

2019 Annual Benefits Enrollment Guide

Annual benefits enrollment begins Oct. 19
and ends at 11:59 p.m. Central time Nov. 9, 2018.

hr.conocophillips.com

You can learn more about annual enrollment, find online benefits resources and access Your Benefits Resources (YBR) to enroll at hr.conocophillips.com.

Medical Options

The Preferred Provider Organization (PPO) medical option will be discontinued due to low enrollment and higher costs. **If you are currently enrolled in the PPO, you must make an election during annual benefits enrollment or you will default to the High Deductible Health Plan (HDHP).**

Network Features	HDHP Base	HDHP
Annual deductible	\$3,000 You Only coverage \$6,000 Other coverage levels	\$1,400 You Only coverage \$2,800 Other coverage levels
Annual out-of-pocket maximum	\$6,000 You Only coverage \$12,000 ¹ Other coverage levels Medical and Rx combine to meet out-of-pocket max; includes deductible (100% coverage thereafter)	\$4,000 You Only coverage \$8,000 ¹ Other coverage levels
Health Savings Account (HSA)		
Total maximum contribution	\$3,500 You Only coverage \$7,000 Other coverage levels Note: If you are age 55 or older, you can make an additional contribution of \$1,000	
Medical Services		
Preventive care	100% covered	100% covered
Medical services	20% coinsurance after deductible	20% coinsurance after deductible
Prescription Drugs		
Generic preventive prescription drugs	20% coinsurance after deductible	100% covered
Other prescription drugs	20% coinsurance after deductible	20% coinsurance after deductible

Changes for 2019 are shown in **bold**.

¹ No more than **\$7,900** for any one person.

Two Ways to Enroll



Go to Your Benefits Resources (YBR) at <http://digital.alight.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.

Dental

Select a network dentist to save money

Dental visits will cost more for non-network services. Visit [MetLife](#) to see if your dentist is in network. If you do not see your dentist listed, utilize MetLife's Recommend a Dentist form to refer your dentist for network consideration.

	Network	Non-Network	Out-of-Area Dental Benefits ¹
Annual Deductible	\$50 individual, \$150 family	\$100 individual, \$300 family	\$50 individual, \$150 family
Diagnostic and preventive services	100% covered	100% covered ²	100% covered
Basic services	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
Major services	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
Annual maximum benefit	\$2,000 per person (network and non-network combined)		\$2,000 per person
Orthodontia	50% coinsurance; \$2,000 per person lifetime maximum (network and non-network combined)		50% coinsurance; \$2,000 per person lifetime maximum

Changes for 2019 are shown in **bold**.

MetLife and other dental carriers offer individual dental benefits which may be an affordable alternative for you. Additional information is available at hr.conocophillips.com. You can also find out more about MetLife's TakeAlong Dental options at metlifetakealongdental.com or contact MetLife at 1-844-263-8336.³

¹ The Out-of-Area dental benefit is available only to those **without** access to at least two network dentists within 10 miles of their home zip-code.

² Non-network charges are reimbursed similar to network charges in the geographic area. Your dentist may bill you for the difference between the approved charge and the billed amount.

³ The TakeAlong Dental program is not sponsored by ConocoPhillips. Any questions should be directed to MetLife at 1-844-263-8336.

2019 COBRA Monthly Costs

	You Only	You + Child	You + Spouse	You + Children	You + Family
Medical					
HDHP Base	\$510.00	\$775.20	\$1,152.60	\$1,137.30	\$1,703.40
HDHP	\$582.42	\$884.34	\$1,314.78	\$1,297.44	\$1,944.12
Dental					
CP Dental	\$35.90	\$71.81	\$71.81	\$126.63	\$126.63
Vision					
Vision Base	\$7.81	\$14.20	\$14.20	\$21.72	\$21.72
Vision Plus	\$17.02	\$31.03	\$31.03	\$47.52	\$47.52
EAP					
EAP	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16

 Vision

Note slight changes in your coverage; however, your annual eye exam remains covered at 100%.

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 and trifocal	100% covered	\$20 copay
Photochromic lenses	20–25% discount	\$30 copay
Anti-reflective coating and progressive lenses	20–25% discount	\$40 copay
Polycarbonate lenses for children for adults	100% covered 20–25% discount	\$20 copay 20–25% discount
Contact lenses	\$130 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	\$130 allowance,* 20% discount thereafter. Adults every other calendar year; children every calendar year.	\$20 copay , \$200 allowance,* 20% discount thereafter. Adults and children every calendar year.

* Allowance for frames or contacts.

Changes for 2019 are shown in **bold**.

Note: Your well vision exam is covered under the vision plan. If you want vision benefits, you must enroll in a vision option.

 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.



Note: This 2019 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. 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. Each health and welfare benefits plan has specific eligibility and participation requirements. 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.