Flexible Spending Accounts

CONTENTS

Your Flexible Spending Account (FSA) Options

A Special Note...

Participation in flexible spending accounts is an annual election that does not roll over from one year to the next. This means that if you do not make an active election during each open enrollment period, you cannot participate in a flexible spending account the following year unless you have a qualified status change during the year.

Eligible employees of Chevron Phillips Chemical Company LP (Chevron Phillips Chemical or the Company) have the opportunity to participate in the following tax-advantaged flexible spending accounts:

- The Health Care Flexible Spending Account (HCFSA) — if you are enrolled in the *Select EPO Plan* or *Choice PPO Plan* or if you have waived medical coverage,
- The Limited-Purpose Flexible Spending Account (LPFSA) — if you are enrolled in the *Value CDH Plan* or another IRS-qualified high deductible medical plan, and/or
- The Dependent Care Flexible Spending Account (DCFSA).

By using the flexible spending accounts, you can save tax dollars on eligible health care and dependent care expenses.

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

Deadlines For Incurring Expenses and Filing Claims

All eligible expenses must be incurred by **December 31** of the plan year in which you are making contributions to your FSA. However, you have until **March 31** of the following year to file claims for reimbursement. Any funds remaining in your account(s) after the March 31 deadline will be forfeited.

Your participation in the HCFSA, LPFSA and/or DCFSA ends when the earliest of these occurs:

- December 31,
- You are no longer an eligible employee,
- You terminate employment,
- You retire,
- The plan is terminated, or
- Certain leaves of absence occur (for more information, see ***When You're on a Leave of Absence*** on page A-13).

Note, however, that you can elect to continue your participation in the HCFSA or LPFSA after your termination date through COBRA coverage as detailed beginning on page A-17.

How the Accounts Work

Flexible spending accounts allow you to set aside pre-tax dollars to reimburse yourself for eligible health care and/or dependent care expenses. You or your eligible dependents don't have to be enrolled in a Chevron Phillips Chemical medical plan in order to use these accounts. When you're first eligible to enroll, and each year during open enrollment thereafter, you decide if you want to participate in the FSAs:

- The Health Care Flexible Spending Account (HCFSA) — for certain medical, dental, prescription drug, vision and hearing expenses not reimbursed by other health plans. You are eligible to enroll in the HCFSA if you enroll in the *Select EPO Plan* or the *Choice PPO Plan* or if you waive medical coverage.
- The Limited-Purpose Flexible Spending Account (LPFSA) — for eligible expenses, such as dental and vision expenses, when you enroll in the *Value CDH Plan* or another IRS-qualified high deductible medical plan. You can also use the account for HCFSA-eligible expenses after you have met your annual deductible under the *Value CDH Plan* or another IRS-qualified high deductible medical plan.
- The Dependent Care Flexible Spending Account (DCFSA) — for qualified dependent care expenses incurred so that you (or, if you are married, so that you and your spouse) can work or attend school full-time. This account is for dependent care expenses for children under age 13 and disabled dependents, not for expenses relating to a dependent's health care.

Tax Savings

FSAs can help lower the taxes you pay. When you participate, your contributions are taken out of your pay before federal income taxes, Social Security taxes, Medicare taxes and, in most states, state income taxes are calculated and withheld. This means you lower your taxable income — so you pay less tax.

Because this is a pre-tax benefit, your participation may slightly reduce your future Social Security benefits when you retire. You should consult a tax advisor to determine the tax consequences, if any, for you personally.

For information on enrollment eligibility, see page A-1 of the ***How to Participate*** chapter.

Though the accounts cover different types of expenses, they operate in much the same way. The process for using the flexible spending accounts is as follows:

Step 1

During your enrollment period, estimate your expected eligible expenses for health care and/or dependent care for the plan year (which is the current year during new hire enrollment and the next calendar year during open enrollment). Remember that all expenses claimed for reimbursement from either account must be for services received by **December 31** of the plan year in which you are making contributions. Enroll in the account(s) as described in your enrollment packet.

Note: If you are enrolled in an IRS-qualified high deductible medical plan other than the *Value CDH Plan* and want to enroll in the LPFSA, call the Chevron Phillips Benefits Service Center at 1-800-446-1422 (option 1) during your enrollment period.

Step 2

The amount you authorize to contribute is automatically deducted pre-tax from your paycheck. Your contributions are then deposited in the flexible spending account(s) that you selected. For information on the maximums that apply to each of the accounts, see pages H-4 and H-8.

Step 3

When you incur an eligible expense during your coverage period, you file an FSA claim for reimbursement, unless you use your PayFlex Card for prescription drug expenses or are automatically reimbursed through the health care streamlined reimbursement feature. For more information, see ***Streamlined Reimbursement*** on page H-4.

- For the HCFSA or LPFSA, you can be reimbursed at any time during the year up to the entire amount you agreed to set aside for the calendar year, less any amount already reimbursed to you.
- For the DCFSA, you can be reimbursed only up to the amount you have actually contributed to your account at the time your claim is processed. Any balance due to you is paid to you as funds become available in your account during that calendar year.

You have until March 31 following the end of the calendar year to file a claim for eligible expenses you incurred during the year in which you were making contributions to your FSAs. If PayFlex does not receive your request for reimbursement by March 31, any money remaining in your account(s) is forfeited. For this reason, careful budgeting is very important. Amounts in your HCFSA or LPFSA will also be forfeited if the plan is unable to locate you to make a payment within one year after you file a claim for reimbursement. Any money forfeited from the accounts is used by Chevron Phillips Chemical to offset administrative costs of the plan.

There are several ways to determine your account balance:

- Each time you receive a reimbursement check, the stub shows your balance.
- You may contact PayFlex, the flexible spending account claims administrator, at 1-888-678-8242 or login to www.payflex.com or www.aetnanavigator.com and find your account balance.
- Check your account balance on the PayFlex Mobile™ app. The free app is available for iPhone and iPad mobile devices, as well as Android and BlackBerry smartphones. You can download the PayFlex Mobile™ app from your mobile app store and use your www.payflex.com username and password to login.

SPECIAL IRS RULES

Because the flexible spending accounts operate under Internal Revenue Service guidelines, special rules apply.

- Once you sign up for a flexible spending account, you cannot change your election for the period January 1 through December 31 unless you have a qualified status change. For more information, see ***Qualified Status Changes*** on page A-11. In addition to a qualified status change, you may change your DCFSA election if the cost of child care changes (for example, if your day care changes its rates).
- Any change to your election must apply to the specific person or situation affected and must be made within 31 days of the qualified status change.
- If you are participating in more than one FSA, you cannot transfer money from one account to the other, or use money in one account to pay expenses related to another account.
- Certain information is required when you file a claim for reimbursement. For more information, see ***How to File a Claim*** on page H-9.
- You cannot take a federal tax deduction or credit on your income taxes for expenses reimbursed through these accounts. For more information, see ***Tax-Free vs. Tax-Deductible*** on page H-5 and ***Dependent Care FSA (DCFSA) vs. Federal Tax Credit*** on page H-9.

Using the Health Care FSA (HCFSA) or Limited-Purpose FSA (LPFSA)

You can use your HCFSA to pay certain health care expenses incurred by you, your spouse or your eligible dependents as long as you aren't enrolled in a high-deductible plan like the *Value CDH Plan*. You (or your dependents) do not have to be enrolled in a Chevron Phillips Chemical medical plan to use this account. If you enroll in the *Value CDH Plan*, you cannot participate in the HCFSA, but you have the option to participate in the LPFSA. You can use the LPFSA to set aside pre-tax dollars and reimburse yourself for eligible expenses, such as dental and vision expenses. You may also use your LPFSA to reimburse yourself for eligible medical, prescription drug and hearing expenses after you have met your annual deductible under the *Value CDH Plan* or another IRS-qualified high deductible medical plan.

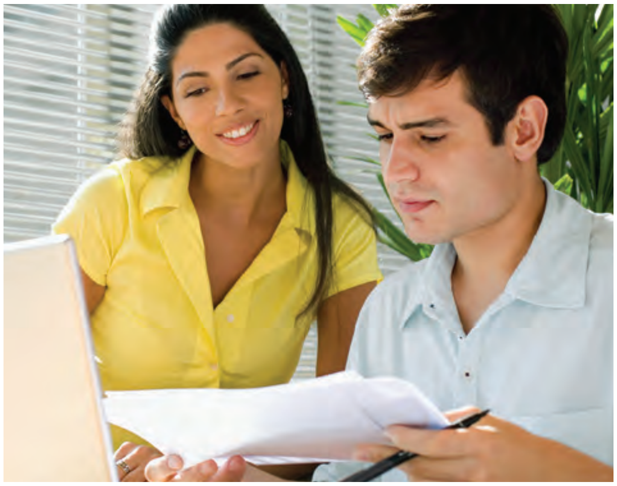
If Your Employment Ends for Any Reason

Your pre-tax contributions to your flexible spending accounts will stop when your employment ends. However, you may receive reimbursement for eligible expenses:

- From the HCFSA or LPFSA — up to the contribution amount you specified at the beginning of the plan year for expenses that were incurred during that plan year on or before the date you terminate employment. You may be eligible to continue participating in the HCFSA or LPFSA under the provisions of the Consolidated Omnibus Budget Reconciliation Act (COBRA). Your contributions to an HCFSA or LPFSA while you are on COBRA must be made on an after-tax basis. For more information, see ***How to Continue Coverage*** beginning on page A-17.
- From the DCFSA — up to the amount credited to your account prior to your termination for expenses that are incurred during the plan year, whether incurred before or after you terminate employment.

CONTRIBUTION AMOUNT

You decide how much money to contribute to your HCFSA or LPFSA based on the health care expenses you expect you and your family to incur during the year. Contributions are deducted from your paycheck pre-tax in equal installments throughout the year. The maximum annual contribution for the HCFSA or LPFSA is $2,600. If both you and your spouse have access to an HCFSA and/or an LPFSA, you can each contribute $2,600 for a total of $5,200 per family.



REIMBURSEMENT

When you have unreimbursed expenses related to eligible health care (medical, dental, prescription drug, vision or hearing care), you file a claim for reimbursement from your FSA. For information on filing a claim, see ***How to File a Claim*** on page H-9.

You receive reimbursement from your flexible spending account for the amount of your approved claim expense. You may submit claims for up to the total amount you elected to contribute to your HCFSA or LPFSA for the calendar year.

You can set up direct deposit reimbursements to your bank account. For instructions, see ***Direct Deposit of Reimbursements*** on page H-11.

Streamlined Reimbursement

When you enroll in the HCFSA, if you are also enrolled in a Chevron Phillips Chemical medical or dental option, you will automatically be reimbursed for eligible office visits and out-of-pocket expenses, and no claims are required. Note: This feature is not available for the LPFSA, the DCFSA, prescriptions and OTC purchases (see ***Reimbursement for Prescription Drug Expenses*** below).

Reimbursement for Prescription Drug Expenses

- **Use your PayFlex Card:** You may use your PayFlex Card, which is an HCFSA debit card, at time of purchase to pay for prescriptions purchased from any PayFlex-certified merchant. You may also use your PayFlex Card online to purchase mail-order prescriptions. Please note that over-the-counter (OTC) medications must be prescribed by your doctor and cannot be purchased with the PayFlex Card.
- **Pay at time of purchase, then submit a claim:** You may pay for prescriptions at time of purchase, then submit a claim for reimbursement. Claims for prescription drug expenses not previously reimbursed by your medical coverage may be reimbursed through the HCFSA or LPFSA (see restrictions under ***Limited-Purpose Flexible Spending Account (LPFSA) Expenses Allowed by the IRS*** on page H-6). For information on filing a claim, see ***How to File a Claim*** on page H-9.

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (HCFSA) EXPENSES ALLOWED BY THE IRS

Only allowable expenses that are adequately documented and are not covered by insurance are eligible for reimbursement from your HCFSA. The following is a partial list of expenses that may be eligible for reimbursement from the HCFSA if not paid by insurance.

- Acupuncture;
- Automobile equipment to help any physically disabled eligible dependent;
- Birth-control-related expenses;
- Braille books and magazines;
- Certain schooling for a disabled eligible dependent (with proof of medical necessity);
- Charges in excess of recognized charges limits under the medical plan and/or dental plan, or any other health plan under which you have coverage;
- Childbirth preparation classes;
- Chiropractic care;
- Cost of a note-taker for a hearing-impaired child while in school;
- Crutches;
- Deductibles/co-insurance/copayments under the medical plan, dental plan and/or vision plan, or any other health plan under which you have coverage, with the exception of the *Value CDH Plan*;
- Dental cleanings and fillings;
- Detoxification and treatment at a center for alcohol or drug abuse;
- Diabetic supplies;
- Diathermy;
- Elevators (in home) for any disabled eligible dependent;
- Expenses for services connected with donating an organ;
- Eye exams, eyeglasses, contact lenses and supplies;
- Fees to use a swimming pool for exercises prescribed by a doctor to alleviate a specific medical condition;
- Guide or guide dog for any eligible dependent who is visually or hearing-impaired;
- Hearing aids and batteries;
- Home pregnancy tests;
- Infertility treatment;
- Medically necessary mattresses;
- Orthodontia;
- Orthopedic shoes when medically necessary;
- Orthotics (including inserts, orthotics or supports designed to treat an injured or weakened body part);
- Over-the-counter medications used to treat illness, with a prescription from your doctor;
- Physical therapy;
- Prescription drugs;
- Psychotherapy;
- Radial keratotomy or LASIK surgery;
- Radiation treatments;
- Ramp, wheelchair lift or installation of other equipment when medically necessary;
- Routine physical exams;
- Smoking-cessation programs;
- Specialized equipment for any disabled eligible dependent when medically necessary;
- Speech therapy;
- Sterilization and reverse-sterilization surgery;
- Surgical stockings and compression socks;
- Well-baby and well-child care;
- Wheelchairs;
- Wigs for hair loss due to disease; and
- X-rays.

Tax-Free vs. Tax-Deductible

You may approach the tax treatment of your health care dollars in one of two ways:

- The federal government offers a federal income tax deduction for unreimbursed eligible health care expenses that exceed 10% of your adjusted gross income.
- The HCFSA or LPFSA offers tax-free reimbursement from the first dollar of your eligible expenses.

Since the government will not allow two tax breaks on the same expense, you cannot claim a tax deduction for expenses reimbursed from the HCFSA or LPFSA.

Most people find the HCFSA or LPFSA offers greater tax advantages. However, because tax laws are complicated and change from time to time, you should consult your personal tax advisor to find out which approach is best for you.

LIMITED-PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA) EXPENSES ALLOWED BY THE IRS

Only allowable expenses that are adequately documented and are not covered by insurance are eligible for reimbursement from your LPFSA. The following is a partial list of expenses that may be eligible for reimbursement under the LPFSA if not paid by insurance.

- Dental care and orthodontia, such as fillings, X-rays, braces, caps and mouth guards;
- Vision care, including eye exams, eyeglasses, contact lenses, solutions and supplies, and LASIK eye surgery; and
- Prescriptions and eligible over-the-counter items, with a prescription from your doctor, for dental and vision care only.

In addition, after you have met your annual deductible under the *Value CDH Plan* or another IRS-qualified high deductible medical plan, you are eligible for reimbursement of all HCFSA-qualified expenses, as listed on page H-5, from your LPFSA.

EXPENSES NOT ALLOWED FOR REIMBURSEMENT BY THE IRS UNDER THE HCFSA OR LPFSA

The following are examples of expenses not eligible for reimbursement from the HCFSA or LPFSA. These include, but are not limited to:

- Cosmetic surgery and procedures (except to improve a deformity or repair injury);
- Cosmetics and toiletries;
- Custodial care in an institution;
- Expenses claimed on your income tax return;
- Expenses for which you receive reimbursement under the medical plan, dental plan, or any other health plan under which you have coverage;
- Funeral or burial expenses;
- Health club fees and dues;
- Household help;
- Insurance premiums, including premiums for plans maintained by the employer of your spouse or other dependent;
- Long-term care expenses;
- Meals;
- Mileage in your own car;
- Non-prescription medicine and vitamins;
- Over-the-counter medicines without a prescription from a doctor;
- Transportation to/from work for the handicapped;
- Vacation travel for health programs; and
- Weight loss programs (except in the case of proven medical necessity).

For more information about eligible expenses, see www.payflex.com or *IRS Publication 502, Medical and Dental Expenses*, available online at http://www.irs.gov/publications/p502/index.html. However, the IRS list includes some things, such as insurance premiums, that aren't eligible expenses.

Rules for FSAs and Over-the-Counter (OTC) Medicines

You will need a doctor's prescription if you want to use your HCFSA or LPFSA to pay for certain OTC medicines (for the LPFSA, non-dental and non-vision medicines are only eligible for reimbursement after you have met your *Value CDH Plan* deductible). While you won't need the prescription to purchase the medicines, you'll need it if you want to use your FSA to reimburse yourself for the cost of them. So you won't be able to use your PayFlex Card at checkout to pay for these items. Instead, you'll have to pay for the items up-front and then submit a claim for reimbursement.

A prescription is required to use your FSA to reimburse yourself for these types of products:

- Acid controllers
- Allergy & sinus
- Antibiotic products
- Antidiarrheals
- Anti-gas
- Anti-itch & insect bite
- Antiparasitic treatments
- Baby rash ointments/creams
- Cold sore remedies
- Cough, cold & flu
- Digestive aids
- Feminine antifungal/anti-itch
- Hemorrhoidal preparations
- Laxatives
- Motion sickness
- Pain relief
- Respiratory treatments
- Sleep aids & sedatives
- Stomach remedies

You do not need a prescription for other eligible OTC items such as contact lens solutions or bandages.

Using the Dependent Care FSA (DCFSA)

The DCFSA allows you to use pre-tax dollars to pay dependent care expenses that are necessary so that you — and your spouse if you are married — can work, or so that your spouse can go to school full-time. Eligible dependents include the following:

- Your children under age 13 whom you can claim as dependents on your income tax return (if you are divorced and the custodial parent, you may participate in the DCFSA even if, by agreement, you may not claim your child as a dependent on your income tax return),
- Your spouse, if physically or mentally incapable of self care, and
- Any other person considered a dependent for tax purposes who is physically or mentally incapable of self care, regardless of age.

The cost of care rendered outside of your home for your spouse or for dependents of any age who are mentally or physically disabled is reimbursable only if that person spends at least eight hours in your home each day.

If you are divorced or legally separated, child care expenses are eligible for reimbursement only if you have custody of the child for a longer period during the plan year than does the other parent.

Please Note ...

The DCFSA is not an "employee welfare benefit plan" under Title I of ERISA.

Dependent Care Expenses While Job Hunting

If your spouse is actively searching for gainful employment, you may be reimbursed for dependent care expenses through the DCFSA in certain circumstances. Under IRS guidelines, the determination of whether such an expense is eligible is based on the facts and circumstances of each situation. You may want to consult your personal tax advisor or *IRS Publication 503, Child and Dependent Care Expenses* at http://www.irs.gov/publications/p503/index.html. The plan administrator (or its designated claims administrator) has the authority to determine the eligibility of these types of expenses for reimbursement.

CONTRIBUTION AMOUNT

You may contribute up to $5,000 a year to pay for dependent care expenses. Your contribution is deducted from your paycheck pre-tax in equal installments throughout the year. If you are married, the IRS puts additional limits on your contributions:

- If you and your spouse both work, you are limited to the lesser of $5,000, or your spouse's annual pay. For example, if your spouse works part-time and has an earned income of $1,200, you cannot contribute more than $1,200 for the whole year into the DCFSA.
- If you file separate income tax returns, the most you can contribute is $2,500.
- If your spouse has a similar account with his or her employer, your limit is $5,000 a year for both accounts combined.
- Generally, both you and your spouse must be working in order for expenses to be eligible for reimbursement. However, if your spouse is either disabled and unable to provide self care, or is a full-time student for at least five months during the year and has no income, you still may participate in this account. In this case, you can contribute up to $250 per month for one child or $500 per month for two or more children for each of the months your spouse is disabled or enrolled in school full-time.

REIMBURSEMENT

With the DCFSA, you pay the expense first and then file a claim for reimbursement from your account. The process for filing a claim is discussed in ***How to File a Claim*** on page H-9.

You receive a reimbursement check from your DCFSA for the amount of your approved claim expense, up to your current account balance as of the date your claim was processed.

You can set up direct deposit reimbursements to your bank account. For instructions, see ***Direct Deposit of Reimbursements*** on page H-11.

DEPENDENT CARE EXPENSES ALLOWED BY THE IRS

The following is a partial list of expenses that may be eligible for reimbursement through a DCFSA:

- A qualified day care center, nursery school or summer day camp,
- A housekeeper whose duties include day care,
- Someone who cares for an elderly or incapacitated dependent,
- A baby-sitter or nanny inside or outside your home,
- After-school care, or
- A relative who cares for your dependents, as long as that relative is not one of your dependents or one of your children under age 19.

No Reimbursement for Health Care Expenses

Keep in mind that the DCFSA is designed to help you pay for certain child care or elder care expenses only. You cannot use the account for reimbursement of any health care expenses for yourself or your dependents.

DEPENDENT CARE EXPENSES EXCLUDED BY THE IRS

The following are examples of expenses not eligible for reimbursement through a DCFSA. These include, but are not limited to:

- Baby-sitting expenses for reasons other than to enable you to work,
- Cleaning and cooking services not provided by a caregiver,
- Overnight camp,
- Child support payments,
- Food, clothing and entertainment,
- Activity fees and late payment fees, and
- Education, including tuition for private schools.

You may also refer to *IRS Publication 503, Child and Dependent Care Expenses*, available from the IRS or through the IRS website at http://www.irs.gov/publications/p503/index.html.

Dependent Care FSA (DCFSA) vs. Federal Tax Credit

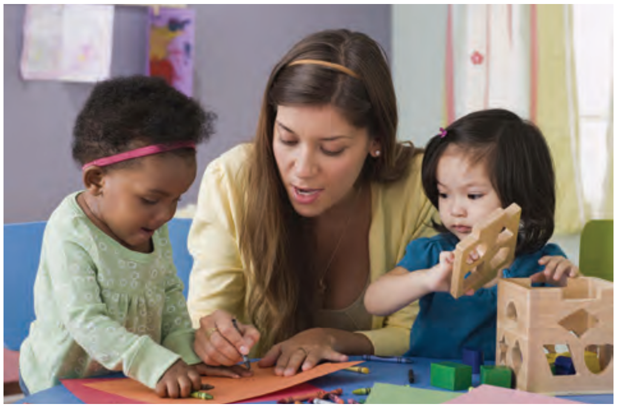
The federal government allows you to take a tax credit for eligible dependent care expenses. Under the Internal Revenue Code, the tax credit is an amount equal to a percentage of your dependent care expenses, limited to $3,000 for one dependent or $6,000 for two or more dependents. This amount may change from year to year and you should request this information annually from your tax advisor.

If you are considering using the DCFSA, you might want also to consider the effect of your participation on taking the tax credit. Here are your options:

- You may take the full tax credit allowed by the IRS,
- You may pass your expenses through the DCFSA, or
- You may use the DCFSA for a portion of your dependent care expenses and take the tax credit for the remaining amount. If you use the DCFSA, the amount you contribute to your account offsets dollar-for-dollar the amount you can take as a tax credit.

The payment method that is best for you depends on your individual situation. In some cases, using the DCFSA saves you more. In other cases, you may save more by taking the credit on your tax return. In most cases, if your family income is over $30,000 or you spend more than $3,000 on care for one dependent, your savings will be greater through a DCFSA.

To help you determine whether the DCFSA or the tax credit is better in your particular situation, you should consult a tax specialist or contact the IRS to obtain *Publication 503, Child and Dependent Care Expenses.*



How to File a Claim

The process for filing a claim is the same for the HCFSA, LPFSA and DCFSA. You have until March 31 following the end of the calendar year to file claims for reimbursement. Any funds remaining in your account(s) after March 31 will be forfeited. You have several options for filing a claim:

- Login to www.payflex.com and select "File a Spending Account Claim." Complete the online claims information and upload, mail or fax any required documentation to PayFlex. You can either elect reimbursement for already paid expenses or request that the provider is paid directly from your account.
- Use the PayFlex Mobile™ app on your smartphone or other mobile device. You can download the PayFlex Mobile™ app from your mobile app store and login using your www.payflex.com username and password. From "My Dashboard" select "Financial Center" then "File a Claim." Then enter the expense type, date, name and amount paid and upload any required documentation to submit your claim.
- Complete a flexible spending account claim form. Claim forms can be obtained at www.mycpchembenefits.com/forms or www.payflex.com or by calling PayFlex at 1-888-678-8242. Attach any required documentation and fax it to 1-888-238-3539 or mail it to:

  PayFlex Systems USA, Inc.
  P.O. Box 4000
  Richmond, KY 40476-4000

All eligible expenses must be incurred by **December 31** of the plan year in which you are making contributions to your FSA. An expense is incurred when the service is rendered — not when you are charged or billed, or when you pay the expense.

Manage Your Accounts With the PayFlex Mobile™ App

The PayFlex Mobile™ application makes it easy for you to manage your FSA accounts 24/7. The free app is available for iPhone and iPad mobile devices, as well as Android and BlackBerry smartphones. The PayFlex Mobile™ app lets you:

- View your account balances and manage your account funds.
- Request reimbursement and view your transaction history.
- View PayFlex Card (your account debit card) purchases and submit documentation.
- View a list of common eligible expense items.
- Receive important alerts about the status of your accounts.

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

DOCUMENTATION REQUIRED FOR CLAIMS PROCESSING

A charge card receipt, cancelled check or balance due statement are not sufficient evidence to request a reimbursement from your FSAs. Acceptable documentation is one of the following

- ***If the claim first goes through your medical, dental or vision plan,*** you must first submit the expenses for reimbursement to the insurance plan that pays benefits, even if your expenses only apply toward your deductible. You will receive an Explanation of Benefits (EOB) indicating expenses not covered or not paid by the insurance plan. This is the best form of documentation.
- ***If the claim is not run through a health care insurance plan (for example, an OTC medicine or product),*** you can use the itemized receipt or statement. The receipt must show the date of purchase or date the service is incurred, the amount for which you are financially responsible, a description of the item or service and the name of the merchant or provider. **Note:** If the claim is for an OTC medicine, you must also include a written prescription.
- ***If you are sending in a prescription drug receipt, it must contain the pharmacy name,*** patient name, drug name (if listed), date the prescription was filled and amount you paid.
- ***If the claim is for dependent care,*** the dependent care provider must sign the completed claim form or provide an itemized receipt including the dates of service, name of the dependent, cost of care and the care provider's name.

Use PayFlex's Online Tools

The FSAs are administered by PayFlex, which offers many convenient online features to track and manage your accounts. Visit www.payflex.com to use the following tools:

- **Account Details:** View your account balance and manage your funds.
- **My Resources:** View educational materials, forms and IRS publications.
- **Savings calculator:** Estimate your health care and dependent care expenses.
- **FAQs:** Review frequently asked questions about your FSAs.

Click "Sign In" and enter your username and password to log on. If you haven't registered at www.payflex.com, under "Sign In" click on "Create Your Profile" to get started.

WHEN YOU CAN EXPECT A REIMBURSEMENT

Claims for reimbursement are processed on a daily basis by PayFlex and are mailed to your home weekly. If your home address changes, it is your responsibility to call the Chevron Phillips Employee Service Center at 1-800-446-1422 (option 3) or update it online through Employee Self Service.

DIRECT DEPOSIT OF REIMBURSEMENTS

You can elect to have your flexible spending account reimbursements directly deposited into your bank account. With this service, claims for reimbursement of health care expenses and/or dependent care expenses are processed daily and your savings or checking account will be credited three business days after the claim is processed.

To enroll in direct deposit of your FSA reimbursements, login to www.payflex.com and select "Financial Center" then "Enroll in Direct Deposit." Or download the "Direct Deposit Authorization Form" from "My Resources" and submit the completed form with a voided check or savings deposit slip by fax to 1-855-803-4887 or by mail to the address on the form. Your direct deposits will begin approximately 10 business days after you complete the enrollment process.

CLAIMS ASSISTANCE

For assistance with questions or problems concerning benefits under this plan, call PayFlex at 1-888-678-8242.

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

YOUR ERISA RIGHTS

As a participant in the HCFSA or the LPFSA, you have certain rights under the Employee Retirement Income Security Act of 1974 (ERISA). For information about your rights under ERISA and other important information, see ***Your ERISA Rights*** on page Q-14.