Performance by design.
Caring by choice.™

2027 Benefits Annual Enrollment

October 20 – 30, 2026

ACTIVE

2027 OPEN ENROLLMENT

HEALTH

WEALTH

CAREER

FAMILY

WELLNESS

Dear CPChem Colleagues,

I want to share important context as we begin the 2027 Open Enrollment period and reinforce our continued commitment to providing competitive, sustainable benefits that support you and your family. During the past few years, we have 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 medical inflation, 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.

As a reminder, CPChem's medical plans are self-insured, which means the cost of care directly affects the plan and the premiums we contribute. That's why making informed decisions about our health care is so important.

As you review your options, I encourage you to take time to consider 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, what's changing and what action you may need to take, so you can make the most of your benefits.

Here are some highlights of key changes for 2027:

- **The *Select EPO Plan* medical option will be discontinued effective December 31, 2026.** If you are enrolled in the *Select EPO Plan*, you will need to choose either the *Choice PPO Plan* or the *Value CDH Plan*. If you do not make a selection, you and any covered dependents will be automatically enrolled into the *Value CDH Plan* effective January 1, 2027.
- The *Value CDH Plan's* annual deductibles will increase from $1,700 to $1,750 for the Employee-Only tier and from $3,400 to $3,500 for all other coverage tiers to comply with IRS minimum requirements for high-deductible health plans.
- A new $20,000 child life insurance coverage tier will be available.

Thank you for everything you do to make CPChem a great place to work. Your dedication and contributions matter, and we remain committed to providing benefits that support you and your family.

All the best,

Maricela Caballero
Senior Vice President, Human Resources

NEW!

What's New for 2027

The following changes are effective Jan. 1, 2027, or as noted.

Select EPO Plan Discontinued

- **The *Select EPO Plan* medical option will be discontinued.**
- If you are a current participant in the *Select EPO Plan* and you do not make a medical plan election during Open Enrollment, you and any of your covered dependents currently enrolled in medical coverage will be defaulted into the *Value CDH Plan* medical option for 2027.

Value CDH Plan Changes

- The *Value CDH Plan* annual deductibles will increase to $1,750 for Employee-Only coverage and $3,500 for all other coverage levels to comply with IRS minimum requirements for high-deductible health plans.

Child Life Insurance Changes

- An additional coverage level of $20,000 in Supplemental Child Life Insurance will be available to elect during Open Enrollment. If you enroll in supplemental life coverage for yourself, you may also enroll in supplemental life coverage for your eligible dependent children in the amount of $5,000, $10,000, $15,000 or $20,000 for each child.
- One monthly premium covers all eligible dependent children, up to age 26, no matter how many children you enroll.

HSA/FSA Contribution Limit Increases

- The annual contribution limit for the Health Savings Account (HSA) will increase to $4,500 for Employee-Only coverage and $9,000 for all other coverage levels, which includes CPChem's contribution.
- The annual contribution limit for Flexible Spending Accounts (FSAs) will increase if the 2027 limits are announced by the IRS prior to Open Enrollment.

What You Need to Do

Open Enrollment for your 2027 health and welfare benefits runs from Oct. 20 – 30, 2026. You may or may not need to actively enroll — depending on your current benefits and the changes you wish to make for 2027. Be sure to review your current coverages and your 2027 options and costs online at digital.alight.com/cpchem.

Do I Need to Enroll for 2027?

You should complete Open Enrollment if:

- ☐ You are currently enrolled in the *Select EPO Plan*. If you do not choose a new medical option during Open Enrollment, you and your covered dependents will be defaulted into the *Value CDH Plan* for 2027.
- ☐ You are covering your spouse under the medical plan. You must complete the spousal surcharge attestation during Open Enrollment. If you do not, a $100 monthly pre-tax spousal surcharge will automatically apply in 2027.
- ☐ You want to contribute to a Flexible Spending Account (FSA) in 2027.
- ☐ You want to contribute to a Health Savings Account (HSA) in 2027. While you can start, stop, or change your HSA contributions at any time during the year, Open Enrollment is a convenient time to make your 2027 election so contributions can begin in January.
- ☐ You want to enroll in a benefit in which you are not currently enrolled or change any of your current benefit elections.
- ☐ You want to add or remove a dependent from coverage or update your beneficiaries.

If you do not complete Open Enrollment, your current benefit elections will continue for 2027 except:

- If you're currently enrolled in the *Select EPO Plan* and take no action, you and your covered dependents will be defaulted to the *Value CDH Plan* for 2027.
- Your FSA and HSA elections will not carry over. You will not contribute to an FSA or HSA unless you make new elections for 2027.

Remember! If you cover a spouse under the medical plan and do not complete the spousal surcharge attestation, the $100 monthly pre-tax surcharge will apply for 2027.

How to Enroll

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)."

DON'T FORGET!

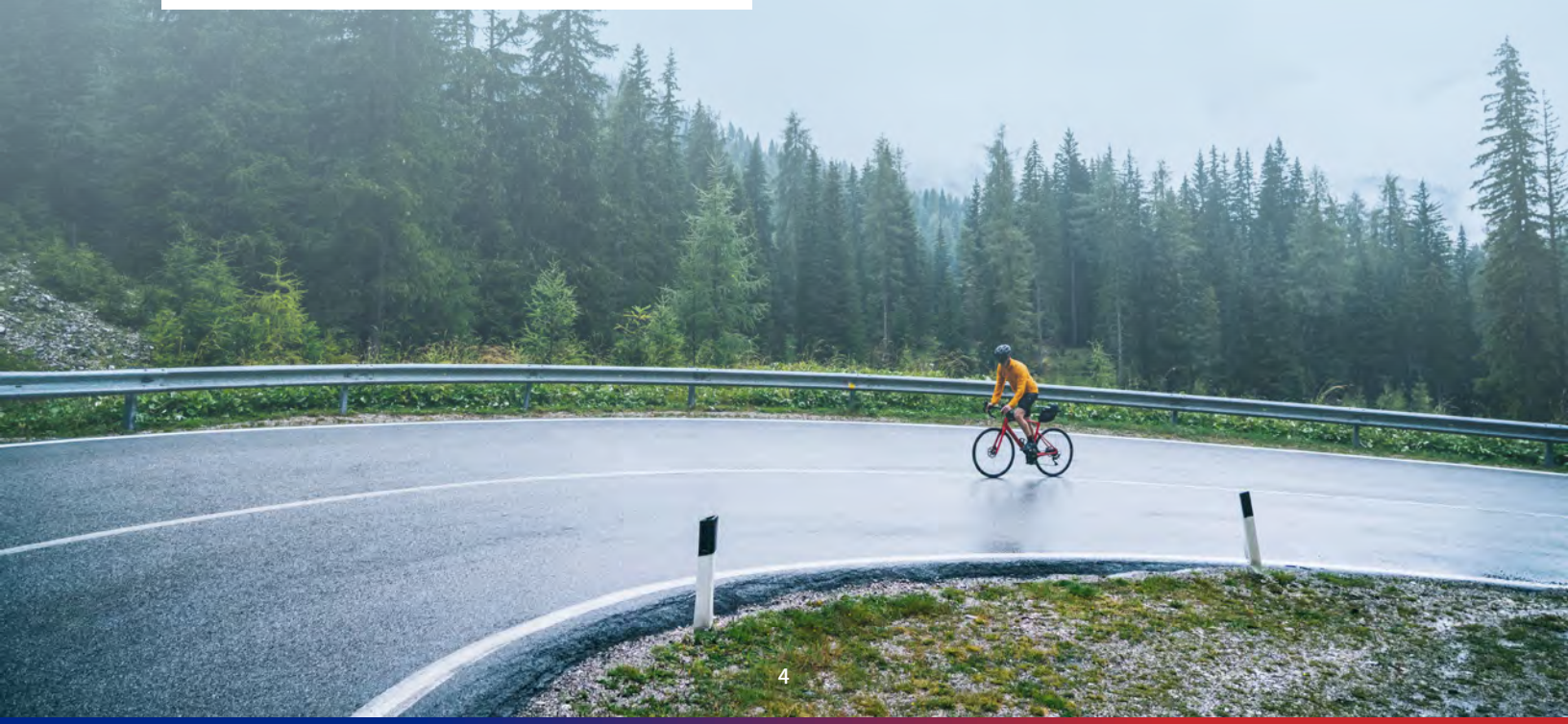
Earn up to $250 in rewards in 2026 through the *Your Journey to Wellness* program by completing eligible activities by December 31, 2026. The Reward Center closes December 1, 2026, but unclaimed incentives automatically roll over to the following year for active employees. For more information, visit www.mycpchembenefits.com/well-being.

YOUR JOURNEY TO WELLNESS

- **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.



Medical Plan

Medical Plan Coverage Chart

You have two medical plan options from which to choose — the *Value CDH Plan* and the *Choice PPO Plan*.

	VALUE CDH PLAN[1]	
	In-Network[2]	**Out-of-Network[2]**
BCBS network	Blue Choice PPO network	
Deductible	$1,750/Employee-Only $3,500/Employee + Spouse[3] $3,500/Employee + Child(ren)[3] $3,500/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[5]. 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)[6]	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)[6]	80%	N/A
Per confinement copay	Not applicable	Not applicable
Inpatient and outpatient (not BDC/BDC+)[6]	70%	50%

Please see the footnotes on pages 7 – 8.

	CHOICE PPO PLAN[1]	
	In-Network[2]	**Out-of-Network[2]**
BCBS 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
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
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	60%
Annual well-woman exam (includes labs)	100% — deductible waived	60%
Mammograms (routine for women ages 39 and over)	100% — deductible waived	60%
Well-child care (includes labs)	100% — deductible waived	60%
Physician Office Visits		
Primary care office visits (surgical & non-surgical)	Preventive: 100% — deductible waived Non-preventive: 80%	Preventive: 60% Non-preventive: 60%
Specialist office visits (surgical & non-surgical)	80%	60%
MDLIVE phone or online video consultation	80%	N/A
Lab & X-ray	Preventive: 100% — deductible waived Non-preventive: 80%	Preventive: 60% Non-preventive: 60%
Maternity care	Prenatal office visits: 100% — deductible waived[5]. All other visits/services covered at 80%	60%
Emergency Services		
Hospital emergency room	80%	80%
Urgent care	80%	60%
Non-emergency use of the emergency room	Not covered	Not covered
Ambulance	80% — deductible waived	80% — deductible waived
Outpatient Services		
BDC/BDC+ locations (certain services)[6]	90%	N/A
Outpatient surgery	80%	60%
Physician/surgeon and related professional fees (non-office visits)	80%	60%
Hospital Services		
BDC/BDC+ locations (certain services)[6]	90%	N/A
Per confinement copay	$250	$250
Inpatient and outpatient (not BDC/BDC+)[6]	80%	60%

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)[7]	70%	50%
Sterilization (tubal ligation/ vasectomy)	Tubal ligation, including ancillary services: 100% — deductible waived; vasectomy covered at 70%	50%
Short-term rehabilitation (limits apply)[8]	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[9] If not enrolled in PrudentRx: 30% (deductible applies)[10]	
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] 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 coverage, see the Preventive Care Guidelines on www.mycpchembenefits.com/health.

[5] 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.

[6] 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]	
	In-Network[2]	Out-of-Network[2]
Other Covered Services		
Spinal manipulation (limits apply)[7]	80%	60%
Sterilization (tubal ligation/ vasectomy)	Tubal ligation, including ancillary services: 100% — deductible waived; vasectomy covered at 80%	60%
Short-term rehabilitation (limits apply)[8]	80%	60%
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%
Hearing aids (maximum benefit of $3,000 every 36 months)	80%	60%
Routine eye exam[4]	100% — deductible waived	60%
Routine hearing exam[4]	100% — deductible waived	60%
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	
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[9] 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	

[7] 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.

[8] 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.

[9] 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.

[10] 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.

Once your HSA is set up at Fidelity, Chevron Phillips Chemical will contribute **$500** to your HSA for Employee-Only coverage or **$1,000** for all other coverage levels in 2027. 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.

2027 Medical Contribution Rates

The following chart shows the 2027 monthly contributions for each option. Remember, your contributions for coverage are deducted from your pay on a pre-tax basis.

	VALUE CDH PLAN	CHOICE PPO PLAN
Your Contributions		
Employee-Only	$ 70.56	$ 227.62
Employee + Spouse	$ 204.40	$ 564.28
Employee + Child(ren)	$ 175.96	$ 485.74
Employee + Family	$ 244.88	$ 676.02

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, certain cancers, 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.

2027 Critical Illness Contribution Rates

The following chart shows the 2027 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.

2027 Dental Contribution Rates

The following chart shows the 2027 monthly contributions for the dental plan options. Your contributions for coverage are deducted from your pay on a pre-tax basis.

	COMPREHENSIVE DENTAL PLAN	PREVENTIVE DENTAL PLAN
Your Contributions		
Employee-Only	$26.42	$ 9.68
Employee + Spouse	$52.82	$19.34
Employee + Child(ren)	$55.48	$20.30
Employee + Family	$81.90	$29.96

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. 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

2027 Vision Contribution Rates

The following chart shows the 2027 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	$ 7.10
Employee + Spouse	$14.18
Employee + Child(ren)	$14.92
Employee + Family	$23.84

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.

2027 FSA MAXIMUMS

For 2027, 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*, 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.

2027 HSA MAXIMUMS

For 2027, the combined employer and employee HSA contribution limits are:

- **$4,500** for Employee-Only coverage
- **$9,000** 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

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, $15,000 or $20,000 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.

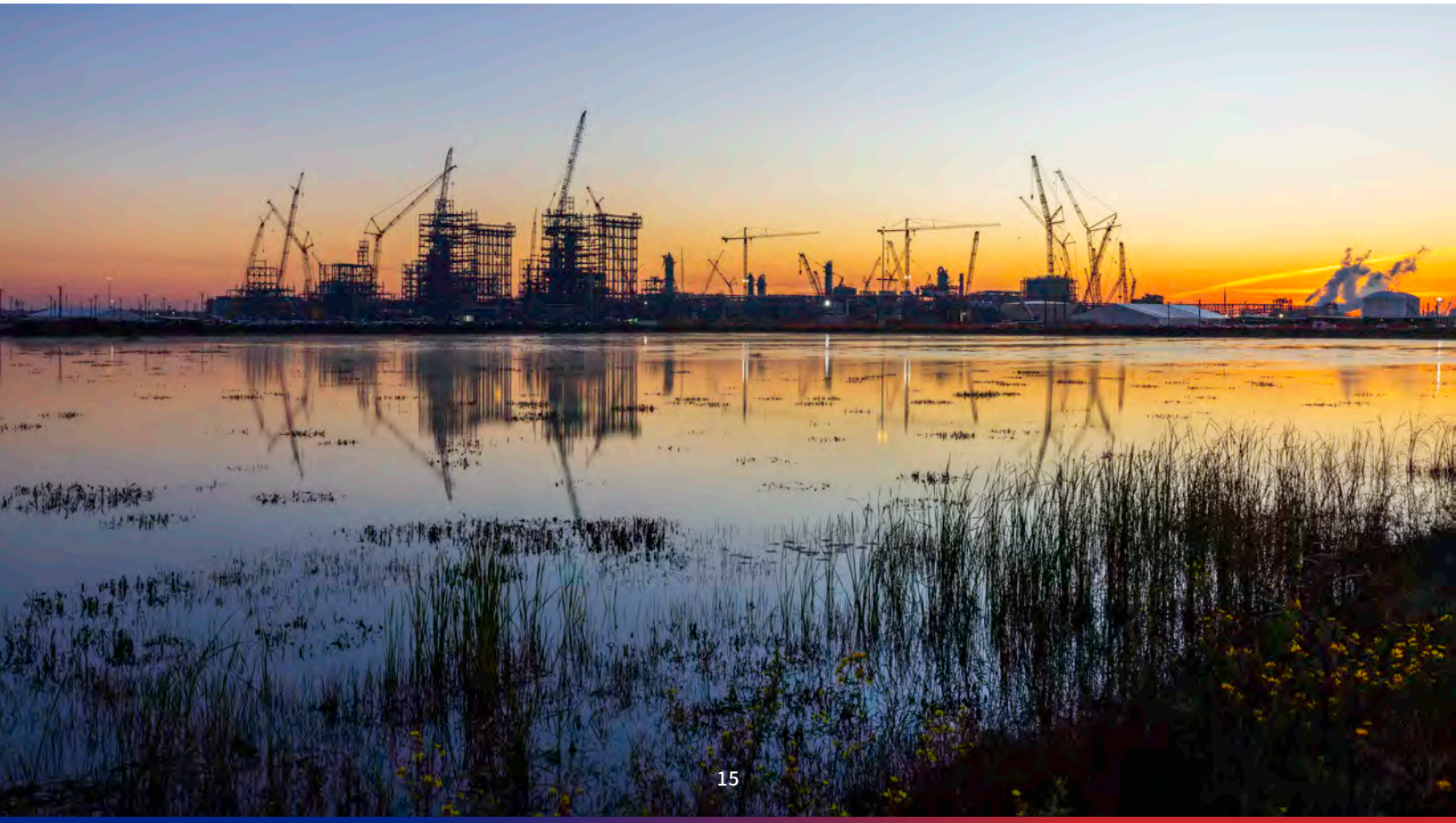
Insurance Premiums

The following charts show the 2027 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	$20,000 per child	$2.10 per month*
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 "2027 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.
- 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 1-866-799-2691 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).

www.inspirafinancial.com

For Flexible Spending Accounts

- Check your FSA balances
- Submit claims/documentation and check the status of claims
- View eligible FSA expenses
- Set up notifications/alerts
- Email and live chat for assistance

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 2027. 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.

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.

Chevron Phillips CHEMICAL

Performance by design.
Caring by choice.™