

## 2018 Compare Medical Options

**Note:** Changes for 2018 are shown in bold.

Network Features	High Deductible Health Plan (HDHP) Base	High Deductible Health Plan (HDHP)	Preferred Provider Organization (PPO)
Annual deductible	\$3,000 You Only \$6,000 Other coverage levels	\$1,400 You Only \$2,800 Other coverage levels	\$1,000 You Only \$2,000 Other coverage levels
Annual Out-of-pocket maximum	\$6,000 You Only \$12,000 <sup>1</sup> Other coverage levels	\$4,000 You Only \$8,000 <sup>1</sup> Other coverage levels	\$6,000 You Only \$12,000 <sup>1</sup> Other coverage levels
	medical and Rx combine to meet out-of-pocket max; includes deductible; 100% coverage thereafter		
Lifetime coverage limit	No limit	No limit	No limit
<b>Health Savings Account (HSA)</b>			
Company contribution	\$0	\$250 You Only \$375 Other coverage levels	Not eligible
2018 HSA contribution limits	<b>\$3,450</b> You Only <b>\$6,900</b> Other coverage levels		Not eligible
<b>Medical Services</b>			
Preventive care	100% covered	100% covered	100% covered
Physician office visits	20% coinsurance after deductible	20% coinsurance after deductible	\$35 PCP/ \$60 Specialist
Other services	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible

<b>Prescription Drugs</b>				
	HDHP Base	HDHP	PPO	
Generic Preventive Prescription Drugs		100% covered, no maximum	Copay or coinsurance as shown below	
30-day Supply Prescription Drugs	20% coinsurance after deductible	20% coinsurance after deductible	Generic	\$10 copay
			Preferred Brand	40% coinsurance \$25 min
			Non-Preferred Brand	50% coinsurance \$50 min
90-day Supply Prescription Drugs	20% coinsurance after deductible	20% coinsurance after deductible	Generic	\$20 copay
			Preferred Brand	40% coinsurance \$60 min
			Non-Preferred Brand	50% coinsurance \$125 min

Note: Comparison network benefits shown above

<b><sup>†</sup>2018 Monthly Employee Cost with All Health Incentives</b>			
Coverage Tier	HDHP Base	HDHP	PPO
You Only	\$0	<b>\$54</b>	<b>\$154</b>
You + Spouse	<b>\$27</b>	<b>\$125</b>	<b>\$380</b>
You + 1 Child	\$24	\$108	\$325
You + Children	\$43	\$153	\$466
You + Family	<b>\$50</b>	<b>\$186</b>	<b>\$574</b>

<sup>†</sup>Costs reflect earning all Health Incentives, \$50 for Healthy Weight and \$12.50/\$25 for Tobacco Free (\$12.50 for you, \$12.50 for your covered spouse/domestic partner).

<sup>1</sup> No more than **\$7,350** for any one person

2018 Monthly Employee Cost Without all Health Incentives			
Coverage Tier	HDHP Base	HDHP	PPO
You Only	\$62.50	<b>\$116.50</b>	<b>\$216.50</b>
You + Spouse	<b>\$120.00</b>	<b>\$200.00</b>	<b>\$455.00</b>
You + 1 Child	\$86.50	\$170.50	\$387.50
You + Children	\$105.50	\$215.50	\$528.50
You + Family	<b>\$125.00</b>	<b>\$261.00</b>	<b>\$649.00</b>

These comparisons provide an overview of certain terms and conditions of the health and welfare benefits and are for information purposes only. Benefits and eligibility for coverage are determined under the specific provisions of the official plan documents and any underlying insurance contracts. If there is any discrepancy or conflict between these highlights and the terms of the official plan documents and any underlying insurance contracts, as applicable, the official plan documents and insurance contracts, as applicable, will control. ConocoPhillips reserves the right to amend, change or terminate the health and welfare benefit plans, any underlying insurance contracts or any other programs, at any time and without notice, at its sole discretion, according to the terms of the applicable plans, programs or any underlying insurance contracts.