enrollment”

- Here you'll find enrollment guides, supplemental materials and a link to the enrollment site.

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.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 provider, hospital or pharmacy. You can search as a guest for providers in the Blue Choice PPO 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.
- 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 annual benefit elections during Open Enrollment.
- Initiate benefits changes within 31 days after a qualified life event.
- Submit dependent verification documents to Alight.
- Conveniently access other health plan vendor-partner websites.

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).

www.healthadvocate.com/members



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 HealthAdvocate team member will be standing by to answer your questions and provide personalized help at 1-866-799-2731 or answers@healthadvocate.com.

Medical Coverage — Post-65 Participants

Retirees, and their dependents, who are age 65 or older are eligible for the AARP Health Care Options Medicare Supplement Plans, which will replace your current medical coverage through Chevron Phillips Chemical. You can also elect a post-65 retiree medical plan option through Mercer Marketplace 365, which offers plans through major insurance carriers in your area. For more information, visit retiree.mercermarketplace.com. Dental and vision coverage, however, is still offered through the Chevron Phillips Chemical-sponsored plans.

While your enrollment in an AARP Medicare Supplement Plan will require you to remit the entire monthly medical premium to AARP, you will still have the ability to access your RRA to be reimbursed for these amounts. You will receive more detailed information in your AARP enrollment packet, but here are highlights of the Medicare supplement options available to you:

- **Access**
 - Retirees and/or their spouses have total freedom to choose their own Medicare-approved doctors and hospitals for the Medicare Supplement Insurance Plan.
 - The AARP MedicareRx Plan contains thousands of drugs for doctors to choose from with a drug in every covered drug classification. Generic options are available to save even more money.
 - Both programs are 100% portable. Programs provide supplemental and prescription drug coverage to Medicare-eligible (age 65 or over) retirees and/or their spouses in all 50 states, DC, Puerto Rico, Guam and the U.S. Virgin Islands. Retirees who move or travel are assured of coverage wherever they live or relocate.
- **Premiums/Rates**
 - For Medicare Supplement plans the annual rate increases have averaged less than 5% – 7% for the past five years.
 - Low monthly prescription drug premiums can be deducted from Social Security, Railroad Retirement Board, or Office of Personnel Services payments. For retirees on a limited income, extra help may be available.
 - Predictable copays: the AARP MedicareRx Plan has been designed with 4 tiers. Each tier has a predictable and constant copay for all drugs in the tier. With thousands of drugs available, retirees can maximize their savings by working with their doctor to select the optimal drug to treat their condition and maximize savings.
 - No annual deductible for prescription drug benefits, so retirees can start saving sooner by just paying the copay that applies.
- AARP MedicareRx drug cost: although Medicare cannot negotiate drug prices with manufacturers, UnitedHealth Group can. With over 20,000,000 individuals covered by prescription coverage, United has the clout to negotiate the lowest prices possible. Lower drug costs and rebates help reduce premium levels for retirees and the employer.
- **Discounts**
 - 5% discount when both retiree and spouse enroll in an AARP Medicare Supplement Insurance Plan (in 45 states/U.S. territories).
 - \$2 monthly household discount for EFT payers for Medicare Supplement Insurance Plans in all states/ U.S. territories.
- **Customer Service**
 - Toll-free member services line. The AARP Group Retiree Services program is dedicated to serving older Americans. Insuring and servicing the retiree population is our specialty.
- **Customer Satisfaction**
 - We have consistently met or exceeded aggressive targets for customer service (95% overall customer satisfaction) and claim processing (98% of claims processed within 10 business days) for the Medicare Supplement program.
- **Claims Payments**
 - 92.5% of Part B claims for Medicare Supplement Insurance are sent to us electronically by the Medicare carriers.
 - As long as a network pharmacy fills the prescription, there are no claim forms to fill out. In an emergency, a non-network pharmacy may be used. Our customer service personnel will assist in the manual claim process required for reimbursement.
- **Individual Insurance Certificates**
 - Retirees are issued individual certificates. These plans are guaranteed renewable as long as premiums are paid, regardless of the employer's continued participation in the program.
- **AARP Member Benefits**
 - As an AARP member, retirees receive a subscription to *AARP The Magazine*, the *AARP Bulletin*, and discounts on travel services and special programs.
- **AARP Eye Health Services Plus for health insurance plan holders**
 - Discounts on eyewear and eye examinations.
 - Free glaucoma screening.
- **AARP Nurse HealthLine, (provided through Optum, a UnitedHealth Group Company) for health insurance plan holders**
 - Registered Nurses available 24 hours a day, 7 days a week to answer general health questions.
 - Access to physician-approved clinical guidelines, a database of health information, and a comprehensive medical library.

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 CPChem Benefits Service Center at 1-833-964-3575.

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 2024. 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 Phillips 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
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.



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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.