

2019 Dental Options

	CP Dental Option
Cost Sharing	
Annual deductible	\$50 individual \$150 family
Annual maximum benefit	\$2,000 per person
Dental Services	
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

2019 Monthly Employee Cost	
	CP Dental Option
You Only	\$8.60
You + Spouse/Child	\$17.20
You + Children/Family	\$30.10

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.