

2020 High Deductible Health Plan (HDHP) without Health Savings Account (HSA)

Note: Changes for 2020 are shown in bold

| | Network | Non-Network |
|---|---|--|
| Cost Sharing | | |
| Annual deductible (medical and Rx combined) | \$1,400 You Only \$2,800 Other coverage levels | \$2,800 You Only \$5,600 Other coverage levels |
| Annual out-of-pocket maximum (medical and Rx combined, includes deductible; 100% coverage thereafter) | \$4,000 You Only \$8,000 Other coverage levels | \$8,000 You Only \$16,000 Other coverage levels |
| Lifetime coverage limit | No limit | No limit |
| Medical Services | | |
| Preventive Care | 100% covered | Covered at 100% up to \$1,500; 60% thereafter* |
| Office visits | 20% coinsurance after deductible | 40% coinsurance after deductible* |
| Inpatient and Outpatient Services | 20% coinsurance after deductible | 40% coinsurance after deductible* |
| Emergency room | 20% coinsurance after deductible; 50% after deductible for non-emergency use | 20% coinsurance after deductible*; 50% after deductible for non-emergency use |
| Mental Health and Substance Use Disorder Services | 20% coinsurance after deductible; managed by Beacon Health Options | 40% coinsurance after deductible*; managed by Beacon Health Options |
| Chiropractic | 20% coinsurance after deductible; limited to 20 visits per year | 40% coinsurance after deductible*; limited to 20 visits per year |
| Prescription Drugs | | |
| Generic Preventive Prescription Drugs | 100% covered, no maximum | 100% covered, no maximum |
| 30-day Supply Prescription Drugs | 20% coinsurance after deductible is met | 40% coinsurance after deductible is met |
| 90-day Supply Prescription Drugs | | |

*Non-network benefits are subject to a maximum benefit of 150% of the prevailing Medicare rate

| 2020 Monthly Employee Cost | | |
|-----------------------------------|---|---------------------------------------|
| Coverage Tier | [†] With All Health Improvement Incentives | Without Health Improvement Incentives |
| You Only | \$58 | \$145.50 |
| You + Spouse | \$137 | \$224.50 |
| You + 1 Child | \$108 | \$195.50 |
| You + Children | \$153 | \$240.50 |
| You + Family | \$204 | \$291.50 |

[†]Costs reflect earning all Health Incentives: **\$25** for Healthy Weight, **\$25** for Blood Pressure, **\$25** for Cholesterol and **\$12.50** for Tobacco Free.

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.