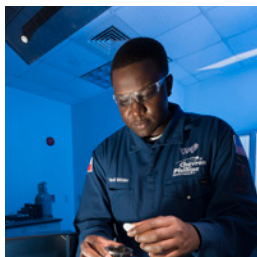
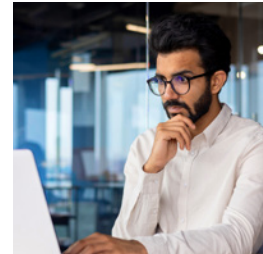




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Caring by choice.™



# 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 5*
- Using online tools — *page 14*



# 2025 OPEN ENROLLMENT

HEALTH

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WEALTH

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CAREER

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FAMILY

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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.



We are implementing changes to our benefits for the upcoming year that are designed to provide exceptional benefits coverage at a competitive cost.

### Here are some highlights of key changes for 2025:

- You will be eligible to enroll in one of two dental plan options and vision coverage, with pre-tax premiums deducted from your paycheck.
- Medical rates will increase between \$5 and \$60 per month. We appreciate your focus on making cost-conscious health care choices, which include using in-network providers and obtaining timely preventive care.
- To comply with IRS requirements for high deductible health plans, annual deductibles will increase slightly under the *Value CDH Plan*.
- Your Company-paid basic life and basic AD&PL insurance will increase to one times annual salary, with administration moving from Dearborn to MetLife.

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".

**Maricela Caballero**

*Senior Vice President, Human Resources*

**NEW!**

# What's New for 2025

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

## **NEW!** Dental and Vision Plan Coverage

- You will be eligible to enroll in CPChem-sponsored dental and vision plan coverage for 2025. If you enroll, the premiums will be deducted from your paycheck on a pre-tax basis. **You must actively enroll during the Open Enrollment period if you want dental or vision coverage for 2025.**
- You will have two dental plans to choose from — the Preventive Dental Plan and the Comprehensive Dental Plan. The Preventive Dental Plan covers routine preventive and diagnostic services only. The Comprehensive Dental Plan covers a broad range of dental services, including routine and diagnostic services, fillings, dental surgery, major restorations and orthodontia, up to plan limits. Both plans are administered by BCBS of Texas.
- The Vision PLUS Plan, administered by VSP, covers eye exams, eyeglass frames, eyeglass lenses and contact lenses, subject to certain limits. Keep in mind that the medical plan options cover an annual in-network non-corrective eye exam. However, if you enroll in the Vision PLUS Plan, you will also have coverage for a corrective eye exam, eyeglass lenses and frames, and contact lenses.
- You can find more details about these plans on pages 10 – 11 or on the CPChem Benefits Center website at [digital.alight.com/cpchem](https://digital.alight.com/cpchem).

## Premiums for Health Care Coverage

- U.S. medical plan premiums will increase between \$5 and \$60 per month, depending on the plan and coverage level you choose.

## Value CDH Plan Changes

- The *Value CDH Plan* annual in-network deductibles will increase to \$1,650 for Employee-Only coverage and \$3,300 for all other coverage levels to comply with IRS requirements for high deductible health plans.

## Life and AD&PL Insurance and STD Plan Changes

- Company-paid basic life insurance and basic Accidental Death & Personal Loss (AD&PL) insurance will increase to one times your annual salary, with administration moving from Dearborn to MetLife.
- Administration of the Short-Term Disability (Sickness and Accident) (STD) Plan will also move from Dearborn to MetLife. If you're currently receiving STD benefits, those payments will continue through Dearborn for the duration of the benefit period or until you return to work.
- For any questions about these coverages, contact the CPChem Benefits Service Center at 1-833-964-9575.

## HSA/FSA Contribution Limit Increases

- The annual contribution limit for the Health Savings Account (HSA) will increase to \$4,300 for Employee-Only coverage and \$8,550 for all other coverage levels, which includes CPChem's contribution.
- The annual contribution limit for the Health Care Flexible Spending Account (HCFSA) and Limited-Purpose Flexible Spending Account (LPFSA) will increase if the 2025 limits are announced by the IRS prior to Open Enrollment.



# 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.

## UNDERSTAND YOUR OPTIONS

- Review your current coverages and your 2025 options and costs online at [digital.alight.com/cpchem](https://digital.alight.com/cpchem).
- Use online support tools at [www.mycpchembenefits.com](https://www.mycpchembenefits.com). See page 14 for details.



## ANSWER THESE QUESTIONS

- **Do you want to enroll in dental or vision coverage for 2025?**
- **Are you covering your spouse under the medical plan? If so, you MUST answer the spousal surcharge attestation questions every year during Open Enrollment.**
- Do you want to contribute to a Flexible Spending Account (FSA) or Health Savings Account (HSA) for 2025?
- Do you need to add or remove a dependent from coverage?
- Do you need to add/update beneficiary designations?
- Do you want to change any of your current coverages?
- Do you want to enroll in a benefit in which you were not enrolled for 2024?

YES

NO

### ENROLL

- Enroll or make changes to your benefits elections using the instructions on page 4.
- Answer the spousal surcharge attestation questions (if you're covering your spouse under the medical plan).

### YOU'RE DONE

- If your spouse is enrolled in the medical plan, the \$100/month spousal surcharge will apply for 2025.
- Your current elections (except for FSA and HSA) will roll over for 2025.
- **Important: You will not contribute to a Flexible Spending Account (FSA) or Health Savings Account (HSA) unless you make a new election for 2025.**

## Enroll

If you answered “yes” to one of the questions on page 3, 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](https://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.
- You can also find a single sign on to the enrollment website on MySphere under the “My Total Rewards” tile. Click on the “Tools & Resources” tile, then “Benefits Service Center (Alight).”

### ▪ 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.

### THINGS TO CONSIDER

- **If you don’t confirm during Open Enrollment that your covered spouse is not eligible for medical coverage through their employer (other than CPChem), you will be assessed a \$100/month pre-tax spousal surcharge in 2025.**
- If you want to contribute to a Flexible Spending Account (FSA) in 2025, you must enroll for coverage during Open Enrollment.
- You can make or change your Health Savings Account (HSA) contribution elections at any time, but Open Enrollment is a convenient time to do so.

# Medical Plan

## Medical Plan Comparison Chart

You have three medical plan options from which to choose — the *Value CDH Plan*, the *Choice PPO Plan* and the *Select EPO Plan*.

	VALUE CDH PLAN <sup>1</sup>	
	In-Network <sup>2</sup>	Out-of-Network <sup>2</sup>
BCBS network	Blue Choice PPO network	
Deductible	\$1,650/Employee-Only \$3,300/Employee + Spouse <sup>3</sup> \$3,300/Employee + Child(ren) <sup>3</sup> \$3,300/Employee + Family <sup>3</sup>	\$ 2,250/Employee-Only \$ 4,500/Employee + Spouse <sup>3</sup> \$ 4,500/Employee + Child(ren) <sup>3</sup> \$ 4,500/Employee + Family <sup>3</sup>
Out-of-pocket maximum	\$4,500/Employee-Only \$9,000/Employee + Spouse \$9,000/Employee + Child(ren) \$9,000/Employee + Family	\$ 6,750/Employee-Only \$13,500/Employee + Spouse \$13,500/Employee + Child(ren) \$13,500/Employee + Family
Lifetime maximum benefit	Unlimited	
<i>For the following treatments and services, the medical plan options pay:</i>		
<b>Preventive Care<sup>4</sup></b>		
Routine physicals (includes labs)	100% — deductible waived	50%
Annual well-woman exam (includes labs)	100% — deductible waived	50%
Mammograms (routine for women ages 39 and over)	100% — deductible waived	50%
Well-child care (includes labs)	100% — deductible waived	50%
<b>Physician Office Visits</b>		
Primary care office visits (surgical & non-surgical)	Preventive: 100% — deductible waived Non-preventive: 70%	Preventive: 50% Non-preventive: 50%
Specialist office visits (surgical & non-surgical)	70%	50%
MDLIVE phone or online video consultation	70%	N/A
Lab & X-ray	Preventive: 100% — deductible waived Non-preventive: 70%	Preventive: 50% Non-preventive: 50%
Maternity care	Prenatal office visits: 100% — deductible waived <sup>6</sup> . All other visits/services covered at 70%	50%
<b>Emergency Services</b>		
Hospital emergency room	70%	70%
Urgent care	70%	50%
Non-emergency use of the emergency room	Not covered	Not covered
Ambulance	70%	70%
<b>Outpatient Services</b>		
BDC/BDC+ locations (certain services) <sup>8</sup>	80%	N/A
Outpatient surgery	70%	50%
Physician/surgeon and related professional fees (non-office visits)	70%	50%
<b>Hospital Services</b>		
BDC/BDC+ locations (certain services) <sup>8</sup>	80%	N/A
Per confinement copay	Not applicable	Not applicable
Inpatient and outpatient (not BDC/BDC+) <sup>8</sup>	70%	50%

Please see the footnotes on pages 7 – 8.

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

Please see the footnotes on pages 7 – 8.



VALUE CDH PLAN <sup>1</sup>		
	In-Network <sup>2</sup>	Out-of-Network <sup>2</sup>
<b>Other Covered Services</b>		
Spinal manipulation (limits apply) <sup>9</sup>	70%	50%
Assisted Reproductive Technology (ART), including in vitro fertilization (limits apply) <sup>10</sup>	70%	50%
Sterilization (tubal ligation/vasectomy)	Tubal ligation, including ancillary services: 100% — deductible waived; vasectomy covered at 70%	50%
Short-term rehabilitation (limits apply) <sup>11</sup>	70%	50%
Autism treatment (inpatient/outpatient services, medication management and diagnostic services, and Applied Behavioral Analysis (ABA); speech, occupational and physical therapy, each up to 60 visits/year)	70%	50%
Hearing aids (maximum benefit of \$3,000 every 36 months)	70%	50%
Routine eye exam <sup>4</sup>	100% — deductible waived	50%
Routine hearing exam <sup>4</sup>	100% — deductible waived	50%
Gym Membership	\$19 initiation fee and \$19/month to \$99/month access charge, based on gym tier	Not covered
Travel Expense Reimbursement	100% of travel and lodging expenses to obtain covered services not available within 100 miles of the patient's home. Maximum of \$50/day per person for patient and one approved caregiver (or two approved caregivers for a child). Annual limit of \$10,000/year per patient.	
<b>Prescription Drug Coverage</b>		
<i>For covered prescription drugs, you pay:</i>		
Deductible	N/A — Prescription costs other than the \$10/\$20 generic preventive drug copays are subject to the <i>Value CDH Plan</i> medical deductible	
Retail (30-day supply)	Generic Preventive Drugs: \$10 copay from a designated list of drugs and conditions (deductible waived)  Other Preventive Drugs: • Preferred Brand: 20%, \$25 min. and \$100 max. • Non-Preferred Brand: 30%, \$50 min. and \$200 max.  Other Non-Preventive Drugs (deductible applies): 30%	
Specialty Drugs (30-day supply)	\$0 copay (after deductible) if enrolled in PrudentRx <sup>12</sup> If not enrolled in PrudentRx: 30% (deductible applies) <sup>13</sup>	
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: • Preferred Brand: \$ 68 • Non-Preferred Brand: \$125  Other Non-Preventive Drugs (deductible applies): 30%	

<sup>1</sup> For the *Value CDH Plan* and the *Choice PPO Plan*, in-network expenses don't apply to the out-of-network deductible or out-of-pocket maximum, and out-of-network expenses don't apply to the in-network deductible or out-of-pocket maximum.

<sup>2</sup> Unless otherwise noted, benefits paid at 90%, 80%, 70%, 60% or 50% co-insurance are paid only after the deductible has been met.

<sup>3</sup> For the *Value CDH Plan* only, the deductible is the same whether you and your family sign up for Employee + Spouse, Employee + Child(ren), or Employee + Family coverage, and there are no individual sub-limits for each covered person. The full deductible can be met by one family member or a combination of family members.

<sup>4</sup> For limits, see the Preventive Care Guidelines on [www.mycpchembenefits.com/health](http://www.mycpchembenefits.com/health).

<sup>5</sup> For the *Select EPO Plan* only, lab and X-ray charges for services performed at a doctor's office and billed as part of the visit are covered by the office visit copay. When these services are not performed at the time of the office visit, are performed at another facility or are performed by an entity other than the doctor's office, you and/or your family must first meet your deductible, and then the expense will be covered at 90%. The deductible is waived for preventive services regardless of where services are performed.

<sup>6</sup> 100% coverage for prenatal office visits does not include inpatient admissions, high risk specialist visits, ultrasounds, amniocentesis, fetal stress tests, certain diagnostic lab tests or delivery including anesthesia.

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

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

	CHOICE PPO PLAN <sup>1</sup>		SELECT EPO PLAN
	In-Network <sup>2</sup>	Out-of-Network <sup>2</sup>	In-Network Only <sup>2</sup>
<b>Other Covered Services</b>			
Spinal manipulation (limits apply) <sup>9</sup>	80%	60%	100% after \$50 copay
Assisted Reproductive Technology (ART), including in vitro fertilization (limits apply) <sup>10</sup>	80%	60%	90%
Sterilization (tubal ligation/vasectomy)	Tubal ligation, including ancillary services: 100% — deductible waived; vasectomy covered at 80%	60%	Physician services covered at 100% after \$100 copay; other services, such as hospital and lab, covered at 90%
Short-term rehabilitation (limits apply) <sup>11</sup>	80%	60%	100% after \$50 copay if received in doctor's office or special rehabilitation facility; otherwise, covered at 90%
Autism treatment (inpatient/outpatient services, medication management and diagnostic services, and Applied Behavioral Analysis (ABA); speech, occupational and physical therapy, each up to 60 visits/year)	80%	60%	100% after \$50 copay
Hearing aids (maximum benefit of \$3,000 every 36 months)	80%	60%	90%
Routine eye exam <sup>4</sup>	100% — deductible waived	60%	100% — deductible waived
Routine hearing exam <sup>4</sup>	100% — deductible waived	60%	100% — deductible waived
Gym Membership	\$19 initiation fee and \$19/month to \$99/month access charge, based on gym tier	Not covered	\$19 initiation fee and \$19/month to \$99/month access charge, based on gym tier
Travel Expense Reimbursement	100% of travel and lodging expenses to obtain covered services not available within 100 miles of the patient's home. Maximum of \$50/day per person for patient and one approved caregiver (or two approved caregivers for a child). Annual limit of \$10,000/year per patient.		
<b>Prescription Drug Coverage</b>			
<i>For covered prescription drugs, you pay:</i>			
Deductible	N/A		
Retail (30-day supply)	Generic Preventive Drugs: \$10 copay from a designated list of drugs and conditions  Other Drugs: • Generic: 15%, \$10 min. and \$50 max. • Preferred Brand: 20%, \$25 min. and \$100 max. • Non-Preferred Brand: 30%, \$50 min. and \$200 max.		
Specialty Drugs (30-day supply)	\$0 copay if enrolled in PrudentRx <sup>12</sup> If not enrolled in PrudentRx: 30%		
Mail-Order and CVS Retail (90-day supply)	Generic Preventive Drugs: \$20 copay from a designated list of drugs and conditions  Other Drugs: • Generic: \$ 25 • Preferred Brand: \$ 68 • Non-Preferred Brand: \$125		

<sup>9</sup> Spinal manipulation includes non-surgical spinal manipulation provided by chiropractor, physical therapist or other applicable licensed provider — up to 20 visits/year. The limit applies to the total of both in-network and out-of-network visits.

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

<sup>11</sup> The combined maximum for physical, occupational and speech therapy is 60 visits/year. The limit applies to the total of both in-network and out-of-network visits.

<sup>12</sup> You must enroll in PrudentRx to participate. A list of eligible specialty drugs is available online at [www.mycpchembenefits.com/health](http://www.mycpchembenefits.com/health) under "CVS Caremark." If you are not enrolled in PrudentRx, you will pay 30% co-insurance for specialty drugs.

<sup>13</sup> Under the True Accumulator program, manufacturer's coupon payments for specialty drugs will not count toward your medical plan deductible, co-insurance or out-of-pocket maximum.

## 2025 Medical Contribution Rates

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

	YOUR CONTRIBUTIONS	COMPANY CONTRIBUTIONS	TOTAL
<b>Value CDH Plan</b>			
Employee-Only	\$ 23.32	\$ 753.54	\$ 776.86
Employee + Spouse	\$ 87.54	\$1,663.26	\$1,750.80
Employee + Child(ren)	\$ 75.36	\$1,431.76	\$1,507.12
Employee + Family	\$104.88	\$1,992.64	\$2,097.52
<b>Choice PPO Plan</b>			
Employee-Only	\$131.60	\$ 745.72	\$ 877.32
Employee + Spouse	\$336.14	\$1,641.12	\$1,977.26
Employee + Child(ren)	\$289.36	\$1,412.68	\$1,702.04
Employee + Family	\$402.70	\$1,966.12	\$2,368.82
<b>Select EPO Plan</b>			
Employee-Only	\$254.76	\$ 764.28	\$1,019.04
Employee + Spouse	\$620.10	\$1,676.54	\$2,296.64
Employee + Child(ren)	\$533.78	\$1,443.20	\$1,976.98
Employee + Family	\$742.90	\$2,008.54	\$2,751.44

**Note: You will pay a \$100/month pre-tax surcharge — in addition to the monthly contribution above — if your spouse is enrolled as a covered dependent in Chevron Phillips Chemical’s medical plan and they have access to other medical coverage through their employer (other than CPChem).**

### DID YOU KNOW?

If you enroll in the *Value CDH Plan*, the Company will contribute money to a Health Savings Account (HSA) that you can use to reimburse yourself for eligible health care expenses.

If you read and agree to Fidelity’s HSA terms and conditions on the Alight site during Open Enrollment, Fidelity will set up an HSA account for you. Then, Chevron Phillips Chemical will contribute **\$500** to your HSA for Employee-Only coverage or **\$1,000** for all other coverage levels in 2025. You can also contribute pre-tax dollars through convenient payroll deductions.



# Dental Plan

You have two dental plan options from which to choose:

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

Both plans are administered by BCBS of Texas. You can find an in-network dental provider online by logging on to [www.bcbstx.com](http://www.bcbstx.com) and choosing the BlueCare Dental network. The following chart shows the services covered under the two dental plan options.



	COMPREHENSIVE DENTAL PLAN	PREVENTIVE DENTAL PLAN
<b>General Information</b>		
BCBSTX network	BlueCare Dental Network	BlueCare Dental Network
Deductible	\$ 50/Employee-Only \$100/Employee + Spouse \$150/Employee + Child(ren) \$150/Employee + Family	None
Plan year maximum	\$2,000/person	None
<i>For the following treatments and services, the dental plan options pay:</i>		
<b>Covered Services</b>		
Diagnostic and preventive care	100%	100%
Basic services*	80%	Not covered
Major services*	50%	Not covered
Orthodontia		
– Adults	50%	Not covered
– Children	50%	Not covered
– Lifetime maximum	\$2,000	Not covered

\* Benefits are paid after the deductible is met. For details on covered treatments and services, please refer to the Dental Plan Summary Plan Description on [www.mycpchembenefits.com](http://www.mycpchembenefits.com).



## 2025 Dental Contribution Rates

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

DENTAL PLAN — YOUR CONTRIBUTIONS	
<b>Comprehensive Dental Plan</b>	
Employee-Only	\$ 47.56
Employee + Spouse	\$ 95.12
Employee + Child(ren)	\$ 99.92
Employee + Family	\$147.48
<b>Preventive Dental Plan</b>	
Employee-Only	\$ 17.40
Employee + Spouse	\$ 34.80
Employee + Child(ren)	\$ 36.56
Employee + Family	\$ 53.96

# 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](http://www.vsp.com). Keep in mind that the medical plan options still cover an annual in-network non-corrective eye exam — but if you enroll in the Vision PLUS Plan, you will also have coverage for a corrective eye exam, lenses, frames and contacts.

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

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

## 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



# 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](http://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 **Limited-Purpose Flexible Spending Account (LPFSA)** and/or the **Dependent Care Flexible Spending Account (DCFSA)** for the following year.

Keep in mind that if you enroll in the *Value CDH Plan* or another IRS-qualified high deductible medical plan, you cannot participate in an HCFSA, but you have the option to participate in an LPFSA. You can use the LPFSA to set aside pre-tax dollars and reimburse yourself for eligible expenses, such as dental and vision expenses. You can also use the account for other HCFSA-eligible expenses after you have met your *Value CDH Plan* deductible.

### 2025 FSA MAXIMUMS

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

- **\$3,200** to the HCFSA or LPFSA (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.

## Health Savings Account

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

When you enroll in the *Value CDH Plan*, agree to Fidelity's HSA terms and conditions on the Alight site, and an account is opened with Fidelity (if you elect the *Value CDH Plan* for the first time), **Chevron Phillips Chemical will contribute \$500 to your HSA for Employee-Only coverage or \$1,000 for Employee + Spouse, Employee + Child(ren) or Employee + Family coverage**. You can also contribute and invest pre-tax dollars through convenient payroll deductions.

### 2025 HSA MAXIMUMS

For 2025, the combined employer and employee HSA contribution limits are:

- **\$4,300** for Employee-Only coverage
- **\$8,550** for Employee + Spouse, Employee + Child(ren) or Employee + Family coverage

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

## Life Insurance

Life insurance pays a benefit to your beneficiary in the event of your 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.

## Accidental Death and Personal Loss (AD&PL) Insurance

If you suffer 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.



## 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](http://www.mycpchembenefits.com)



### Click on “2025 Open Enrollment”

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

### 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.bcbstx.com](http://www.bcbstx.com)



### The “Blue Access for Members” website helps you get the most out of your health care benefits

- Use the Provider Finder® tool to search for an in-network medical provider or hospital. You can search as a guest for providers in the Blue Choice PPO network.
- You can also click “Find a Dentist” to locate dental providers in the BlueCare Dental network.
- Use the Cost Estimator tool to find the price of hundreds of tests, treatments and procedures.
- Download the app.
- Sign up for text or email alerts.
- Request or print your ID card.
- Check the status or history of a claim.
- View or print Explanation of Benefits statements.

[digital.alight.com/cpchem](http://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.caremark.com](http://www.caremark.com)



### Check drug costs and coverage

- View side-by-side cost comparisons of your medications to see where you can save.

### Manage all your Rx in the same place

- Easily manage prescriptions you get from your local pharmacy or by mail in one place. Specialty drugs can be managed at [www.cvsspecialty.com](http://www.cvsspecialty.com).

### Quick start new orders

- Transfer a current prescription, or submit a new one, with a picture of the label (or a written Rx).

[www.myactivehealth.com/cpchem](http://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 Quest Patient Service Center for your biometric screening, and more.

### Click on “My Health” and then “Health Record”

- Access your Personal Health Record to look up your claims and find other personal health information.



# 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](http://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](http://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.