


PUERTO RICO CORE LLC RETIREE MEDICAL PLAN





This document, together with the most recent Certificates of Coverage, Schedules of Copayments, Benefit Riders, documents/handouts relating to the Chevron Phillips Puerto Rico Core LLC Medical Plan (the "Plan") will constitute your ERISA Summary Plan Description.

PLAN IDENTIFICATION

Plan Name: Chevron Phillips Puerto Rico Core LLC Medical Plan

Type of Plan: Group Health Plan (Welfare Benefit Plan)

Plan Year: January 1 – December 31

Plan Number: 506 (Medical) and 507 (Dental)

Effective Date: The effective date of this document is January 1, 2021. The original effective was January 1, 2001. This plan has been amended several times since the original effective date.

Funding Medium and Type of Plan

Administration:

- Medical Coverage** — This Plan is fully insured. Benefits are provided under a group insurance contract entered into by Chevron Phillips Chemical Puerto Rico Core LLC (“CPC PR”) and Triple-S Advantage, Inc. (“Triple-S Advantage”) and Triple-S Salud, Inc. (“Triple-S Salud, together with Triple-S Advantage “Triple-S”). While Triple-S and CPC PR share responsibility for administering the terms of the Plan, Triple-S is responsible for processing and paying claims for covered services. The Plan is funded by insurance premiums received by Triple-S. Insurance premiums for you and your family are paid in part by CPC PR out of its general assets and in part by your contributions.
- Dental Coverage** — This Plan is fully insured. Benefits are provided under a group insurance contract entered into by CPC PR and Triple-S. While Triple-S and CPC PR share responsibility for administering the terms of the Plan, Triple-S is responsible for processing and paying claims for covered services. The Plan is funded by insurance premiums received by Triple-S.

Plan Sponsor:

Chevron Phillips Puerto Rico Core LLC
 10001 Six Pines Drive
 The Woodlands, TX 77380
 Office Phone: (832) 813-4853

Plan Sponsor, Plan Administrator and Named Fiduciary:

Chevron Phillips Chemical Company LP Benefits Committee
 10001 Six Pines Drive
 The Woodlands, TX 77380
 Office Phone: (832) 813-4853

Plan Sponsor’s EIN: 26-1428318

Agent for Service of Legal Process:

Office of General Counsel
 Chevron Phillips Chemical Company LP
 10001 Six Pines Drive
 The Woodlands, TX 77380

Legal process may also be served on the Benefits Committee.

Insurance Carriers:

Triple-S Advantage, Inc.
 P.O. Box 363628
 San Juan, PR 00936-3628
 Telephone: (787) 749-4949

Triple-S Salud, Inc.
 P.O. Box 363628
 San Juan, PR 00936-3628
 Telephone: (787) 749-4949

Plan Enrollment:

Popular Risk Services LLC
 P.O. Box 71390
 San Juan, PR 00936-8331
 Telephone: (787) 731-6900

ELIGIBILITY

You are eligible for coverage under the Plan if you meet the following criteria:

- If you were an employee of CPC PR on December 31, 2005, had at least 10 years of service with CPC PR, were age 55 or older and you were eligible to retire from employment with CPC PR under the provisions of the Chevron Phillips Puerto Rico Core LLC Pension Plan.
- If you were hired on or after January 1, 2006, you are age 55 or older, you have at least 10 or more years of service with CPC PR and you are eligible to retire directly from employment with CPC PR under the provisions of the Chevron Phillips Puerto Rico Core LLC Pension Plan.

The Certificates of Coverage may contain additional helpful details.

MEDICAL PLAN CONTRIBUTIONS

If you meet all the conditions for retiree medical coverage, the retiree and company cost sharing of the monthly contributions for the Medical Plan will be as follows:

MONTHLY PREMIUM COST SHARING		
MEDICAL PLAN OPTION	RETIREE COST SHARE	COMPANY COST SHARE
Retirees Under 65		
Retiree	30%	70%
Retiree + 1	48%	52%
Retiree + 2 or more	30%	70%
Retirees 65 and Over		
Retiree	30%	70%

CPC PR's contribution toward the cost of retiree medical will be reviewed on an annual basis and communicated to participants as part of an annual enrollment election process.

PLAN BENEFITS

CPC PR has contracted to provide you and your dependents with certain insurance benefits. These benefits are outlined in the Certificates of Coverage, Schedule of Copayments and Benefit Riders. You will need to refer to these documents to determine the terms and conditions of your benefits under each Plan, including any cost-sharing provisions, eligibility of dependents for coverage, annual or lifetime caps or other limits on benefits that apply to your coverage. The Certificates of Coverage also identify circumstances that may result in termination, reduction, loss or denial of benefits under the Plan.

TERMINATION AND AMENDMENT

Benefits under this Plan are not vested. CPC PR reserves the right to terminate the Plan or amend or eliminate benefits under the Plan at any time in its discretion.

Please note that the benefits contained in the Certificates of Coverage can only be amended in limited circumstances, and only with the written approval from the respective insurance company.

CLAIMS PROCEDURES

Refer to the Certificates of Coverage, Schedule of Copayments and Benefit Riders for details on obtaining pre-authorizations, approvals, utilization review decisions, procedures for filing claims, notification of benefit determinations, grievance procedures for the review and appeal of denied claims, refund of overpayments and subrogation. Please note that certain procedures (e.g., appealing a denied claim) have specific time limits; if you do not act on time, you may lose certain rights (e.g., the right to file suit in a state or federal court if you fail to appeal a denied claim on time).

STATEMENT OF ERISA RIGHTS

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all plan participants shall be entitled to:

Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as at a worksite, all documents governing the Plan, including insurance contracts [and collective bargaining agreements] and, if the Plan covers more than 100 participants at the beginning of the plan year, a copy of the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the plan, including insurance contracts [and collective bargaining agreements] and copies of the latest annual report (Form 5500 Series), if any, and updated summary plan description. The Administrator may make a reasonable charge for the copies.

- Receive a summary of the Plan's annual financial report, if one is required. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

- Continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the Plan as a result of a qualifying event, and if your Plan, because of the size and nature of your employer, is subject to the COBRA regulations. You or your dependents may have to pay for such coverage. Review this Summary Plan Description and the documents governing the Plan on the rules governing your COBRA continuation coverage rights.
- Reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health plan, if you have creditable coverage from another plan. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when you lose coverage under the plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants ERISA imposes duties upon the people who are responsible for the operation of the Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits that is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

Assistance with Your Questions

If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.



