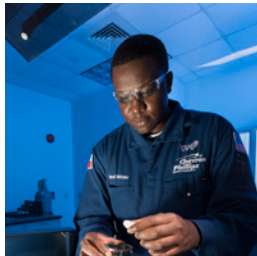
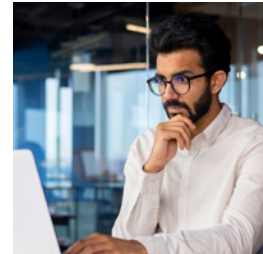




Performance by design.
Caring by choice.™



2025 BENEFITS ANNUAL ENROLLMENT

INSIDE YOU'LL FIND:

- What's new for 2025 — *page 2*
- What you need to do — *page 3*
- Your benefits options — *page 4*
- Using online tools — *page 13*



2025 OPEN ENROLLMENT

HEALTH

WEALTH

CAREER

FAMILY

WELLNESS

Dear CPChem Colleagues,

CPChem is committed to providing you with a comprehensive benefits package that supports your health, financial well-being and overall work-life balance. During this year's Open Enrollment, I want to emphasize the importance of reviewing your benefits options and making informed decisions for you and your family. To help you navigate your choices, we have prepared this 2025 Open Enrollment Guide that outlines the available benefits options and resources to ensure you make the most of what's offered.

Open Enrollment is your annual opportunity to choose the benefits that best suit your individual and family needs. This year's Open Enrollment period will run from Oct. 16 – Nov. 1, 2024.



For 2025, employee contribution rates for the Expat Medical Plan will increase between \$18 and \$60 per month and employee contribution rates for the Expat Dental Plan will increase between \$3 and \$16 per month, depending on the coverage level(s) you choose. We appreciate your focus on making cost-conscious health care choices, which include using in-network providers and obtaining timely preventive care.

Thank you for your commitment to making CPChem the employer of choice. Your dedication and hard work are what drive our success, and we remain committed to offering extensive and affordable benefits to support you and your loved ones.

All the best,

A handwritten signature in black ink that reads "Maricela Caballero". The signature is written in a cursive, flowing style.

Maricela Caballero

Senior Vice President, Human Resources

NEW!

What's New for 2025

The following changes are effective Jan. 1, 2025, or as noted.

Premiums for Health Care Coverage

- Employee contribution rates for the Expat Medical Plan will increase between \$18 and \$60 per month, depending on the coverage level you choose.
- Employee contribution rates for the Expat Dental Plan will increase between \$3 and \$16 per month, depending on the coverage level you choose.

HCFSA Contribution Limit Increase

- The annual contribution limit for the Health Care Flexible Spending Account (HCFSA) will increase if the 2025 limits are announced by the IRS prior to Open Enrollment.

REMEMBER!

When You Repatriate

Remember that repatriation is a qualified life event, and you must make coverage elections for the US medical and dental plans within 31 days of the date of your repatriation. You will be automatically enrolled in the *Value CDH Plan* for US medical coverage and the Comprehensive Dental Plan for US dental coverage under the same coverage tiers you have for the Expat Medical Plan and the Expat Dental Plan. If you make different enrollment elections within the 31-day enrollment period, these default coverages will be replaced by your elections.

DON'T FORGET!

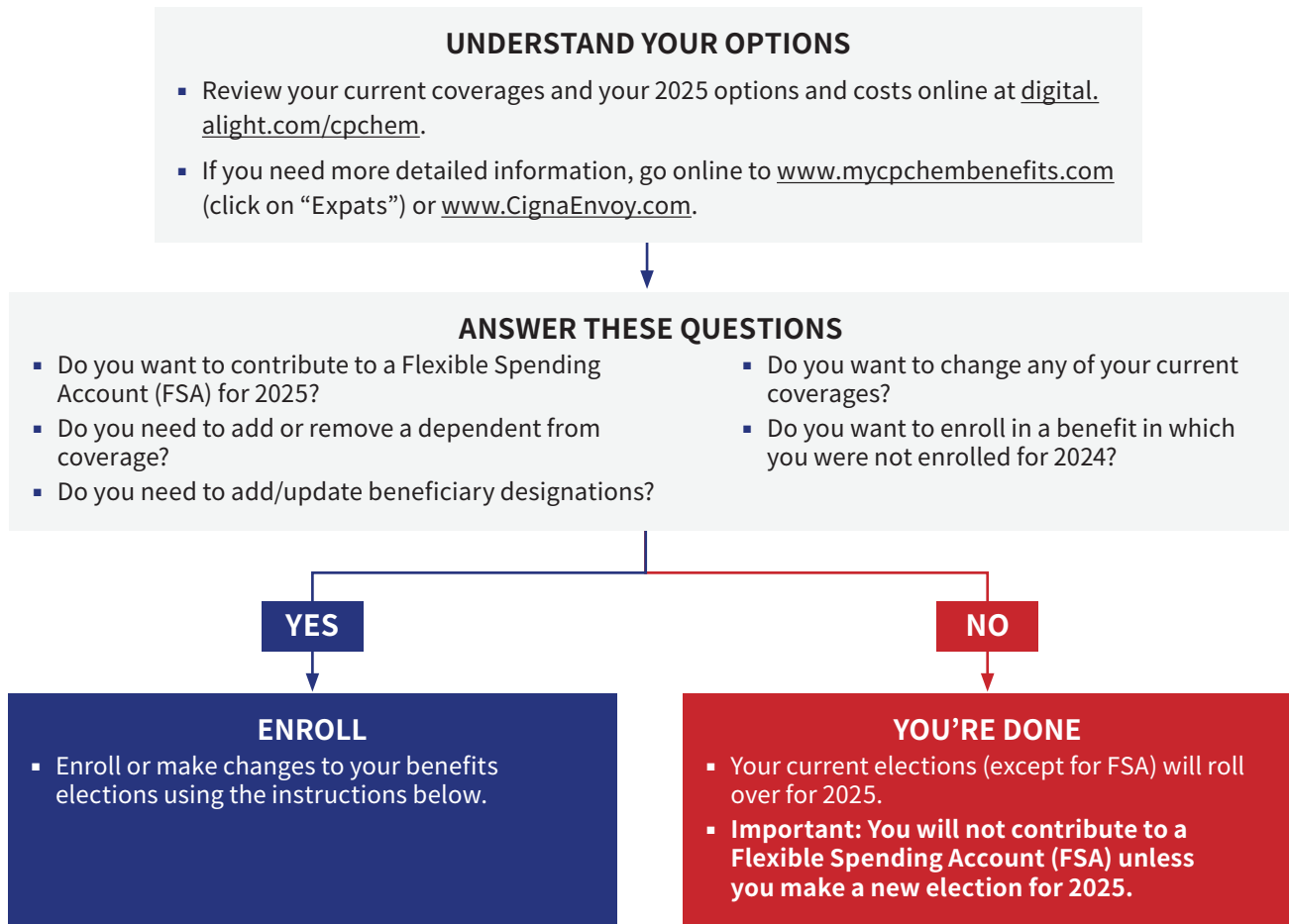
You can earn up to \$250 in rewards in 2024 by completing different activities through the *Your Journey to Wellness* program by

Dec. 8, 2024. For more information, visit www.mycpchembenefits.com/wellness.



What You Need to Do

Open Enrollment for your 2025 health and welfare benefits runs from Oct. 16 – Nov. 1, 2024. You may or may not need to actively enroll — depending on your current benefits and the changes you wish to make for 2025.



Enroll

If you answered “yes” to one of the questions above, you should enroll for 2025. You can enroll online or by calling the CPChem Benefits Service Center.

▪ Enroll online

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

▪ Enroll by phone

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

REMEMBER!

- You can go online or call and make changes as many times as you like during the Open Enrollment period.
- **Please note:** Your benefits elections save in the system as you make your choices, even if you exit prior to completing your enrollment. You will receive an email confirming your benefits elections have been received. Be sure this confirmation reflects the elections you made.

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 (<i>inpatient/outpatient services, medication management and diagnostic services, and Applied Behavioral Analysis (ABA); speech, physical and occupational therapy</i>)	90%*	80%	60% after deductible
Comprehensive fertility services (<i>comprehensive plan coverage includes coverage for Artificial Insemination and Ovulation Induction</i>)	90%*	80%	60% after deductible
Advanced Reproductive Technology (ART) fertility services (<i>GIFT, ZIFT and in vitro fertilization coverage with services to bypass</i>)	90%*	80%	60% after deductible
Diagnostic outpatient lab and X-ray	90%*	80%	60% after deductible
Bariatric surgery (<i>subject to medical necessity and clinical guidelines; \$10,000 lifetime surgical procedure maximum</i>)	90%*	80%	60% after deductible
Durable medical equipment (<i>including foot orthotics</i>)	90%*	80%	60% after deductible
Hearing aids (<i>limited to dependent children under 24; one aid per ear every 36 months, up to \$3,000 maximum</i>)	90%*	80%	60% after deductible
Global medical evacuation and repatriation	100%	100%	100%
Prescription Drug Coverage			
Generic (<i>365-day maximum supply***</i>)	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 (<i>365-day maximum supply***</i>)	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 (<i>365-day maximum supply***</i>)	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 (<i>One exam every 12 months</i>)	90%*	100%	100%
Eyeglass frames and lenses OR contact lenses (<i>One frames/lenses or contacts per 12 months</i>)	90%*	80%	80%

* 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.

2025 Medical Contribution Rates

The following chart shows the 2025 monthly contributions for medical coverage. Remember, your contributions for coverage are deducted from your pay on a pre-tax basis.

	YOUR CONTRIBUTIONS	COMPANY CONTRIBUTIONS	TOTAL
Cigna Global – Medical Coverage			
Employee-Only	\$131.60	\$ 370.80	\$ 502.40
Employee + Spouse	\$336.13	\$ 769.17	\$1,105.30
Employee + Child(ren)	\$289.35	\$ 715.48	\$1,004.83
Employee + Family	\$402.70	\$1,606.94	\$2,009.64

Critical Illness Plan

Critical illness insurance offers valuable protection by **helping pay out-of-pocket costs associated with serious health conditions**, such as heart attack, stroke, bypass surgery, renal failure, organ transplants, Alzheimer’s Disease and certain cancers. The Critical Illness Plan, offered through MetLife, provides a lump-sum benefit to be used however you choose. You can elect coverage amounts of **\$10,000, \$20,000 or \$30,000** for you and/or your family. It is separate from the medical plan, so benefits are payable regardless of whether or not you have met your medical deductible. The plan is available to all employees, but it may be especially helpful to provide “stop gap” coverage for *Value CDH Plan* participants because of that option’s high deductibles. Coverage is voluntary and 100% employee-paid.

2025 Critical Illness Contribution Rates

The following chart shows the 2025 monthly contributions per \$10,000 in coverage under the Critical Illness Plan. Coverage of \$20,000 is 2x the rates shown below and coverage of \$30,000 is 3x the rates shown below. Your contributions for coverage are deducted from your pay on an after-tax basis. Therefore, any benefit payments you receive from the plan are non-taxable.

CRITICAL ILLNESS PLAN PREMIUMS PER \$10,000 IN COVERAGE				
EMPLOYEE’S AGE	Employee-Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Under 25	\$ 0.90	\$ 1.79	\$ 2.57	\$ 3.47
25 – 29	\$ 1.00	\$ 2.01	\$ 2.68	\$ 3.68
30 – 34	\$ 1.70	\$ 3.18	\$ 3.37	\$ 4.86
35 – 39	\$ 2.84	\$ 5.20	\$ 4.51	\$ 6.88
40 – 44	\$ 4.75	\$ 8.56	\$ 6.42	\$ 10.23
45 – 49	\$ 7.74	\$ 13.76	\$ 9.42	\$ 15.44
50 – 54	\$ 12.16	\$ 21.08	\$ 13.84	\$ 22.76
55 – 59	\$ 17.99	\$ 30.58	\$ 19.67	\$ 32.26
60 – 64	\$ 26.61	\$ 44.67	\$ 28.29	\$ 46.34
65 – 69	\$ 41.17	\$ 68.17	\$ 42.84	\$ 69.85
70+	\$ 60.95	\$103.02	\$ 62.62	\$104.70

For more details, including coverage exclusions, please refer to www.mycpchembenefits.com under “Health & Wellness” then “Voluntary Benefits.”

Dental Plan

The following chart shows the dental services under the Cigna Global program.

CIGNA GLOBAL – DENTAL BENEFITS	
General Information	
Deductible	\$50 — Individual \$100 — Individual + 1 dependent \$150 — Individual + 2 or more dependents
Plan year maximum	\$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	\$2,000

2025 Dental Contribution Rates

The following chart shows the 2025 monthly contributions for dental coverage. Your contributions for coverage are deducted from your pay on a pre-tax basis.

	YOUR CONTRIBUTIONS	COMPANY CONTRIBUTIONS	TOTAL
Cigna Global – Dental Coverage			
Employee-Only	\$17.37	\$17.37	\$ 34.74
Employee + Spouse	\$34.74	\$34.74	\$ 69.48
Employee + Child(ren)	\$48.63	\$48.63	\$ 97.26
Employee + Family	\$77.33	\$77.33	\$154.66



Vision PLUS Plan

Under the Vision PLUS Plan, you can see an in-network VSP provider or an out-of-network provider, but the plan will pay a higher level of benefits if you see an in-network provider. To find an in-network provider, visit www.vsp.com.

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

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

VISION PLUS PLAN – VSP		
	IN-NETWORK	OUT-OF-NETWORK
Eye exam, including corrective exam and contact lens fitting and evaluation (once per calendar year)	Covered 100%	Reimbursed up to \$45
Frames (once every two calendar years)	Covered up to \$150; 20% discount on any amount over \$150	Reimbursed up to \$70
Lenses (once per calendar year)		
– Single	Covered 100%	Reimbursed up to \$30
– Bifocal	Covered 100%	Reimbursed up to \$50
– Trifocal	Covered 100%	Reimbursed up to \$65
– Lenticular	Covered 100%	Reimbursed up to \$100
Progressive lenses (once per calendar year)		
– Standard	VSP member cost: \$55	Reimbursed up to \$50
– Premium	VSP member cost: \$95 – \$105	Reimbursed up to \$50
– Custom	VSP member cost: \$150 – \$175	Reimbursed up to \$50
Contacts (once per calendar year in lieu of eyeglass lenses; applies to all three items below)		
– Elective	Covered up to \$130	Reimbursed up to \$105
– Medically necessary	Covered 100%	Reimbursed up to \$105
– Contact lens fitting and evaluation	Covered 100%	Included in eye exam reimbursement above
Second annual eye exam related to diabetic eye disease, glaucoma or age-related macular degeneration (AMD)	\$20 copay	Not covered

2025 Vision Contribution Rates

The following chart shows the 2025 monthly contributions for Vision PLUS Plan coverage. Your contributions for coverage are deducted from your pay on a pre-tax basis.

VISION PLUS PLAN – YOUR CONTRIBUTIONS	
Employee-Only	\$ 6.72
Employee + Spouse	\$13.44
Employee + Child(ren)	\$14.14
Employee + Family	\$22.60

For more details, please refer to the Vision PLUS Plan Summary Plan Description on www.mycpchembenefits.com.



Other Benefits Options to Consider

Besides health care coverage, you'll also be eligible to enroll in — or make changes to — other benefits options during Open Enrollment. For more information on any of these benefits plans, please refer to the Summary Plan Descriptions on www.mycpchembenefits.com.

Flexible Spending Accounts

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

2025 FSA MAXIMUMS

For 2025, the maximum annual amounts you can contribute are:

- **\$3,200** to the HCFSA (if you and your spouse both have access to an HCFSA, you can each contribute \$3,200 for a total of \$6,400 per family).
- **\$5,000** to the DCFSA (if you are married and file a joint tax return, the \$5,000 annual limit for the DCFSA applies to you and your spouse together).

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

Life Insurance

Life insurance pays a benefit to your beneficiary in the event of your death, or to you in the event of your enrolled dependent's death. The Company provides you **basic life insurance** equal to one times your current annual pay — with a minimum benefit of \$10,000 and a maximum benefit of \$300,000. Your coverage amount is rounded up to the next higher \$1,000, if not already a multiple of \$1,000.

IMPORTANT NOTE

You will need to provide Evidence of Insurability if you make your first request for supplemental employee life insurance or supplemental dependent life insurance during Open Enrollment. It's important to take action on your Evidence of Insurability as soon as possible, but no later than March 31, 2025.

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

- **Employee Supplemental Life**
 - Coverage of one to eight times your current annual pay, with a minimum of \$10,000 and a maximum of \$600,000.
 - Your coverage is rounded up to the next higher \$1,000 if not already a multiple of \$1,000.
 - The maximum coverage you may have for both basic (Company-provided) and supplemental life insurance combined is \$900,000.
- **Dependent Supplemental Life**

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

 - Your spouse in \$10,000 increments, with a minimum of \$10,000 and a maximum of \$250,000 or the combined total of your basic and supplemental life insurance, whichever is less.
 - Your eligible dependent children with coverage of \$5,000, \$10,000 or \$15,000 for each child.

Accidental Death and Personal Loss (AD&PL) Insurance

If you or your eligible dependent suffers certain accidental injuries, the AD&PL benefit will pay a percentage of your benefit. Your **basic Company-paid AD&PL insurance** is one times your current annual pay, rounded up to the next higher \$1,000 if not already a multiple of \$1,000. The maximum coverage is \$300,000.

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

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

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

Company-Paid Long-Term Disability (LTD) Insurance

Long-term disability (LTD) insurance is designed to provide you with financial assistance when you have an injury or illness that lasts longer than 26 weeks. Chevron Phillips Chemical provides all eligible employees LTD coverage equal to 60% of your basic monthly earnings (which does not include awards, bonuses and unscheduled overtime), up to a maximum benefit of \$14,000 per month, subject to personal income taxes, upon disability. All employees are automatically enrolled in LTD benefits with no Evidence of Insurability required to receive coverage.



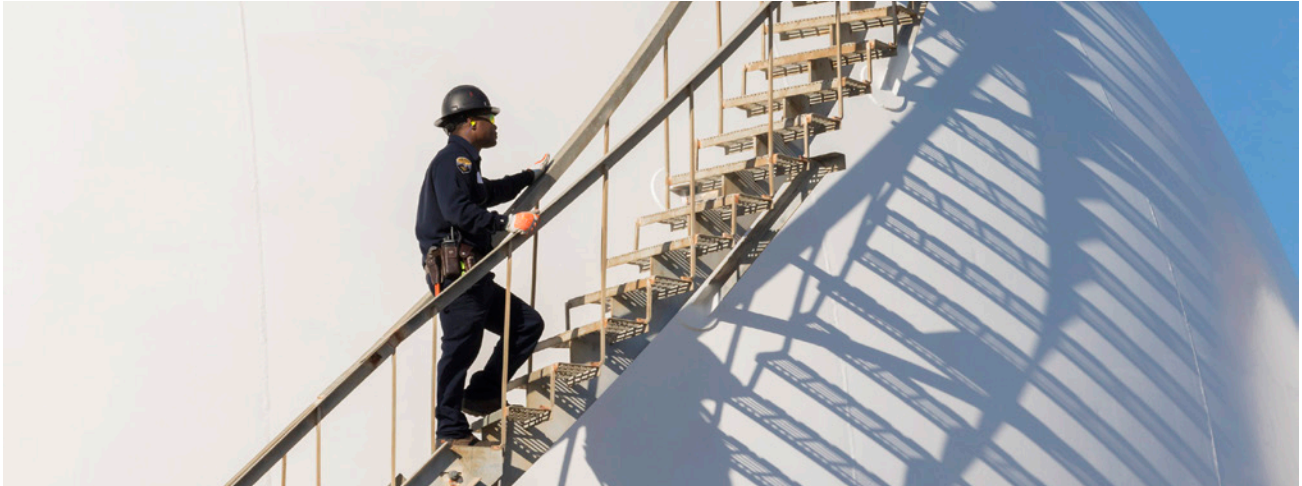
Insurance Premiums

The following charts show the 2025 monthly contributions for supplemental life and supplemental AD&PL insurance.

SUPPLEMENTAL LIFE INSURANCE PREMIUMS					
SUPPLEMENTAL EMPLOYEE LIFE INSURANCE		SUPPLEMENTAL SPOUSE LIFE INSURANCE		SUPPLEMENTAL CHILD LIFE INSURANCE	
Age	Monthly Rate Per \$1,000 of Coverage	Age	Monthly Rate Per \$1,000 of Coverage		
29 and under	\$0.036	29 and under	\$0.041	\$5,000 per child	\$0.52 per month*
30 – 34	\$0.041	30 – 34	\$0.047	\$10,000 per child	\$1.05 per month*
35 – 39	\$0.055	35 – 39	\$0.062	\$15,000 per child	\$1.57 per month*
40 – 44	\$0.071	40 – 44	\$0.078	* Price covers all children, up to age 26, no matter how many children you enroll.	
45 – 49	\$0.116	45 – 49	\$0.130		
50 – 54	\$0.196	50 – 54	\$0.216		
55 – 59	\$0.333	55 – 59	\$0.370		
60 – 64	\$0.488	60 – 64	\$0.606		
65 – 69	\$0.794	65 – 69	\$0.878		
70+	\$1.540	70+	\$1.718		

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





Group Legal Plan

When you enroll in the Group Legal Plan through MetLife Legal Plans, a **licensed attorney can assist you with a number of legal matters**. If you use one of MetLife Legal Plan's more than 14,000 in-network attorneys, you are entitled to **unlimited in-office or phone consultations on covered matters** including:

- Estate planning (for example wills, living wills, trusts and powers of attorney).
- Family law (for example adoptions, IRS audits, traffic tickets, name changes, bankruptcy services, home sales/purchases, property tax assessments, debt collection and immigration).
- ID theft services (for example prevention resources and assistance following ID theft).

Group Legal coverage is available for \$14.85 per month. Your contributions for coverage are deducted from your pay on an after-tax basis. The plan covers you, your spouse and your eligible dependents.

Eligible Dependents

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

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

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

Using Online Tools

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

WHAT CAN I FIND ON ... ?

www.mycpchembenefits.com



Click on “Expats”

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

Click on “Summary Plan Descriptions”

- The Summary Plan Descriptions give detailed information about all of our benefits plans.

Click on “Contacts”

- Phone numbers and websites for each of the plan vendors are listed here.

www.healthadvocate.com/members



Benefits at-a-glance

- Get a snapshot of your benefits package including medical, dental, vision and pharmacy benefits.

Become more informed

- Access trusted information on virtually any health topic.

Get live support

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

www.CignaEnvoy.com



Log in to the Cigna Envoy website to manage your health plan

- View benefits and exclusions, including coverage details and claims history.
- Use the provider directory to find in-network health care providers in your location.
- Find country guides with practical travel information, health, safety and travel tips, and much more.
- Download claim forms and submit and track claims with the online claims tool.

digital.alight.com/cpchem



Access your CPChem Benefits Service Center portal, hosted by Alight

- Make your annual benefits elections during Open Enrollment.
- Initiate benefits changes within 31 days after a qualified life event.
- Submit dependent verification documents to Alight and complete Evidence of Insurability for MetLife coverages.
- Conveniently access other health plan vendor-partner websites.

www.myactivehealth.com/cpchem



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

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

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

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

Legal Notices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that you receive the following legal notices.

Special Enrollment Notice

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage or group health plan coverage, you and your dependents may in the future be able to enroll yourself or your dependents in Chevron Phillips Chemical Company LP Health and Welfare plans if you lose your other coverage. You must request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents if you were previously not enrolled. You must enroll within 31 days after marriage, birth, adoption or placement for adoption. If you lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible, you must request enrollment within 60 days after the loss of such coverage.

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

Privacy Protections

HIPAA imposes requirements on employer health plans concerning the use and disclosure of individual health information. To obtain a copy of the privacy notice for Chevron Phillips Chemical Company LP Health and Welfare plans, contact the CPChem Benefits Service Center at 1-833-964-3575.

Notice of Creditable Coverage

(for employees eligible for Medicare — over-age-65 employees and certain disabled employees)

Please read this notice carefully. It has information about prescription drug coverage available under Chevron Phillips Chemical's medical plans and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving employer/union coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by a Chevron Phillips Chemical medical plan, you'll be interested to know that the prescription drug coverage under our plans is, on average, at least as good as standard Medicare prescription drug coverage for 2025. This is called creditable coverage. Coverage under these plans will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your employer coverage. In this case, the Chevron Phillips Chemical medical plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Chevron Phillips Chemical coverage, Medicare will be your only payer. You can re-enroll in the Chevron Phillip Chemical plan only during the annual benefits enrollment period or if you have a Special Enrollment event for the Chevron Phillips Chemical plan.

You should know that if you waive or leave coverage with Chevron Phillips Chemical and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll in Part D.

If you are no longer an active employee and you and/or your spouse are over age 65, Chevron Phillips Chemical no longer provides medical plan coverage including prescription drug coverage and you should enroll in Medicare and a Medicare prescription drug plan.

For more information about this notice or your current prescription drug coverage...

Contact the CPChem Benefits Service Center at 1-833-964-3575. **Note:** You'll get this notice each year. You may receive this notice at other times in the future — such as before the next period you can enroll in Medicare prescription drug coverage, if Chevron Phillips Chemical's coverage changes, or upon your request.

For more information about your options under Medicare prescription drug coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

- Visit www.medicare.gov for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at www.socialsecurity.gov or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, contact:

Chevron Phillips Chemical Company
Health Plan Administrator
10001 Six Pines Drive
The Woodlands, TX 77380
Phone: 832-813-4100

Women's Health and Cancer Rights Act (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under the medical plan.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

If you would like more information about maternity benefits, please contact your plan administrator.





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