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2026 BENEFITS ANNUAL ENROLLMENT

OCTOBER 20 – 31, 2025

ACTIVE

2026 OPEN ENROLLMENT

HEALTH

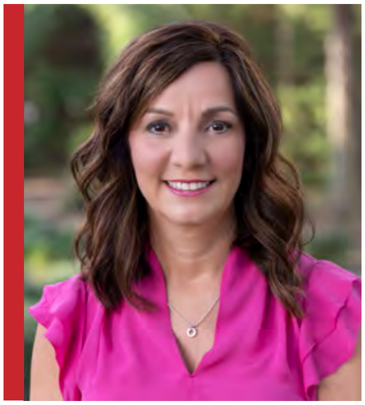
WEALTH

CAREER

FAMILY

WELLNESS

Dear CPChem Colleagues,



During the past few years, we've all experienced the financial impacts of rising inflation. Health care costs have been increasing at an even faster rate. This trend has been particularly significant for CPChem due to a large number of high-cost claims and frequent use of emergency rooms for non-urgent care. We recently mailed information to your home to help guide the appropriate use of emergency room services, and we appreciate your attention to this important topic. Despite these challenges, we remain firmly committed to offering you competitive benefits that are not only sustainable and cost effective, but also support your health, financial well-being and overall work-life balance.

As a reminder, CPChem's medical plans are self-insured which means we all share in the cost of care. That's why making informed decisions about our heath care is so important.

As we begin the 2026 Open Enrollment period, I encourage you to take time to review your benefits carefully and make informed choices that best meet the needs of you and your family. This year's Open Enrollment Guide is designed to help you understand what's available and what's changing, so you can make the most of your benefits.

Here are some highlights of key changes for 2026:

- **The *Select EPO Plan* medical option will be discontinued effective January 1, 2027**, and new enrollees will not be accepted during 2026 Open Enrollment. Current participants can remain enrolled for 2026 but will have to choose a new medical option for 2027.
- The *Value CDH Plan's* annual deductibles will increase from $1,650 to $1,700 for the Employee-Only tier and from $3,300 to $3,400 for all other coverage tiers to comply with the IRS requirements for high-deductible health plans.
- The Critical Illness Plan's premiums will decrease, and the plan will cover additional conditions and increase coverage for some already covered conditions.
- You may increase current spouse life insurance coverage to $70,000 during 2026 Open Enrollment without submitting Evidence of Insurability.
- Administration of CPChem's Wellness Program will be simplified, making all wellness benefits accessible at the Benefits Service Center's website through Alight.

Thank you for all that you do to make CPChem a great place to work. Your contributions are the foundation of our success, and we are proud to continue investing in benefits that support you and your loved ones.

All the best,

Maricela Caballero
Senior Vice President, Human Resources

NEW!

What's New for 2026

The following changes are effective Jan. 1, 2026, or as noted.

Select EPO Plan not Accepting New Participants

- **The *Select EPO Plan* medical option will be discontinued effective Jan. 1, 2027.** New enrollees will not be accepted during 2026 Open Enrollment.
- If you are a current participant in the *Select EPO Plan*, you can remain enrolled for 2026, but you will have to choose a different medical option, or be defaulted into one, during the 2027 Open Enrollment period.

Value CDH Plan Changes

- The *Value CDH Plan* annual deductibles will increase to $1,700 for Employee-Only coverage and $3,400 for all other coverage levels to comply with IRS requirements for high-deductible health plans.

Critical Illness Plan Changes

- The Critical Illness Plan will pay benefits for some additional conditions including certain childhood diseases, neurological conditions, severe burn and brain tumor.
- The enhanced plan will also increase the benefit amount for several already covered conditions, with payments of up to 100% on many diseases and conditions.
- The monthly contributions per $10,000 in coverage will decrease. You can find the new premiums on page 10.

Spouse Life Insurance Changes

- The spouse life insurance guaranteed issue will increase to $70,000 without providing Evidence of Insurability. If you currently have spouse life insurance below the new limit, you can increase up to $70,000 during Open Enrollment.
- If you have not previously elected spouse life insurance and you elect it during Open Enrollment, your spouse will be asked to answer five simple health questions for review and approval or denial by MetLife.

HSA/FSA Contribution Limit Increases

- The annual contribution limit for the Health Savings Account (HSA) will increase to $4,400 for Employee-Only coverage and $8,750 for all other coverage levels, which includes CPChem's contribution.
- The annual contribution limit for the Dependent Care Flexible Spending Account (DCFSA) will increase to $7,500 ($3,750 if married and filing separate income tax returns).
- The annual contribution limit for the Health Care Flexible Spending Account (HCFSA) and Limited-Purpose Flexible Spending Account (LPFSA) will increase to $3,400.

Wellness Benefits Administration Changes

- We will simplify administration of CPChem's Wellness Program by making all wellness benefits accessible at the Benefits Service Center's website through Alight.
- You will be able to track wellness activities, access benefits and request rewards/reimbursement for the ***Your Journey to Wellness*** program and the ***Well-Being Reimbursement Account*** at digital.alight.com/cpchem.
- The financial wellness piece of the Wellness Program will transition from PwC to Fidelity and will be accessible at www.netbenefits.com.

What You Need to Do

Open Enrollment for your 2026 health and welfare benefits runs from Oct. 20 – 31, 2025. You may or may not need to actively enroll — depending on your current benefits and the changes you wish to make for 2026.

UNDERSTAND YOUR OPTIONS

- Review your current coverages and your 2026 options and costs online at digital.alight.com/cpchem.
- Use online support tools at www.mycpchembenefits.com and www.healthadvocate.com/members. See page 17 for details.

ANSWER THESE QUESTIONS

- ***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 2026?
- 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 2025?

YES

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).

NO

YOU'RE DONE

- If your spouse is enrolled in the medical plan, the $100/month spousal surcharge will apply for 2026.
- Your current elections (except for FSA and HSA) will roll over for 2026.
- **Important: You will not contribute to a Flexible Spending Account (FSA) or Health Savings Account (HSA) unless you make a new election for 2026.**

Enroll

If you answered "yes" to one of the questions on page 3, you should enroll for 2026. 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.
  - 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.

THINGS TO CONSIDER

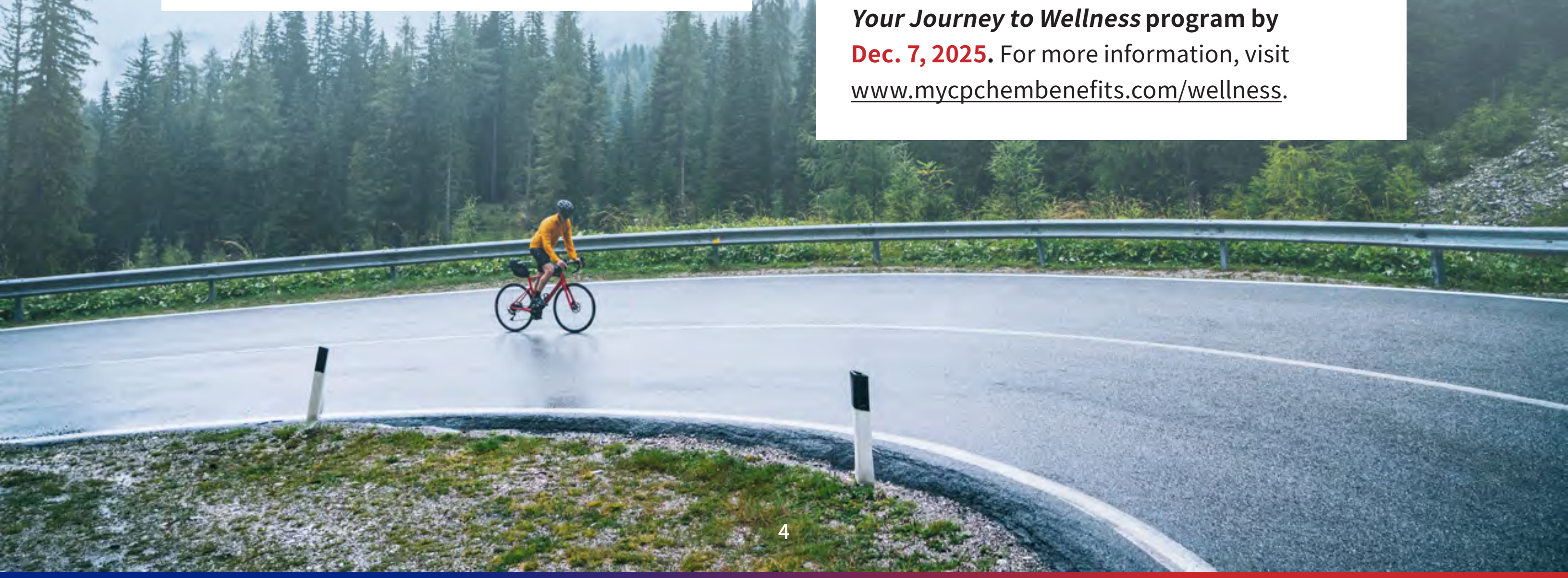
- **If you don't confirm during Open Enrollment that your covered spouse is not eligible for medical coverage through their employer (other than CPChem), you will be assessed a $100/month pre-tax spousal surcharge in 2026.**
- If you want to contribute to a Flexible Spending Account (FSA) in 2026, you 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.

REMEMBER!

- You can go online or call and make changes as many times as you like during the Open Enrollment period. **However, if you are currently enrolled in the *Select EPO Plan* and you elect a different medical option at any time during the Open Enrollment period, you will not be able to switch back to the *Select EPO Plan*.**
- **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.

DON'T FORGET!

You can earn up to $250 in rewards in 2025 by completing different activities through the *Your Journey to Wellness* program by Dec. 7, 2025. For more information, visit www.mycpchembenefits.com/wellness.



Medical Plan

Medical Plan Comparison Chart

You have two medical plan options from which to choose — the *Value CDH Plan* and the *Choice PPO Plan*. **Note:** the *Select EPO Plan* medical option **will not** accept new enrollees during Open Enrollment. If you are a current participant in the *Select EPO Plan*, you can remain enrolled for 2026, but the plan will be discontinued effective Jan. 1, 2027.

	VALUE CDH PLAN[1]	
	In-Network[2]	**Out-of-Network**[2]
BCBS network	Blue Choice PPO network	
Deductible	$1,700/Employee-Only $3,400/Employee + Spouse[3] $3,400/Employee + Child(ren)[3] $3,400/Employee + Family[3]	$ 2,250/Employee-Only $ 4,500/Employee + Spouse[3] $ 4,500/Employee + Child(ren)[3] $ 4,500/Employee + Family[3]
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	
For the following treatments and services, the medical plan options pay:		
Preventive Care[4]		
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%
Physician Office Visits		
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[6]. All other visits/services covered at 70%	50%
Emergency Services		
Hospital emergency room	70%	70%
Urgent care	70%	50%
Non-emergency use of the emergency room	Not covered	Not covered
Ambulance	70%	70%
Outpatient Services		
BDC/BDC+ locations (certain services)[8]	80%	N/A
Outpatient surgery	70%	50%
Physician/surgeon and related professional fees (non-office visits)	70%	50%
Hospital Services		
BDC/BDC+ locations (certain services)[8]	80%	N/A
Per confinement copay	Not applicable	Not applicable
Inpatient and outpatient (not BDC/BDC+)[8]	70%	50%

Please see the footnotes on pages 7 – 8.

	CHOICE PPO PLAN[1]		SELECT EPO PLAN
	In-Network[2]	**Out-of-Network[2]**	**In-Network Only[2]**
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
For the following treatments and services, the medical plan options pay:			
Preventive Care[4]			
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
Physician Office Visits			
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[5]
Specialist office visits (surgical & non-surgical)	80%	60%	100% after $50 copay[5]
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%[5]
Maternity care	Prenatal office visits: 100% — deductible waived[6]. All other visits/services covered at 80%	60%	Prenatal office visits: 100% — deductible waived[6]. All other visits/services covered at 90%[5]
Emergency Services			
Hospital emergency room	80%	80%	90% after $150 copay (waived if admitted)[7]
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[7]
Outpatient Services			
BDC/BDC+ locations (certain services)[8]	90%	N/A	100%
Outpatient surgery	80%	60%	90%
Physician/surgeon and related professional fees (non-office visits)	80%	60%	90%
Hospital Services			
BDC/BDC+ locations (certain services)[8]	90%	N/A	100%
Per confinement copay	$250	$250	$250
Inpatient and outpatient (not BDC/BDC+)[8]	80%	60%	90%

Please see the footnotes on pages 7 – 8.

	VALUE CDH PLAN[1]	
	In-Network[2]	**Out-of-Network[2]**
Other Covered Services		
Spinal manipulation (limits apply)[9]	70%	50%
Sterilization (tubal ligation/ vasectomy)	Tubal ligation, including ancillary services: 100% — deductible waived; vasectomy covered at 70%	50%
Short-term rehabilitation (limits apply)[10]	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[4]	100% — deductible waived	50%
Routine hearing exam[4]	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.	
Prescription Drug Coverage		
For covered prescription drugs, you pay:		
Deductible	N/A — Prescription costs other than the $10/$20 generic preventive drug copays are subject to the *Value CDH Plan* 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[11] If not enrolled in PrudentRx: 30% (deductible applies)[12]	
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%	

1 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.

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

3 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.

4 For limits, see the Preventive Care Guidelines on www.mycpchembenefits.com/health.

5 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.

6 100% 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.

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

8 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[1]		SELECT EPO PLAN
	In-Network[2]	Out-of-Network[2]	In-Network Only[2]
Other Covered Services			
Spinal manipulation (limits apply)[9]	80%	60%	100% after $50 copay
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)[10]	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[4]	100% — deductible waived	60%	100% — deductible waived
Routine hearing exam[4]	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.		
Prescription Drug Coverage			
	For covered prescription drugs, you pay:		
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[11] 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		

[9] 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.

[10] 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.

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

[12] 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.

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 2026. You can also contribute pre-tax dollars through convenient payroll deductions.

PROGYNY

From fertility and pregnancy to postpartum and menopause/andropause, Progyny provides you and your family with comprehensive women's/men's health and family planning coverage and resources. Coverage includes comprehensive fertility treatment services, dedicated Patient Care Advocates, reproductive urology services, adoption and surrogacy support, menopause/midlife care and much more. Progyny is available to employees and their spouses enrolled in the *Value CDH Plan* or the *Choice PPO Plan*. You can reach Progyny at 1-833-233-0717 from Monday through Friday, 8 a.m. to 8 p.m., Central time.

2026 Medical Contribution Rates

The following chart shows the 2026 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
Value CDH Plan			
Employee-Only	$ 43.52	$ 826.78	$ 870.30
Employee + Spouse	$137.30	$1,824.12	$1,961.42
Employee + Child(ren)	$118.18	$1,570.23	$1,688.41
Employee + Family	$164.48	$2,185.35	$2,349.83
Choice PPO Plan			
Employee-Only	$186.74	$ 796.11	$ 982.85
Employee + Spouse	$465.18	$1,749.94	$2,215.12
Employee + Child(ren)	$400.44	$1,506.35	$1,906.79
Employee + Family	$557.28	$2,096.49	$2,653.77
Select EPO Plan			
Employee-Only	$331.06	$ 810.56	$1,141.62
Employee + Spouse	$797.60	$1,775.31	$2,572.91
Employee + Child(ren)	$686.58	$1,528.22	$2,214.80
Employee + Family	$955.56	$2,126.86	$3,082.42

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).

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, kidney failure, organ transplants, Alzheimer's Disease and certain cancers. With enhancements to the plan in 2026, it will now also cover sudden cardiac arrest, benign brain tumor, certain childhood diseases, severe burns, pulmonary embolism, thoracic aortic aneurysm, certain infectious diseases, advanced Parkinson's Disease, paralysis of two or more limbs, and loss of ability to speak, hearing or sight.

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. Some limitations may apply.

2026 Critical Illness Contribution Rates

The following chart shows the 2026 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	$ 0.70	$ 1.30	$ 2.10	$ 2.80
25 – 29	$ 0.70	$ 1.30	$ 2.10	$ 2.80
30 – 34	$ 0.80	$ 1.60	$ 2.30	$ 3.00
35 – 39	$ 1.30	$ 2.50	$ 2.80	$ 4.00
40 – 44	$ 2.30	$ 4.20	$ 3.70	$ 4.70
45 – 49	$ 3.80	$ 7.00	$ 5.20	$ 8.40
50 – 54	$ 6.30	$11.40	$ 7.70	$12.70
55 – 59	$10.00	$17.30	$11.40	$18.80
60 – 64	$14.90	$25.20	$16.20	$26.60
65 – 69	$21.90	$36.80	$23.30	$38.30
70+	$34.00	$56.30	$35.40	$57.10

You can find more information about the Critical Illness Plan, including a list of all covered conditions, online at www.mycpchembenefits.com/voluntary-benefits.

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 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
General Information		
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
For the following treatments and services, the dental plan options pay:		
Covered Services		
Diagnostic and preventive care	100%	100%
Basic services*	80%	Not covered
Major services*	50%	Not covered
Orthodontia – Adults – Children – Lifetime maximum	 50% 50% $2,000	 Not covered Not covered 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.

2026 Dental Contribution Rates

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

	YOUR CONTRIBUTIONS	COMPANY CONTRIBUTIONS	TOTAL
Comprehensive Dental Plan			
Employee-Only	$24.40	$24.40	$ 48.80
Employee + Spouse	$48.78	$48.78	$ 97.56
Employee + Child(ren)	$51.24	$51.24	$102.48
Employee + Family	$75.64	$75.64	$151.28
Preventive Dental Plan			
Employee-Only	$ 8.92	$ 8.92	$ 17.84
Employee + Spouse	$17.84	$17.84	$ 35.68
Employee + Child(ren)	$18.74	$18.74	$ 37.48
Employee + Family	$27.66	$27.66	$ 55.32

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. 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 – Bifocal – Trifocal – Lenticular	 Covered 100% Covered 100% Covered 100% Covered 100%	 Reimbursed up to $30 Reimbursed up to $50 Reimbursed up to $65 Reimbursed up to $100
Progressive lenses (once per calendar year) – Standard – Premium – Custom	 VSP member cost: $55 VSP member cost: $95 – $105 VSP member cost: $150 – $175	 Reimbursed up to $50 Reimbursed up to $50 Reimbursed up to $50
Contacts (once per calendar year in lieu of eyeglass lenses; applies to all three items below) – Elective – Medically necessary – Contact lens fitting and evaluation	 Covered up to $130 Covered 100% Covered 100%	 Reimbursed up to $105 Reimbursed up to $105 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

2026 Vision Contribution Rates

The following chart shows the 2026 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.

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.

2026 FSA MAXIMUMS

For 2026, the maximum annual amounts you can contribute are:

- **$3,400** to the HCFSA or LPFSA (if you and your spouse both have access to an HCFSA, you can each contribute $3,400 for a total of $6,800 per family).
- **$7,500** to the DCFSA (if you are married and file a joint tax return, the $7,500 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.

2026 HSA MAXIMUMS

For 2026, the combined employer and employee HSA contribution limits are:

- **$4,400** for Employee-Only coverage
- **$8,750** 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, 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

The spouse life insurance guaranteed issue is increasing to $70,000. If you are already enrolled in spouse life insurance of less than $70,000, you can increase your spouse life coverage up to $70,000 without providing Evidence of Insurability during 2026 Open Enrollment only.

You will need to provide Evidence of Insurability if you make your first request for supplemental employee life insurance or supplemental dependent spouse life insurance during Open Enrollment. During Open Enrollment, the MetLife Statement of Health will include five questions, accessible through the CPChem Benefit Service Center (Alight) website, for review and approval or denial by MetLife.

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 tax, 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 2026 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		
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		

* Price covers all children, up to age 26, no matter how many children you enroll.

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, informal marriages 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 "2026 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.

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.
- Beginning in 2026, track your progress toward annual Wellness Program reward incentives, request reimbursement from the Well-Being Reimbursement Account, and more.

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.

Save money and make smarter choices

- Use the Health Cost Estimator+ tool to estimate and compare costs for medical procedures.

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.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.

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.

Quick start new orders

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

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 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 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
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.

Chevron Phillips CHEMICAL

Performance by design.
Caring by choice.™