

COBRA PARTICIPANTS



2025

Annual Benefits Enrollment Guide

Annual Benefits Enrollment opens Oct. 18
and closes at 7 p.m. Central time on Nov. 8, 2024

[*hr.conocophillips.com*](https://hr.conocophillips.com)

This guide provides you with information on how to make the most of your ConocoPhillips benefits during annual enrollment.



Medical Options

You have two High Deductible Health Plan (HDHP) options with BlueCross BlueShield of Texas (BCBSTX) and prescription coverage with CVS Caremark.

In the HDHP medical option, annual deductibles will increase slightly to meet the IRS deductible requirements.

You continue to have access to valuable medical and mental health benefits, such as MDLIVE, 2nd.MD and BCBSTX mental health and substance use disorder coverage.

As a reminder, your BCBSTX health advocate continues to be a valuable resource to help you navigate these new benefits.

NETWORK FEATURES	HDHP BASE	HDHP
Annual deductible	\$3,000 You Only coverage \$6,000 Other coverage levels	\$1,650 You Only coverage \$3,300 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 Other coverage levels
Medical and Rx combine to meet out-of-pocket max; includes deductible (100% coverage thereafter).		

Health Savings Account (HSA)		
Total annual contribution		\$4,300 You Only coverage \$8,550 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 ²	20% coinsurance ²
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Prescription Drugs		
Generic preventive prescription drugs	20% coinsurance ²	100% covered

Other prescription drugs	20% coinsurance ²	20% coinsurance ²
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Changes for 2025 are shown in **bold**.

¹ No more than **\$9,200** for any one person.

² Coinsurance occurs after the deductible is met (where mentioned in this guide).



2025 COBRA Monthly Costs

	YOU ONLY	YOU + CHILD	YOU + SPOUSE	YOU + CHILDREN	YOU + FAMILY
Onsite Clinic					
The Well (Midland, TX and Artesia, NM)	\$54.88	\$54.88	\$54.88	\$54.88	\$54.88
Medical					
HDHP Base	\$561.00	\$821.10	\$1,276.02	\$1,182.18	\$1,875.78
HDHP	\$619.14	\$929.22	\$1,446.36	\$1,340.28	\$2,124.66
Dental					
CP Dental	\$46.05	\$92.11	\$92.11	\$162.54	\$162.54
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
Employee Assistance Plan (EAP)					
EAP	\$4.32	\$4.32	\$4.32	\$4.32	\$4.32

Changes for 2025 are shown in **bold**.



You have one dental option through MetLife PDP Plus.

Visit [MetLife.com](https://www.metlife.com) 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 ³	40% coinsurance ³	20% coinsurance ³
Major services	50% coinsurance ³	50% coinsurance ³	50% coinsurance ³
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

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 Coinsurance occurs after the deductible is met (where mentioned in this guide).



You have two vision options through Vision Plan Services (VSP).

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	100% covered	\$20 copay ¹
Photochromic lenses	30% average savings	\$30 copay
Anti-reflective coating and progressive lenses	30% average savings	\$40 copay
Impact-resistant lenses for children	100% covered	100% covered
Impact-resistant lenses for adults	30% average savings	30% average savings
Contact lenses	\$130 allowance ² for contacts/contact lens exam (fitting and evaluation), 15% off exam thereafter	\$200 allowance ² for contacts/contact lens exam (fitting and evaluation), 15% off exam thereafter
Frames		
Frames for children and adults	\$130 allowance ² ; 20% discount thereafter. Adults every other calendar year; children every calendar year	\$20 copay; \$200 allowance ² , 20% discount thereafter. Adults and children every calendar year

¹ One copay required when purchasing either frames or lenses or both.

² Allowance for frames (if eligible for frames) or contacts but not both.

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 elect EAP coverage, administered through Concern, which provides professional assessments, short-term counseling, referral services, parent coaching and educational materials to help you, your spouse and your children with work and home challenges.

Annual Benefits Enrollment opens Oct. 18 and closes at 7 p.m. Central time on Nov. 8, 2024.

When ready, you can log in and enroll via mybenefits.conocophillips.com. If you do not have an account, you will be prompted to create a username and password using the company key: *conocophillips*. If you need enrollment assistance, contact a Benefits Center representative at 800-622-5501, Monday through Friday, from 7 a.m. to 7 p.m. Central time.

Learn more about Annual Benefits Enrollment and find online resources at hr.conocophillips.com.

Reminder: View your current benefits summary online

To review your current (2024) benefits summary, log in to *My Benefits*. Your elections do carry over each year. If you do not wish to make changes to these elections, no further action is needed. If you do wish to make changes, you can do so online or by calling the Benefits Center. More information listed below.

Two Ways to Enroll



Go to *My Benefits* at mybenefits.conocophillips.com.
Use company key: *conocophillips*.



Call **800-622-5501** and select the “Annual Enrollment” option to speak with a Benefits Center representative from 7 a.m. to 7 p.m. Central time, Monday through Friday.



Note: This 2025 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 U.S. COBRA participants. 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.