

2026 Global Assignee Benefit Highlights

Note: Changes for 2026 are shown in **bold**.

| | Network (In the U.S.) | Non-Network (In the U.S.) | Outside the U.S. |
|-------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------|------------------|
| Cost Sharing | | | |
| Annual deductible | None | None | None |
| Out-of-pocket maximum | \$4,500 You Only \$9,000 Other coverage levels | \$9,000 You Only \$18,000 Other coverage levels | None |
| Lifetime coverage limit | No limit | No limit | No limit |
| Medical Services | | | |
| Preventive Care | 100% covered | 60% covered after deductible | 100% covered |
| Office visits | 100% covered | 60% covered after deductible | 100% covered |
| Inpatient & Outpatient Services | 100% covered | 60% covered after deductible | 100% covered |
| Emergency room | 100% covered | 100% covered | 100% covered |
| Infertility Treatment | 100% covered for facility; 80% covered for office visit and testing | 60% covered after deductible | 100% covered |
| Mental Health & Substance Use Disorder Services | 100% covered | 60% covered after deductible | 100% covered |
| Speech Therapy | 100% covered | 60% covered after deductible | 100% covered |

| Prescription Drugs | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------------------|------------------|
| Certain preventive care medications covered under this plan and required as part of preventive care services (detailed information is available at www.healthcare.gov) are payable at 100% with no copayment or deductible, when purchased from a Network Pharmacy. A written prescription is required. | | | |
| Retail Pharmacy Home Delivery – 30 or 90-day supplies | | | |
| | Network (In the U.S.) | Non-Network (In the U.S.) | Outside the U.S. |
| Generic Preventive | 80% covered | 60% covered, deductible not applicable | 100% covered |
| Other* | 80% covered | 60% covered, deductible not applicable | 100% covered |

*Home delivery prescription drug coverage is only available via in-network pharmacies.

| | |
|------------------------|-----|
| Dental Services | |
| Annual Deductible | N/A |

| | |
|------------------------------|------------------------------------------------------------------------------|
| Class 1: Preventive Services | 100% covered |
| Class 2: Basic Services | 80% covered after deductible |
| Class 3: Major Services | 50% covered after deductible |
| Class 4: Orthodontia | 50% covered after deductible; \$2,000 per person lifetime maximum benefit |
| Class 5: Implants | 50% covered after deductible |
| Plan Limits | |
| Annual maximum benefit | \$2,000 per person (limit is combined for Class 1, 2, 3 and 5) |

| | |
|---------------------------|-------------------------------------------------------------------------|
| Vision | |
| Annual Eye Exam | 100% covered; 1 per dependent per calendar year |
| Annual Hardware Allowance | \$200 per person; 1 pair of glasses or contact lenses per calendar year |

Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Plan Administrator before these documents will be effective. In the case of a discrepancy between the Plan Documents and this document, the Plan Documents will determine the Plan Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Summary of Coverage and any Booklet Amendments/Riders including any state-specific variations, as applicable. For further details, refer to your Plan Documents.

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.