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2026 EXPATRIATE BENEFITS GUIDE

Welcome!

Congratulations on your international assignment. Whether you are a newly hired employee or a current domestic employee who is moving to an expatriate assignment, we want to be sure you understand your benefits.

As an expatriate employee, you are automatically enrolled in a special benefit program designed specifically for employees living abroad. Chevron Phillips Chemical partners with Cigna Global to provide your expatriate health care benefits. We offer this Expatriate Benefits Guide to make sure you and your family are aware of the resources and services available to you and know where to go if you have a question or need information. If you are a newly hired expatriate employee, we encourage you to also read the New Hire Benefits Guide at www.mycpchembenefits.com/new-hires.

Once again, congratulations on your international assignment. We hope you enjoy your time abroad.

Sincerely,

The Chevron Phillips Chemical Benefits Team



Expatriate Benefits

Chevron Phillips Chemical is pleased to offer its expatriate employees an international health care program through Cigna Global. Cigna Global has many special features that will make it easy for you to obtain and pay for health care while on international assignment:

- Worldwide medical coverage,
- Round-the-clock member service,
- Direct payment to many hospitals worldwide,
- 24/7 global telehealth by phone or video, and
- Claims reimbursement in over 100 currencies.

Cigna Global offers several tools to help you manage your medical plan and your health:

- Online resources are available by logging on to www.CignaEnvoy.com,
- You can call Cigna Global at 1-800-441-2668 or 1-302-797-3100 (collect calls accepted), and
- Access the Cigna Envoy app to manage your health benefits and to submit claims.

To access plan summaries, forms and other useful resources, visit the **Expats** section at www.mycpchembenefits.com.

The medical plan will pay different amounts depending on whether you receive benefits inside or outside the U.S. In the U.S., you will receive a higher level of benefits if you receive care from an in-network provider. The co-insurance amounts are:

- 90% outside the U.S. (eligible medical expenses received from a Cigna Middle East or Neuron provider within the Middle East are paid at 100%),
- 100% in-network (in the U.S.) for designated preventive services,
- 80% in-network (in the U.S.) for non-preventive services, and
- 60% out-of-network (in the U.S.) after deductible (75% out-of-network after deductible for outpatient mental health, chiropractic care and short-term rehabilitation physician office visits).

Our health care concierge service, Health Advocate, can continue to help you with a variety of benefit questions while you're on international assignment. Be sure to contact Health Advocate for assistance with coverage and billing issues, transferring records and handling prior approvals. You can reach Health Advocate at 1-866-799-2691 or online at www.healthadvocate.com/cpchem.



Health Care Benefits

The Cigna Global expat program also covers your dependents even if their primary residence continues to be in the United States during your expatriate assignment.

Eligible dependents include:

- Your legally married spouse (excluding informal married spouses, 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 children age 26 or older who were covered under the plan before they reached the applicable age limits (newly hired employees with incapacitated or disabled children beyond the applicable age may be enrolled for coverage if they had prior medical coverage. You will need to contact the CPChem Benefits Service Center at 1-833-964-3575); or
 - For purposes of the health care plans, a child who is the subject of a valid Qualified Medical Child Support Order (QMCSO), as determined by the plan administrator.

See the *How to Participate* Summary Plan Description at www.mycpchembenefits.com/benefit-handbooks for more details on who may qualify as an eligible dependent.

On the next few pages, you will find general information about covered services and the contribution rates for the medical and dental plans.

You will receive a Cigna Global medical plan ID card with contact information for accessing and using your benefits.

DEFAULT COVERAGE FOR NEW HIRES

If you are a new hire expatriate employee, you'll automatically be enrolled in Employee-Only medical and dental coverage through Cigna Global. You can enroll in other benefits, including critical illness insurance, vision, flexible spending accounts, supplemental life and AD&PL and group legal coverage. See the *New Hire Benefits Guide* at www.mycpchembenefits.com/new-hires for more information on all of your benefit coverage options.



Cigna Global Expat Medical Plan Summary

	CIGNA GLOBAL — MEDICAL BENEFITS		
	Outside the U.S.	In-Network** (Inside the U.S.)	Out-of-Network (Inside the U.S.)
Maximum lifetime benefit	Unlimited	Unlimited	Unlimited
Deductible	\$0 — Individual \$0 — Family	\$0 — Individual \$0 — Family	\$200 — Individual \$400 — Family
Annual out-of-pocket maximum	\$1,500 — Individual \$4,500 — Family (Does not apply to employees in the Middle East Plan)	\$1,500 — Individual \$4,500 — Family	\$3,000 — Individual \$9,000 — Family
Hospital Services			
Inpatient	90%*	80%	60% after deductible
Outpatient	90%*	80%	60% after deductible
Emergency room	90%*	80%	80%
Urgent care	90%*	80%	60% after deductible
Physician Services and Wellness Benefits			
PCP or specialist doctor's office visits	90%*	80%	60% after deductible
<i>Cigna Global Telehealth phone or video consultation</i>	100%	100%	100%
Routine child physical exams (Includes immunizations)	100%	100%	60% after deductible
Routine adult physical exams (Includes immunizations)	100%	100%	60% after deductible
Routine gynecological exams	100%	100%	60% after deductible
Mammograms	100%	100%	60% after deductible
PSA tests	100%	100%	60% after deductible
Digital rectal exam	100%	100%	60% after deductible
Colorectal cancer screenings	100%	100%	60% after deductible
Routine hearing exam (One per 24 months)	90%*	80%	60% after deductible
Mental Health and Alcohol/Substance Abuse Services			
Inpatient treatment	90%*	80%	60% after deductible
Outpatient treatment	90%*	80%	75% after deductible
Other Services			
Skilled nursing facility (120-day calendar year maximum)	90%*	80%	60% after deductible
Home health care (120-visit calendar year maximum, includes Private Duty Nursing)	90%*	80%	60% after deductible
Chiropractic care	90%*	80%	75% after deductible
Short-term rehabilitation (cardiac & pulmonary rehab, speech, occupational & cognitive therapy; 60 days per therapy per calendar year maximum — limit not applicable to mental health/ substance abuse and autism treatments)	90%*	80%	60% after deductible
Short-term rehabilitation (physical therapy and physiotherapy — unlimited)	90%*	80%	75% after deductible (physician office visit); 60% after deductible (outpatient hospital facility)

(continued)

CIGNA GLOBAL — MEDICAL BENEFITS			
	Outside the U.S.	In-Network** (Inside the U.S.)	Out-of-Network (Inside the U.S.)
Other Services (continued)			
Autism treatment (inpatient/ outpatient services, medication management and diagnostic services, and Applied Behavioral Analysis (ABA); speech, physical and occupational therapy)	90%*	80%	60% after deductible
Comprehensive fertility services (comprehensive plan coverage includes coverage for Artificial Insemination and Ovulation Induction)	90%*	80%	60% after deductible
Advanced Reproductive Technology (ART) fertility services (GIFT, ZIFT and in vitro fertilization coverage with services to bypass)	90%*	80%	60% after deductible
Diagnostic outpatient lab and X-ray	90%*	80%	60% after deductible
Bariatric surgery (subject to medical necessity and clinical guidelines; \$10,000 lifetime surgical procedure maximum)	90%*	80%	60% after deductible
Durable medical equipment (including foot orthotics)	90%*	80%	60% after deductible
Hearing aids (limited to dependent children under 24; one aid per ear every 36 months, up to \$3,000 maximum)	90%*	80%	60% after deductible
Global medical evacuation and repatriation	100%	100%	100%
Prescription Drug Coverage			
Generic (365-day maximum supply***)	75%*	75%, member cost not to exceed \$50 per 30-day retail supply Up to 90-day supply available by mail order	60% after deductible
Preferred brand (365-day maximum supply***)	75%*	75%, member cost not to exceed \$100 per 30-day retail supply Up to 90-day supply available by mail order	60% after deductible
Non-preferred brand (365-day maximum supply***)	75%*	75%, member cost not to exceed \$125 per 30-day retail supply Up to 90-day supply available by mail order	60% after deductible
Vision Expenses			
Routine eye exam (one exam every 12 months)	90%*	100%	Up to \$40 allowance
Eyeglass frames OR contact lenses (one frames or contacts every 12 months)	90%*	\$400 allowance	Up to \$320 allowance
Eyeglass lenses (in lieu of contacts, one every 12 months)	90%*	100%	Single vision — Up to \$30 allowance Bifocal — Up to \$50 allowance Trifocal or lenticular — Up to \$70 allowance

* Eligible medical expenses received from a Cigna Middle East or Neuron provider within the Middle East are paid at 100%. Please only show your Cigna Middle East or Neuron ID card. If benefits are not payable under Cigna Middle East or Neuron, please submit to Cigna Global Health Benefits for consideration.

** To find a participating in-network provider in the U.S., log on to www.CignaEnvoy.com or call 1-800-441-2668 or 1-302-797-3100 (collect calls accepted).

*** Requires prior authorization from Cigna Global.

Note: For information about benefits available for services received in Dubai and Qatar, please see detailed charts available at www.mycpchembenefits.com/other-middle-east-locations.

Cigna Global Tools and Resources

Finding a Provider

You can receive care from the provider of your choice anywhere in the world. You have several options to find in-network providers in your location:

- Use the Cigna Envoy® app to locate local in-network providers.
- Call Cigna Global at 1-800-441-2668 or 1-302-797-3100 (collect calls are accepted).
- Find the provider directory online by logging on to www.CignaEnvoy.com.

In the United States, you will receive a higher level of benefits if you receive care from an in-network provider.

ACCESS ON THE GO WITH THE CIGNA ENVOY® APP

Use the Cigna Envoy app to find information about your plan and benefits, locate an in-network provider, access your ID card, submit and check the status of claims, and more. Download the Cigna Envoy app on the Apple App Store or Google Play to get started today.

Member Website

No matter where your travels take you, from the Cigna Global website, www.CignaEnvoy.com, you have a wealth of information at your fingertips. The site is available 24 hours a day, 7 days a week. It offers the following resources:

- **International Provider Directory** — search for in-network providers and specialists around the globe.
- **Plan information** — view benefits and exclusions, including coverage details and claims history.
- **Forms and online claims submission** — download claim forms and submit and track claims with the online claims tool.
- **Global location information** — find country guides with practical travel information, health, safety and travel tips, and much more.
- **Cigna Pharmacy Management** — Cigna makes it easy and convenient to fill your prescriptions before you leave and while you are on assignment.
- **Certificate of Coverage** — you can obtain a Certificate of Coverage online via the Cigna Envoy customer portal.



Cigna Global's Customer Service Center

Cigna Global's Customer Service Center is made up of multilingual professionals who are trained to respond to your specific international benefits needs. They can answer medical plan benefit questions and connect you to other resources as needed. The team can help you:

- Find in-network providers,
- Coordinate second opinions,
- Aid in medical evacuations and repatriations, and
- Arrange a guarantee of payment for International Services.

You can reach the Cigna Global Customer Service Center by calling **1-800-441-2668** or **1-302-797-3100** (collect calls are accepted).

Global Telehealth

When you don't feel well, you want to get better fast. There are times when a visit to a doctor's office is difficult to manage.

Global telehealth provides convenient access to quality health care 24/7, available through Cigna Envoy® or the Cigna Wellbeing® app.

Global telehealth gives you access to licensed doctors 24/7 around the world — by phone or video — for non-emergency health issues. Simply arrange a telephone or video consultation from the Cigna Envoy app or the Cigna Wellbeing app. Appointments are often scheduled for the same day. You can use Global telehealth for:

- Video or phone consultations with a licensed doctor,
- A diagnosis for non-emergency health issues and treatment for fever, rash, pain and more,
- Receiving prescriptions for common health concerns, when medically necessary, and
- Discussing a medication plan and potential side effects.

You can use the Cigna Envoy app or Cigna Wellbeing app to make an appointment with a doctor anytime. Your initial consultation will be with a general practitioner by phone or video. When necessary, a prescription will be sent to you to take to your local pharmacy. If the general practitioner feels that you should speak with a specialist, another appointment with a specialist will be set up.

Global telehealth is a great alternative to doctor's office or clinic visits, with no deductibles or coinsurance payments. Download the free Cigna Envoy and Cigna Wellbeing apps to get started.



Filing a Claim

For most medical services out-of-network, and sometimes outside the U.S., you will have to pay for your care and file a claim for reimbursement (unless a direct settlement arrangement has been set up with a participating hospital). You can submit a claim electronically or by using a paper form.

- 1 To submit an online claim, log on to www.CignaEnvoy.com and follow the instructions to submit your claim electronically.
- 2 If you prefer to submit your claim via fax or mail, download and print the claim form online and then:
 - a. Copy all fully-itemized medical bills and receipts on letter-sized paper. Be sure all copies are legible. Bills and receipts should include:
 - Patient’s name and relationship to employee,
 - Provider name, address and telephone number,
 - Date of service,
 - Amount charged,
 - Procedure(s) performed, and
 - Diagnosis/nature of illness (if this is not included, you may write it on the bill/receipt; please sign and date any handwritten notes).
 - b. Write your identification number on each piece of paper.
 - c. Fax or mail the claim form and copies of medical bills and receipts to:
 - **Fax:** 001-302-797-3150 or 1-800-243-6998.
 - **Mail:** Standard mail or overnight express mail to the address shown on the claim form.

Direct Settlement Procedures

Cigna Global contracts with selected “direct settlement” medical facilities to facilitate the payment of large-scale medical costs. When you access care at a contracted direct settlement medical facility or provider, your out-of-pocket expenses may be reduced because you’ll generally be responsible for a smaller portion of the bill, and Cigna Global will pay the facility directly for any remaining covered expenses according to the plan’s specific benefits coverage. That way you don’t have to worry about paying for all your covered medical expenses up-front.

Guarantee of Payment

When visiting an out-of-network provider outside the U.S., a Guarantee of Payment (GOP) assures payment directly to the provider for covered services. This helps prevent you from having to pay for services that would normally be covered under your plan. If your provider requests payment up front, ask them to contact Cigna Global to verify benefits and confirm payment of services on your behalf. You or your provider can request a GOP at any time by calling the number on your global ID card.



Medical Plan Contribution Rates

The following chart shows the 2026 monthly contributions for medical coverage. Remember, your contributions for medical coverage are deducted from your pay on a pre-tax basis.

Cigna Global — Medical Coverage

	YOUR CONTRIBUTIONS	COMPANY CONTRIBUTIONS	TOTAL
Employee-Only	\$147.78	\$ 399.63	\$ 547.41
Employee + Spouse	\$377.48	\$ 808.12	\$1,185.60
Employee + Child(ren)	\$324.94	\$ 757.98	\$1,082.92
Employee + Family	\$452.23	\$1,692.62	\$2,144.85

Cigna Global Dental Plan Summary

CIGNA GLOBAL — DENTAL BENEFITS	
General Information	
Deductible	\$50 — Individual \$100 — Individual + 1 dependent \$150 — Individual + 2 or more dependents
Plan year maximum benefit	\$2,000/person
<i>For the following treatments and services, the Cigna Global program pays:</i>	
Covered Services	
Diagnostic and preventive care	100% with no deductible
Basic services	80% after deductible
Major services	50% after deductible
Orthodontia	
– Adults	50% with no deductible
– Children	50% with no deductible
– Lifetime maximum benefit	\$2,000

Dental Plan Contribution Rates

The following chart shows the 2026 monthly contributions for dental coverage. Remember, your contributions for dental coverage are deducted from your pay on a pre-tax basis.

Cigna Global — Dental Coverage

	YOUR CONTRIBUTIONS	COMPANY CONTRIBUTIONS	TOTAL
Employee-Only	\$18.70	\$18.70	\$ 37.40
Employee + Spouse	\$37.39	\$37.39	\$ 74.78
Employee + Child(ren)	\$52.34	\$52.34	\$104.68
Employee + Family	\$83.23	\$83.23	\$166.46



Flexible Spending Accounts (FSAs)

If you're currently participating in a Health Care or Dependent Care Flexible Spending Account, you'll be able to keep your accounts active.

For more details on Flexible Spending Accounts, such as what types of expenses are reimbursable, see the *Flexible Spending Accounts Summary Plan Description* at www.mycpchembenefits.com/benefit-handbooks.

If you repatriate from an expat assignment to a domestic position and were not previously enrolled in an FSA, you have 31 days from your repatriation date to enroll. Repatriation is a qualified status change. Once enrolled, you will receive an FSA debit card for eligible health care expenses.

Life Insurance, AD&PL and LTD

Any basic and supplemental life insurance, basic and supplemental accidental death and personal loss (AD&PL) and Company-paid long-term disability (LTD) coverages in which you are enrolled will continue while you are on international assignment. You can enroll in or change your supplemental benefits coverage within 31 days after your expatriation date by contacting the CPChem Benefits Service Center online at digital.alight.com/cpchem or by phone at 1-833-964-3575.

Voluntary Benefit Options

If you are enrolled in the Critical Illness Plan, Vision PLUS Plan or MetLife Legal Plan, those coverages will continue while you are on international assignment. You can enroll in or change your critical illness, vision or legal coverage within 31 days after your expatriation date by contacting the CPChem Benefits Service Center online at digital.alight.com/cpchem or by phone at 1-833-964-3575.

Note: The Cigna Global expat medical plan offers a higher level of vision coverage than the domestic medical plans, so you should carefully consider your available coverage before enrolling in or continuing the Vision PLUS Plan through VSP.

Cigna Global's International Employee Assistance Program

The International Employee Assistance Program (IEAP) provides direct dial 24/7 immediate access to confidential services for behavioral issues. Services include telephonic triage for emergent and urgent referrals, crises intervention and referrals to community resources. The IEAP also provides referrals for up to 10 face-to-face sessions with licensed behavioral professionals (currently available in 160 countries).

To reach the IEAP, call the number on the back of your member ID card or go online to www.CignaEnvoy.com.

401(k) and Retirement

You will continue to participate in the Chevron Phillips Chemical Company's 401(k) Savings Plan and Retirement (Pension) Plan. For information on your retirement benefits, see the Summary Plan Descriptions at www.mycpchembenefits.com/benefit-handbooks.

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, 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, placement for adoption or permanent legal guardianship, you may be able to enroll yourself and your dependents if you were previously not enrolled. You must enroll within 31 days after the event, and coverage will be effective the date of the event.

In addition, you may enroll in Chevron Phillips Chemical's medical plan if you become eligible for, or lose coverage under, a state premium assistance program under Medicaid or Children's Health Insurance Program (CHIP). You must request enrollment within 60 days after you gain or lose this eligibility. If you request a change, coverage will be effective the first of the month following your request for enrollment. Specific restrictions may apply, depending on federal and state law.

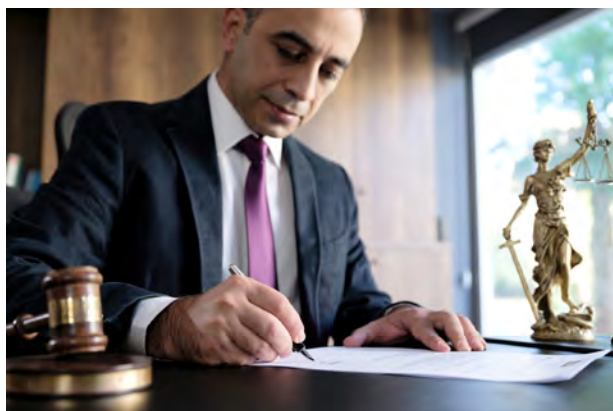
Privacy Protections

HIPAA imposes requirements on employer health plans concerning the use and disclosure of individual health information. To obtain a copy of the privacy notice for Chevron Phillips Chemical Company LP Health and Welfare plans, contact the Employee Service Center at 1-800-446-1422 (option 3).

General Notice of COBRA Continuation Coverage Rights

Introduction

Under a federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), individuals with group health coverage have the right to continue coverage for a limited period of time when plan coverage would otherwise end. This notice provides a general explanation of COBRA continuation coverage, when it may become available to you and your family, and how you can protect your right to receive it.



An Overview of COBRA Coverage

The chart below summarizes individuals eligible for COBRA coverage (known as qualified beneficiaries), the life events that qualify them for coverage, and related coverage periods:

QUALIFYING EVENT	QUALIFIED BENEFICIARY	COVERAGE PERIOD
- Employee's/spouse's hours of employment are reduced - Employee's/spouse's employment ends for any reason other than gross misconduct	Employee Spouse Dependent child	18 months
- Employee entitled to Medicare (under Part A, Part B or both)* - Divorce or legal separation - Death of employee	Spouse Dependent child	36 months
- Spouse entitled to Medicare (under Part A, Part B or both)* - Death of spouse	Dependent child	36 months
Loss of dependent child status	Dependent child	36 months
Company declares Chapter 11 bankruptcy which results in loss of group health coverage	Retiree Retiree's spouse Retiree's dependent child	36 months

* Under the COBRA Medicare entitlement rule, if an employee becomes entitled to Medicare (generally when Medicare Part A coverage becomes effective) before a termination of employment, dependents may be eligible for up to 36 months of COBRA coverage measured from the Medicare entitlement date, while the employee's COBRA coverage generally remains limited to 18 months from the qualifying event.

Extension of Coverage

The 18-month coverage period may be extended under the following circumstances:

EVENT	
Disability	- If the Social Security Administration determines that the qualified beneficiary was disabled on the date of the qualifying event according to Title II (Old Age Survivors and Disability Insurance) or XVI (Supplemental Security Income) of the Social Security Act, the 18-month coverage period will be extended to 29 months. - The qualified beneficiary must obtain the disability determination from the Social Security Administration and notify the Plan Administrator within 60 days of the date of disability determination and before the close of the initial 18-month period. The qualified beneficiary has 30 days to notify the Plan Administrator from the date of a final determination that he or she is no longer disabled.
Secondary Event	If during the 18 months of continuation coverage, a second event takes place (divorce, legal separation, death, Medicare entitlement or a dependent child ceasing to be a dependent), the 18-month coverage period will be extended to 36 months. The qualified beneficiary must notify the Plan Administrator within 60 days of the event and within the initial 18-month period. COBRA coverage does not last beyond 36 months from the original qualifying event, no matter how many events occur.

If you elect to continue a Flexible Spending Account through COBRA, the maximum period for continuation coverage is through the end of the calendar year, on an after-tax basis.

Providing Notification of a Qualifying Event

COBRA coverage is offered to a qualified beneficiary after the Plan Administrator has been notified of a qualifying event. The employer must notify the Plan Administrator within 30 days after the following qualifying events: an employee's death, termination of employment, reduction in hours or eligibility for Medicare, and the loss of retiree coverage resulting from a bankruptcy ruling. You must notify your employer or the Plan Administrator within 60 days of the following qualifying events: your divorce or legal separation or if your child loses dependent status under the Plan.

Electing COBRA Coverage

Once notified, the Plan Administrator will inform qualified beneficiaries of their right to elect COBRA coverage. The employee and spouse may elect COBRA coverage independent of one another. Employees may elect COBRA coverage on behalf of their spouses, and parents may elect COBRA coverage on behalf of their children. The election period is 60 days, which begins from the date Plan coverage ends or the date of the notice, whichever is later. There is no extension of the election period. If coverage is not elected within this 60-day period, then rights to continue group health insurance will end.

Paying for COBRA

You pay the full cost of COBRA coverage (plus a 2 percent administration fee), which is 102% of the total premium. There is a grace period of at least 30 days for payment of the regularly scheduled premium. At the end of the 18-month, 29-month or 36-month continuation coverage period, qualified beneficiaries may be offered, if available on the group health plan, the opportunity to enroll in an individual conversion health plan provided by your employer.

Updating Information on Qualified Beneficiaries

You must inform the Plan Administrator of any changes regarding qualified beneficiaries, such as:

- Changes of addresses of family members, and
- Birth to or adoption of a child by the covered employee during a period of COBRA coverage. According to the terms of the Plan and federal law, the child can be added to COBRA coverage as a qualified beneficiary upon proper notification to your employer or COBRA Plan Administrator.

For your records, be sure to keep a copy of any notices you send to the Plan Administrator.

Cancellation of COBRA Coverage

Under federal law, COBRA coverage may be cancelled for any of the following reasons:

- Your employer no longer provides group health coverage to any of its employees,
- The premium for continuation coverage is not paid on time,
- The qualified beneficiary becomes covered, after the date he or she elects COBRA coverage, under another group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition,
- The employee or spouse becomes entitled to Medicare, after the date he or she elects COBRA coverage,
- The qualified beneficiary extends coverage to 29 months due to a Social Security disability and a final determination has been made that he or she is no longer disabled, and
- The qualified beneficiary notifies the Plan Administrator that they wish to cancel continuation coverage.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the pre-existing condition limitations imposed by group health plans (applicable, in general, for plan years beginning after June 30, 1997). Under HIPAA, if you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated. At the same time, if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, your employer or COBRA Plan Administrator may terminate your COBRA coverage.

While you do not have to show that you are insurable to choose COBRA coverage, this continuation coverage is provided subject to your eligibility for coverage. Your COBRA Plan Administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

Where to Obtain More Information

For more information about your rights and obligations under the Plan and under federal law, please review the Plan's Summary Plan Description or contact the Plan Administrator. If you have questions about your rights under ERISA (including COBRA, HIPAA, and other laws affecting group health plans), contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa (contact information for Regional and District EBSA Offices is available through the site).

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 2026. 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
9500 Lakeside Blvd.
The Woodlands, TX 77381

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.

Contacts

If you have questions or need assistance with any of your expatriate benefit options, call or go online using the contact information below.

YOUR RESOURCES			
Plan Contacts	Carrier	Phone	Website
CPChem Benefits Service Center ▪ Enrollment help and overall benefits information ▪ Dependent Verification Center ▪ Your Journey to Wellness ▪ Well-Being Reimbursement Account	Alight Solutions	1-833-964-3575	digital.alight.com/cpchem
Advocacy Program	Health Advocate	1-866-799-2691	www.healthadvocate.com/cpchem
Chevron Phillips Pension and Savings Service Center ▪ 401(k) ▪ Retirement ▪ Financial planning/investment advice ▪ Health Savings Account (HSA)	Fidelity	1-866-771-5225	www.netbenefits.com
Medical Plan, Prescription Drug Plan, Behavioral Health Plan and Dental Plan	Cigna Global	1-800-441-2668 or 1-302-797-3100 (collect calls accepted)	www.CignaEnvoy.com
International Employee Assistance Program (IEAP)	Cigna Global	1-888-851-7032 or 1-877-857-2952 Reverse Charge Number: +44 208 987 6230	www.CignaEnvoy.com
Critical Illness Plan	MetLife	1-800-438-6388	digital.alight.com/cpchem
Vision PLUS Plan	VSP	1-800-877-7195	www.vsp.com
Flexible Spending Accounts	Inspira	1-888-678-8242	www.inspirafinancial.com
Income Protection Plans ▪ Basic Life Insurance ▪ Supplemental Life Insurance ▪ Basic AD&PL Insurance ▪ Supplemental AD&PL Insurance ▪ OAD Insurance ▪ Business Travel Accident Insurance ▪ Long-Term Disability	MetLife (contact the CPChem Benefits Service Center with questions)	1-833-964-3575	digital.alight.com/cpchem
Group Legal Plan	MetLife Legal	1-800-821-6400	info.legalplans.com www.metlife.com/cpchem
Care.com & LifeMart ▪ Caregiver finder ▪ Employee discounts	Care.com	1-866-814-1638	cpchem.care.com

Please note: Important information, forms and other resources can be found in the *Expats* section of the Chevron Phillips Chemical benefits website at www.mycpchembenefits.com/expats. Summary Plan Descriptions are available on the Chevron Phillips Chemical Benefits website at www.mycpchembenefits.com/benefit-handbooks.

This booklet is for guidance of Company employees and is not to be construed as creating any contractual rights or other legally enforceable rights for any employee or the Company. Employees who read or receive this guide are not necessarily eligible for the benefits described here. If there is any conflict between the information in this guide and the actual plans, the plans' legal documents will govern.

Chevron Phillips Chemical Company reserves the right to change or discontinue any of its benefit plans at the Company's discretion. Benefit plan entitlement and terms and conditions for employees covered by a collective bargaining agreement are subject to discussions between the parties under the terms of that agreement and applicable labor laws.



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Caring by choice.™