

2018 Annual Benefits Enrollment Guide

Annual benefits enrollment begins Oct. 20
and ends at 11:59 p.m. Central time Nov. 10, 2017.

hr.conocophillips.com

Visit www.resources.hewitt.com/conocophillips
or call **800-622-5501**



Medical options

No changes to the medical options, annual deductibles and out-of-pocket maximums. You continue to have two High Deductible Health Plan (HDHP) options and a Preferred Provider Organization (PPO) option. **The PPO will be discontinued in 2019.** Take time to evaluate which option is right for you and your family.

Network Features	HDHP Base	HDHP	PPO	
Annual deductible	\$3,000 You Only coverage \$6,000 Other coverage levels	\$1,400 You Only coverage \$2,800 Other coverage levels	\$1,000 You Only coverage \$2,000 Other coverage levels	
Annual out-of-pocket maximum	\$6,000 You Only coverage \$12,000 ¹ Other coverage levels	\$4,000 You Only coverage \$8,000 ¹ Other coverage levels	\$6,000 You Only coverage \$12,000 ¹ Other coverage levels	
Medical and Rx combine to meet out-of-pocket max; includes deductible and copays; 100% coverage thereafter				
Health Savings Account (HSA)				
Annual maximum contribution	\$3,450 You Only coverage \$6,900 Other coverage levels Note: If you are age 55 or older, you can make an additional contribution of \$1,000.		Not eligible	
Medical Services				
Preventive care	100% covered	100% covered	100% covered	
Office visits	20% coinsurance after deductible	20% coinsurance after deductible	\$35 PCP \$60 Specialist	
Other medical services	20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible	
Prescription Drugs				
Generic preventive prescription drugs	20% coinsurance after deductible	100% covered, no maximum	Copay or coinsurance as shown below	
All other prescription drugs	20% coinsurance after deductible	20% coinsurance after deductible	30-Day Supply	
			Generic	\$10 copay
			Preferred brand	40% coinsurance, \$25 min
			Non-preferred brand	50% coinsurance, \$50 min
			90-Day Supply	
			Generic	\$20 copay
Preferred brand	40% coinsurance, \$60 min			
Non-preferred brand	50% coinsurance, \$125 min			

¹ No more than **\$7,350** for any one person.
Note: Changes for 2018 are shown in bold

Lower Costs with Maintenance Choice

In 2018, when you receive a new long-term medication, you can fill it two times at a non-CVS retail pharmacy before it must be filled through the Maintenance Choice program, which allows you to fill a 90-day supply at a CVS retail pharmacy or through mail order. Previously three fills were allowed. This program provides you the lowest cost delivery of prescription drugs.

Access to Quality Healthcare


We want to ensure that you and your family have access to quality healthcare, especially for complex surgeries where complications could increase recovery time and costs. For certain cardiac, orthopedic and bariatric surgeries, **you can receive up to \$10,000 in reimbursement for travel expenses** (subject to IRS guidelines) to travel to an Institute of Quality (IOQ) facility if one is not available within 100 miles of your home.

Guard Against Unexpected Charges

Non-network providers are more expensive for you and ConocoPhillips. Take action. When you can, ask your providers if they and their affiliates, like laboratories and surgery centers, are in the Aetna network. If a provider bills you more than Aetna indicates is your responsibility for services at a network facility, call Aetna to review the claim payment.

Two ways to enroll

Go to Your Benefits Resources (YBR) at  <http://resources.hewitt.com/conocophillips> and enter your previously established user ID and password.

Call a Benefits Center representative at  **800-622-5501** or **718-354-1344**, from 8 a.m. to 6 p.m. Central time, Monday through Friday. Make sure to have your password available when you call.



2018 COBRA Monthly Cost

	You Only	You + Spouse	You + Child	You + Children	You + Family
HDHP Base	\$430.44	\$972.064	\$653.82	\$958.80	\$1,436.16
HDHP	\$546.72	\$1,235.22	\$831.30	\$1,218.90	\$1,825.80
PPO	\$780.30	\$1,764.60	\$1,186.26	\$1,741.14	\$2,608.14
EAP					
EAP	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16
Dental					
CP Dental	\$41.67	\$83.33	\$83.33	\$146.98	\$146.98
Vision					
Vision Base	\$6.73	\$12.24	\$12.24	\$18.72	\$18.72
Vision Plus	\$13.20	\$24.05	\$24.05	\$36.84	\$36.84



Employee Assistance Plan (EAP)

You can continue coverage in the EAP, which provides short-term counseling, referral services and educational materials to help you, your spouse and your children with work and home challenges.



Dental

	CP Dental
Annual deductible	\$50 individual, \$150 family
Annual maximum benefit	\$2,000 per person
Diagnostic and preventive services	100% covered
Basic services	20% coinsurance after deductible
Major services	50% coinsurance after deductible
Orthodontia	50% coinsurance; \$2,000 per person lifetime maximum benefit

MetLife now offers TakeAlong Dental. You could choose to enroll in this dental option instead of COBRA Dental or after your COBRA eligibility ends. You will receive information about this voluntary offering in the mail with the new MetLife branding. If you'd like to find out more information now, you can contact MetLife at 1-844-263-8336 or visit metlifetakealongdental.com.

The TakeAlong Dental program is not sponsored by ConocoPhillips.



Vision

Network Features	Vision Base	Vision Plus
Well vision exam	100% covered; one per calendar year	100% covered; one per calendar year
Eyeglass lenses or contact lenses		
Single, bifocal, trifocal lenses for adults/children and polycarbonate lenses for children	100% covered	100% covered
Progressive and polycarbonate lenses for adults	20 – 25% discount	\$20 copay
Contact lenses	\$125 allowance* for contacts/contact lens exam (fitting and evaluation), 15% discount thereafter.	\$200 allowance* for contacts/contact lens exam (fitting and evaluation), 15% discount thereafter.
Frames		
Frames for children and adults	\$125 allowance*, 20% discount thereafter. Adults every other calendar year; children every calendar year.	\$200 allowance*, 20% discount thereafter. Adults and children every calendar year.
Lens Options		
Photochromic and anti-reflective coating	20 – 25% discount	\$20 copay
Scratch-resistant coating and tints	20 – 25% discount	20 – 25% discount

* Allowance for frames or contacts.

Note: This 2018 Annual Benefits Enrollment Guide (Guide) highlights ConocoPhillips Company's health and welfare benefits for COBRA participants. The Guide is an overview of certain terms and conditions of the health and welfare benefits and is for informational purposes only. Each health and welfare benefit plan has specific eligibility and participation requirements. If there is any discrepancy or conflict between this Guide (or any other enrollment materials) 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. This Guide is intended for COBRA participants. It is not intended for employees covered by collective bargaining agreements, unless those agreements specify participation. Nothing in this document creates an employment contract between ConocoPhillips Company or its subsidiaries and affiliates and any COBRA participant. ConocoPhillips Company reserves the right to amend, change or terminate the plans or any underlying insurance contract at any time and without notice, at its sole discretion, according to the terms of the applicable plan or insurance contract.