

Prescription Drug Plan

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Your Prescription Drug Plan

When you enroll in any of the medical plan options offered by Chevron Phillips Chemical Company LP (Chevron Phillips Chemical or the Company), you’re automatically enrolled in the Prescription Drug Plan, administered by CVS Caremark. The plan enables you to purchase the medication you need from:

- A participating or non-participating retail pharmacy,
- CVS Caremark Mail Service Pharmacy (mail-order service) or the CVS Retail Maintenance Choice Program, or
- CVS Specialty pharmacy.

The amount you pay is based on:

- The medical plan option in which you are enrolled,
- Where you purchase the drug (at retail, at a CVS Pharmacy or through mail-order),
- The type of drug (preventive, maintenance or specialty), and
- Whether the drug is generic, preferred brand (formulary) or non-preferred brand (non-formulary).

Typically, your prescription will be filled with a generic drug, if available, unless your doctor specifies otherwise.

EXPATRIATE EMPLOYEES

Health care benefits, including prescription drug benefits, are provided to Chevron Phillips Chemical’s expatriate employees and their dependents through the Aetna International (AI) program. A separate Aetna International packet will be provided to new expatriate employees.

Retirees and spouses age 65 and older (or Medicare-eligible) are not eligible for the Chevron Phillips Chemical Prescription Drug Plan, but will receive a **UnitedHealth Rx for Groups** enrollment packet 90 days prior to their 65th birthday (see page C-8).

How the Plan Works

For the *Choice PPO Plan* and the *Select EPO Plan*, you do not have to meet a deductible (including your medical plan deductible) before the plan begins to pay benefits for prescription drugs. You simply pay the copayment or co-insurance for your retail or mail-order prescription as outlined on pages C-3 – C-5.

The *Value CDH Plan* is different in that prescription drug costs do apply to the *Value CDH Plan* medical deductible. For the purposes of this plan, the family deductible can be met by one covered family member or a combination of covered family members if you have Employee + Spouse, Employee + Child(ren) or Employee + Family coverage. **Designated preventive drugs (see below) are not subject to the deductible, but all non-preventive medications are subject to the Value CDH Plan medical deductible.** Once your annual medical deductible is satisfied, you will pay 30% co-insurance for covered non-preventive drugs.

Lower Copays for Certain Generic Preventive Drugs

All three medical plan options — the *Value CDH Plan*, the *Choice PPO Plan* and the *Select EPO Plan* — feature a lower copay for designated generic preventive drugs. When these drugs are prescribed for listed conditions, you'll pay only:

- \$10 for a 30-day supply (retail), or
- \$20 for a 90-day supply (mail-order or CVS retail).

The designated preventive drugs must be purchased in 30-day or 90-day supply quantities. **The Value CDH Plan medical deductible is also waived** for these selected drugs.

Effective, early management of certain conditions using moderate-cost medications can help prevent future serious complications and reduce future medical costs. Some of the conditions and drugs that are included are:

- For cardiovascular conditions — such as lisinopril, atenolol, and amlodipine,
- For high cholesterol — such as simvastatin,
- For diabetes — insulin, drugs such as glyburide and metformin HCL, and supplies such as meters and One Touch strips, and
- For asthma — designated inhalers.

In addition, a few designated preventive drugs are covered at 100% — when prescribed by a physician — with no deductible, copay or co-insurance, as follows:

- For iron deficiency in children — iron supplements,
- For pregnancy — folic acid supplements,

- For birth control — designated over-the-counter and single source brand contraceptives,
- As prescribed to prevent cardiovascular disease — aspirin,
- For children aged 6 months through 5 years — oral fluoride supplements,
- For participants over age 65 — vitamin D,
- For participants ages 40 through 75 — certain generic cholesterol medications,
- Colonoscopy preparation medications,
- For breast cancer prevention — Exemestane and Anastrozole, and
- For HIV prevention — Truvada and Descovy.

For more information on the preventive drugs covered at 100%, see the CVS Caremark No Cost Preventive List at www.mycpchembenefits.com under “Health & Wellness,” then “Health.”

Certain prescription drugs are excluded from coverage as listed in the CVS Caremark Medications Requiring Prior Authorization document at www.mycpchembenefits.com under “Health & Wellness,” then “Health.”

Finally, designated prescription drugs are covered at 100% for participants in the “BCBS Empower+” condition management program with selected conditions, including high blood pressure, high cholesterol and diabetes. You can access the BCBS Empower+ Copay Drug List at www.mycpchembenefits.com under “Health & Wellness,” then “Health.”

You can access and print the CVS Caremark Preferred Drug Guide (formulary), also referred to as the Performance Drug List, for the *Value CDH Plan*, the *Choice PPO Plan* and the *Select EPO Plan* at www.mycpchembenefits.com under “Health & Wellness,” then “Health.” All three medical plan options use one single, inclusive formulary. You can also find lists of prescription drugs that are included in each pharmacy management program, including the Preventive Drug List, No Cost Preventive List, Maintenance Drug List, PrudentRx Specialty Drug List, Medications Requiring Prior Authorization and more at www.mycpchembenefits.com under “Health & Wellness,” then “Health.”

Also, high-level categories of covered and non-covered prescription drugs can be found in the **Medical Plan and Behavioral Health Plan** chapter under **Specific Covered Expenses** beginning on page B-24 and **Specific Non-Covered Expenses** beginning on page B-36.

Participating Retail Pharmacies

You may purchase up to a 30-day supply of a prescription medicine at a participating retail pharmacy and pay the following amounts:

Participating Pharmacy Benefits — What You Pay for Up to a 30-Day Supply

	Value CDH Plan	Choice PPO and Select EPO Plans
Retail* (30-day supply)	<p>Generic preventive drugs: \$10 copay from a designated list of drugs and conditions (deductible waived)</p> <p>Other Preventive Drugs:</p> <ul style="list-style-type: none"> Preferred Brand: 20%, \$25 min. and \$100 max. Non-Preferred Brand: 30%, \$50 min. and \$200 max. <p>Other Non-Preventive Drugs (deductible applies): 30%</p>	<p>Generic preventive drugs: \$10 copay from a designated list of drugs and conditions</p> <p>Other Drugs:</p> <ul style="list-style-type: none"> Generic: 15%, \$10 min. and \$50 max. Preferred Brand: 20%, \$25 min. and \$100 max. Non-Preferred Brand: 30%, \$50 min. and \$200 max.

* Penalties may apply after your second 30-day fill of maintenance medications. See **Incentivized Mail-Order Program** below for more information.

Maintenance Medications

A maintenance drug is one that must be taken on a regular basis. The plan allows you to obtain your first two 30-day fills of a maintenance drug at any retail pharmacy. After that, you have the option of obtaining up to a 90-day supply of your maintenance medications either through the mail-order pharmacy (CVS Caremark Mail Service Pharmacy) or at a local retail CVS Pharmacy through the Maintenance Choice Program. No matter which option you choose, you pay the same mail-order copayment/co-insurance.

You get the benefit of discounted rates from participating pharmacies even when you are paying all the cost (i.e., before the *Value CDH Plan* deductible is satisfied).

You may want to consider contributing to a Health Care Flexible Spending Account (HCFSAs) or a Health Savings Account (HSA) (the HSA is for *Value CDH Plan* participants only) so you can cover your out-of-pocket prescription drug costs with pre-tax dollars.

Incentivized Mail-Order Program

If you continue to use a retail pharmacy (including CVS) for 30-day supplies of maintenance drugs after your second 30-day fill, then you will pay the following surcharge **in addition to your standard copayment/co-insurance**:

- Generic Drug: \$15
- Preferred Brand-Name Drug: \$30
- Non-Preferred Brand-Name Drug: \$45

Any surcharges you pay for continued use of a retail pharmacy for maintenance drugs do not count toward your medical plan annual out-of-pocket maximum. However, in no event will you pay more than the pharmacy's cash price for your maintenance medication. This will allow you to continue to take advantage of any special low-price drug promotions at your retail pharmacy for 30-day supplies.

Receiving Benefits

To receive benefits, simply show your BlueCross BlueShield (BCBS) member ID card to the pharmacist when you purchase prescriptions.

To find an in-network retail pharmacy, you can call CVS Caremark at 1-855-305-3028, or log on to www.caremark.com and search as follows:

- Under "Plan & Benefits" — choose "Pharmacy Locator"
- Enter the ZIP code, address or name of the pharmacy you are searching for
- Click "Search" to view a list of in-network pharmacies meeting your criteria

Non-Participating Retail Pharmacies

You may buy up to a 30-day supply of a prescription medicine at a non-participating pharmacy; however, you'll pay considerably more than if you use a participating pharmacy.

You must pay the full, non-discounted cost of the prescription at the time of purchase, and then submit an original receipt and a reimbursement claim form to CVS Caremark. Your final cost will be the difference between the non-discounted and discounted cost of the prescription drug (the ineligible cost) plus your copayment or co-insurance. The amounts above your normal copayment or co-insurance do not count toward the *Value CDH Plan* deductible or the annual out-of-pocket maximum under all three medical plan options.

Non-Participating Pharmacy Benefits — What You Pay for Up to a 30-Day Supply

Covered Prescriptions*	Value CDH Plan	Choice PPO and Select EPO Plans
Generic Preventive Drug	\$10 copay from a designated list of drugs and conditions (deductible waived)	\$10 copay from a designated list of drugs and conditions
Generic Drug**	Difference between discounted and non-discounted cost PLUS 30% of discounted cost; after <i>Value CDH Plan</i> deductible is met	Difference between discounted and non-discounted cost PLUS a \$10 copayment
Preferred Brand-Name Drug**	Difference between discounted and non-discounted cost PLUS 30% of discounted cost; after <i>Value CDH Plan</i> deductible is met	Difference between discounted and non-discounted cost PLUS a \$25 copayment
Non-Preferred Brand-Name Drug**	Difference between discounted and non-discounted cost PLUS 30% of discounted cost; after <i>Value CDH Plan</i> deductible is met	Difference between discounted and non-discounted cost PLUS a \$50 copayment

* Precertification is required for certain prescriptions. For more information, see **Precertification** on page C-7.

** A penalty may apply after your second 30-day retail fill of maintenance medications. See **Incentivized Mail-Order Program** on page C-3.

Reimbursement claim forms are available by calling CVS Caremark at 1-855-305-3028 or by logging on to www.caremark.com and clicking “Plan & Benefits” then “Print Plan Forms” or at www.mycpchembenefits.com under “Forms.”



Mail-Order Service

With the mail-order service, you may purchase up to a 90-day supply of prescription medication. If you take maintenance medication for a chronic or long-term condition — such as diabetes, arthritis, heart condition or high blood pressure — this service is ideal for you. CVS Caremark Mail Service Pharmacy can ship your mail-order prescription to any of the 50 states or to any U.S. territory. Please note that federal law prohibits CVS Caremark Mail Service Pharmacy from shipping your order to a foreign country.

Mail-Order Service Benefits — What You Pay for Up to a 90-Day Supply

	Value CDH Plan	Choice PPO and Select EPO Plans
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%	Generic preventive drugs: \$20 copay from a designated list of drugs and conditions Other Drugs: <ul style="list-style-type: none"> ▪ Generic: \$ 25 ▪ Preferred Brand: \$ 68 ▪ Non-Preferred Brand: \$125

To fill a new prescription using CVS Caremark Mail Service Pharmacy:

1. Ask your doctor for a 90-day prescription (with up to one year of refills, if appropriate).
2. Complete a CVS Caremark Mail Service Order Form. You can get a form from CVS Caremark at 1-855-305-3028 or by logging on to www.caremark.com and clicking on “Prescriptions” then “Start Mail Service” or at www.mycpchembenefits.com under “Forms.”
3. Complete your order in one of these ways:
 - Order by Mail** — Mail the order form, your prescription and payment to the address shown on the form.
 - Order by Fax (Doctor Only)** — Have **your doctor**, or a member of your doctor’s staff, fax your order form to the fax number shown on the form. Faxes must be sent from **your doctor’s office**. Faxes from other locations (such as your home or workplace) cannot be accepted.

Note: For your protection, a doctor’s signature is required on all prescriptions.

Maintenance Choice Program

You have the option to fill your 90-day supply of maintenance medications at a retail CVS Pharmacy through the Maintenance Choice Program. Just take your prescription to any retail CVS Pharmacy and you can receive a 90-day supply for the cost of mail-order.

Specialty Drugs

Specialty drugs are high-cost injectable, infused, oral or inhaled drugs that need close supervision and monitoring and often require special handling and storage.

All fills and refills of specialty prescriptions, including the first 30-day supply, must be obtained from CVS Specialty pharmacy. CVS Specialty pharmacy can fill your prescription specialty medicine and deliver it right to your mailbox. Designated specialty drugs are subject to precertification requirements (see **Precertification** on page C-7). For questions, call CVS Specialty pharmacy at 1-800-237-2767.

Participating Pharmacy Benefits — What You Pay for Up to a 30-Day Supply

	Value CDH Plan	Choice PPO and Select EPO Plans
Specialty Drugs (30-day supply)	30% (deductible applies)	\$0 copay if enrolled in PrudentRx* If not enrolled in PrudentRx: 30%

* 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.

PrudentRx Specialty Drug Program

Under the *Choice PPO Plan* and the *Select EPO Plan*, a program called the PrudentRx Copay Program will cover all specialty drugs on the plan's formulary at 100% (\$0 copay) by maximizing the value of the manufacturer's coupons on your behalf. If you don't enroll in PrudentRx, you will pay 30% co-insurance for specialty drugs under the *Choice PPO Plan* and the *Select EPO Plan*.

If you or a covered family member are not currently taking, but will start a new medication covered under the PrudentRx Copay Program, you can reach out to PrudentRx or they will proactively contact you so that you can take full advantage of the PrudentRx Copay Program. You can reach PrudentRx at 1-800-578-4403 to address any questions.

True Accumulator Program

Under the True Accumulator program, manufacturer's coupon payments for specialty drugs do not count toward your deductible, co-insurance or out-of-pocket maximum for all three medical plan options. Only the amount that you pay for the drug counts toward the deductible, co-insurance or out-of-pocket maximum.

Generics Preferred Program

Generic drugs have the same active ingredients as brand-name drugs but cost much less. This is because the companies that make generics don't spend large sums of money on advertising or research. By using generic drugs, you can save money and still achieve the same therapeutic outcome because every generic drug must undergo the same U.S. Food and Drug Administration (FDA) review as its equivalent brand-name drug.

This is why Chevron Phillips Chemical utilizes the Generics Preferred Program. If you fill a prescription with a non-preferred brand-name drug when a generic drug is available, you are required to pay the non-preferred brand-name copayment or co-insurance, plus the difference in cost between the generic drug and the non-preferred brand-name drug. Please note that this cost difference is not applied to the *Value CDH Plan* deductible or the annual out-of-pocket maximum under all three medical plan options.

EXAMPLE OF HOW THE GENERICS PREFERRED PROGRAM WORKS

An employee with the *Choice PPO Plan* or *Select EPO Plan* has a prescription for a non-preferred brand-name drug that costs \$180, while a generic is available for \$60.

Under the Generics Preferred Program, the employee could choose to fill the prescription with a non-preferred brand-name drug, but he or she would be responsible for paying the difference between the non-preferred brand-name price and the generic price (\$120) as well as the non-preferred brand-name drug minimum copay of \$50. The employee would be responsible for \$170, with Chevron Phillips Chemical paying the remaining \$10. However, the employee could instead fill the prescription with a generic and pay only a \$10 copay, with Chevron Phillips Chemical paying the remaining \$50.

Medically Necessary Substitution of Brand-Name Drugs

CVS Caremark has a review process that may allow you to receive a non-preferred brand-name drug at lower rates when a generic drug is available, if you can demonstrate that the non-preferred brand-name drug is medically necessary. If your request is approved, you may obtain prescriptions for the following copayment or co-insurance per prescription:

- *Value CDH Plan*
 - Retail (up to a 30-day supply) and Mail-Order (up to a 90-day supply): 30% co-insurance after deductible.
- *Choice PPO Plan* and *Select EPO Plan*
 - Participating retail pharmacy (up to a 30-day supply): 30% of the total cost or a \$50 copayment, whichever is greater, or
 - Non-participating retail pharmacy (up to a 30-day supply): difference between the discounted and non-discounted cost PLUS a \$50 copayment, or
 - Mail-Order (up to a 90-day supply): \$125 copayment.

To start the review process, have your physician call CVS Caremark at 1-800-294-5979 or fax a letter of medical necessity to CVS Caremark at 1-888-487-9257. CVS Caremark may approve a lower rate for up to one year. Your physician may request an approval for a longer period for maintenance medications.



What's Covered

The list of drugs covered by the plan is called the formulary. An expert panel of physicians and pharmacists has carefully reviewed all of the medications on the formulary for safety, quality, effectiveness and cost. The formulary also includes generic drugs which the Food and Drug Administration approves as bioequivalent — meaning they perform in your body the same way as a brand-name drug.

The formulary is not company-specific or all-inclusive and does not guarantee coverage — there may be minor differences in preferred and non-preferred classifications between the formulary and Chevron Phillips Chemical's prescription drug coverage. All three medical plan options use CVS Caremark's Preferred Drug Guide (formulary), also referred to as the Performance Drug List. When appropriate, your doctor should use the formulary to prescribe drugs for you. For information on the formulary or specific questions on covered drugs, please call CVS Caremark at 1-855-305-3028. You can access and print the 2021 CVS Caremark Preferred Drug Guide (formulary) at www.mycpchembenefits.com under "Health & Wellness," then "Health."

Precertification

If you take certain prescription drugs regularly for a designated ongoing condition like psoriasis, fungal infections, seizure disorders/migraines or rheumatoid arthritis, you may need precertification (also called prior authorization) and will be asked to have your physician provide a statement of medical necessity for those drugs.

Precertification ensures that a medicine is being prescribed to treat a covered medical condition. Many drugs have numerous uses and can be prescribed to treat multiple medical conditions. Most of these conditions are covered under the medical plan, but a few are not. For example, a drug that treats certain eye disorders may also be used to reduce wrinkles. When prescribed to treat the eye disorder, the drug would be covered. If it is prescribed to reduce wrinkles, it would not be covered.

In this program, your own medical professionals are consulted. When your pharmacist tells you that your prescription needs precertification, it simply means that more information is needed to see if the plan will cover the drug. Only your doctor (or sometimes a pharmacist) can provide this information.

Precertification is a program that helps you get prescription drugs you need with safety, savings and — most importantly — your good health in mind. It helps you get the most from your health care dollars with prescription drugs that work well for you **and** that are covered by the Prescription Drug Plan.

CVS Caremark will notify you if this requirement applies to you.



Prescription Drug Management Programs

Chevron Phillips Chemical's prescription drug coverage includes several prescription management programs to give you better care at a lower cost. If any of these specific programs apply to you, you'll receive information directly from CVS Caremark:

- **Specialty Care Management** — This program is intended to better manage the high cost of biotech injectable drugs.
- **Drug Quantity Management** — This safety program is designed to ensure that the quantity of units supplied in each prescription remains consistent with clinical dosing guidelines. This helps encourage the safe, effective and economical use of drugs.
- **Specialty Utilization Management Program** — Designated specialty drugs are high-cost injectable, infused, oral or inhaled drugs that need close supervision, monitoring and/or precertification. Specialty drugs are typically prescribed for rare conditions and applications such as inflammatory conditions, multiple sclerosis, growth hormones and pulmonary arterial hypertension.

Medicare Prescription Drug Benefits

For retirees and their spouses who are age 65 or older, or Medicare-eligible, UnitedHealthcare offers a Medicare Part D prescription drug plan called *UnitedHealth Rx for Groups* through UnitedHealthcare Insurance Company. Eligible participants will receive information directly from UnitedHealthcare approximately 90 days before their 65th birthday. Highlights of the Medicare prescription drug coverage available to you include:

- No annual deductible.
- Predictable and affordable flat copays.
- A formulary that includes 100% of the drugs covered by Medicare Part D.
- A national pharmacy network with over 60,000 convenient locations.
- A mail service pharmacy to fill your 90-day maintenance drug needs.



For more information about *UnitedHealth Rx for Groups* coverage options, call UnitedHealthcare Customer Service at 1-888-556-6648, 24 hours a day, seven days a week. Just be sure to identify yourself as a retiree of Chevron Phillips Chemical Company (Group #309).

Coordination of Benefits

The coordination of benefits provisions described in ***How Health Care Coordination of Benefits Works*** on page A-20 do not apply to the Prescription Drug Plan. Accordingly, prescriptions covered by another group medical plan cannot be submitted for reimbursement under the Chevron Phillips Chemical Prescription Drug Plan. You may want to consider contributing to the Health Care Flexible Spending Account (HCFSA) or the Health Savings Account (HSA) (the HSA is for *Value CDH Plan* participants only) so you can cover the additional cost of any prescription covered by another group medical plan.

Situations That Affect Your Benefits or Coverage

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