2027 High Deductible Health Plan (HDHP) Base

*Note: Changes for 2027 are shown in **bold**.*

	Network	Non-Network
Cost Sharing		
Annual deductible *Medical and Rx combined*	$3,500 You Only $7,000 Other coverage levels	$7,000 You Only $14,000 Other coverage levels
Annual out-of-pocket maximum *Medical and Rx combined, includes deductible; 100% coverage thereafter*	$7,000 You Only $14,000[1] Other coverage levels	$14,000 You Only $28,000 Other coverage levels
Lifetime coverage limit	No limit	No limit
Health Savings Account (HSA)		
Company Contribution	None	
Total Maximum Contributions	**$4,500** You Only **$9,000** 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	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	40% coinsurance after deductible*
Hearing Aids *Maximum: 1 aid per ear every 36 months (includes fitting)*	20% coinsurance after deductible	40% coinsurance after deductible*
Infertility Treatment *$30,000 lifetime max, medical and Rx combined*	20% coinsurance after deductible	40% coinsurance after deductible*
Speech Therapy *Includes developmental delays, autism, hearing impairments*	20% coinsurance after deductible	40% coinsurance after deductible*
Chiropractic	20% coinsurance after deductible; limited to 20 visits per year	40% coinsurance after deductible*; limited to 20 visits per year
Prescription Drugs		
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

2027 Monthly Employee Cost		
Coverage Tier	†With All Health Improvement Incentives	Without Health Improvement Incentives
You Only	$0	$87.50
You + Spouse	**$61**	**$148.50**
You + 1 Child	**$39**	**$126.50**
You + Children	**$57**	**$144.50**
You + Family	**$90**	**$177.50**

†Costs reflect earning all Health Incentives: **$37.50 for Physical Wellbeing, $25.00 for Mental Wellbeing and $25.00 for Financial Wellbeing.**

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.

[1] No more than **$12,000** for any one person