

2024 Compare Medical Options

Note: Changes for 2024 are shown in **bold**.

Network Features	High Deductible Health Plan (HDHP) Base	High Deductible Health Plan (HDHP)
Annual deductible	\$3,000 You Only \$6,000 Other coverage levels	\$1,600 You Only \$3,200 Other coverage levels
Annual Out-of-pocket maximum	\$6,000 You Only \$12,000 ¹ Other coverage levels	\$4,000 You Only \$8,000 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
Health Savings Account (HSA)		
Company contribution	\$0	\$600 You Only \$1,000 Other coverage levels
2024 HSA contribution limits	\$4,150 You Only \$8,300 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
Physician office visits	20% coinsurance after deductible	20% coinsurance after deductible
Other services	20% coinsurance after deductible	20% coinsurance after deductible
Prescription Drugs		
Generic Preventive Prescription Drugs	20% coinsurance after deductible	100% covered, no maximum
30-day Supply Prescription Drugs		20% coinsurance after deductible
90-day Supply Prescription Drugs		

Note: Comparison network benefits shown above

†2024 Monthly Employee Cost with All Health Incentives		
Coverage Tier	HDHP Base	HDHP
You Only	\$0	\$55
You + Spouse	\$35	\$129
You + 1 Child	\$24	\$83
You + Children	\$43	\$120
You + Family	\$62	\$190

†Costs reflect earning all Health Incentives: \$20.84 for Healthy Weight, \$20.84 for Blood Pressure, \$20.84 for Cholesterol, \$12.50 for Mental Wellbeing and \$12.50 for Tobacco Free.

2024 Monthly Employee Cost without All Health Incentives		
Coverage Tier	HDHP Base	HDHP
You Only	\$87.50	\$142.50
You + Spouse	\$122.50	\$216.50
You + 1 Child	\$111.50	\$170.50
You + Children	\$130.50	\$207.50
You + Family	\$149.50	\$277.50

These comparisons provide an overview of certain terms and conditions of 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.

¹ No more than **\$9,450** for any one person