**COBRA** 

# 2020 Annual Benefits Enrollment Guide

Annual benefits enrollment begins Oct. 25 and ends at 11:59 p.m. Central time Nov. 15, 2019.

hr.conocophillips.com

You can learn more about annual benefits enrollment, find online resources and access *My Benefits* to enroll at <u>hr.conocophillips.com</u>.



#### New look when you enroll

When you enroll in your 2020 benefits, you'll see a new look and web address. The *My Benefits* site, hosted by Businessolver, will replace Your

Benefits Resources (YBR). The *My Benefits* site has simplified navigation to help you easily select, update and manage your benefits. You can log on and enroll via <u>mybenefits.conocophillips.com</u>. You will be prompted to create a new username and password using the company key: *conocophillips*.



Info	Create	Confirm	Login
🗌 Info			
Company Key * Case sensitive Social Security Number * Case densitive Social Security Number * Case densities MMADD/YY		Directions All fields are required. If you don't already have you administrator.	ir Company Key, contact your benefits
			Cancel Continue

Learn more about annual benefits enrollment and find online resources at <u>hr.conocophillips.com</u>.

Your 2020 payments will need to be directed to Businessolver. You will be receiving a separate letter providing guidance on how to make payments for 2020 coverages in December 2019. If you have questions about 2020 payments, please contact the Benefits Center at 800-622-5501.

## 😌 Medical Options

#### Your medical plan options are not changing for 2020. You continue to have two High Deductible Health Plan (HDHP) options with a new U.S. medical claims administrator, Blue Cross and Blue Shield of Texas (BCBSTX).

- Effective Jan. 1, 2020, we will change the medical claims administrator from Aetna to Blue Cross and Blue Shield of Texas (BCBSTX). BCBSTX provides improved access to network providers throughout the U.S., especially for remote and field locations.
- Visit <u>hr.conocophillips.com</u> to get answers to common questions, see when you'll get new ID cards and check if your current providers are in the BCBSTX network.

### Consider an increase to your HSA contribution to take advantage of higher IRS tax limits as shown below.

Network Features	HDHP Base	HDHP		
Annual deductible	\$3,000 You Only coverage \$6,000 Other coverage levels	\$1,400 You Only coverage \$2,800 Other coverage levels		
Annual out-of-pocket	\$6,000 You Only coverage \$12,000 <sup>1</sup> Other coverage levels	\$4,000 You Only coverage \$8,000 Other coverage levels		
maximum	Medical and Rx combine to meet out-of-pocket max; includes deductible (100% coverage thereafter).			
Health Savings Account (HSA)				
Total maximum contribution	\$3,550 You Only coverage \$7,100 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 after deductible	20% coinsurance after deductible		
Prescription Drugs				
Generic preventive prescription drugs	20% coinsurance after deductible	100% covered		
Non-preventive prescription drugs	20% coinsurance after deductible	20% coinsurance after deductible		

Changes for 2020 are shown in **bold**.

<sup>1</sup> No more than **\$8,150** for any one person.

### Getting the Most Out of Your BCBSTX Coverage

#### Call your health advocate

You and your dependents will have access to dedicated health advocates who can help you make informed decisions about your health care needs and overall wellbeing.

BlueCross BlueShield

of Texas

**1** 

- Your health advocate can:
  - · Answer questions about a new diagnosis and discuss what to do next;
  - · Assist with claims or billings issues;
  - · Guide you to quality, lower-cost health care facilities;
  - · Schedule appointments; and
  - Proactively call you to discuss gaps in care, recommend preventive screenings or how to save money on routine procedures.
- Your health advocate will be your main point of contact at BCBSTX and will provide you with ongoing support based on your medical history and needs.

#### Take advantage of an expanded network of providers

We are committed to ensuring you and your family have access to quality doctors and health care facilities in all locations where we operate. Visit <u>www.bcbstx.com</u> and select Find a Doctor or Hospital to see if your provider is in the BCBSTX **Blue Choice PPO**<sup>1</sup> network or call your health advocate at 1-800-343-4709 to help you prepare for the change effective Jan 1, 2020.

#### Receive affordable, quality care without traveling to the doctor's office

Effective Jan. 1, 2020, MDLIVE — a BCBSTX partner — is replacing Teladoc. MDLIVE can still save you time and money on medical care for short-term medical issues such as allergies, colds, flu, ear infections and sinus problems. You can visit with a doctor in minutes through the mobile app, online or by phone for \$40 or less per consultation. You will receive information on how to register beginning Jan. 1, 2020.

#### Get a free second medical opinion from leading doctors

Faced with significant medical diagnoses, such as cancer, chronic conditions or possible surgeries, you and your dependents can receive a second opinion at no cost from a leading medical expert through the 2nd.MD program. The program connects patients with highly sought-after physicians either via phone or video. You may access 2nd.MD through www.2nd.MD/conocophillips or by calling 1-866-410-8649.

<sup>1</sup> The BCBSTX Blue Choice PPO network of doctors, facilities and other preferred providers will be considered in-network for the ConocoPhillips Medical Plan options.

## 📽 2020 COBRA Monthly Costs

	You Only	You + Child	You + Spouse	You + Children	You + Family
Medical <sup>1</sup>					
HDHP Base	\$512.04	\$778.26	\$1,157.70	\$1,142.40	\$1,710.54
HDHP	\$583.44	\$886.38	\$1,317.84	\$1,299.48	\$1,947.18
Dental					
CP Dental	\$37.89	\$75.68	\$75.68	\$133.52	\$133.52
Vision					
Vision Base	\$7.81	\$14.20	\$14.20	\$21.72	\$21.72
<b>Vision Plus</b>	\$17.02	\$31.03	\$31.03	\$47.52	\$47.52
Vision					
EAP	\$2.16	\$2.16	\$2.16	\$2.16	\$2.16

#### **Two Ways to Enroll**



Go to *My Benefits* at **mybenefits.conocophillips.com** and create a user ID and password. The company key to use is **conocophillips**.



Call **800-622-5501** and say "Annual Enrollment" to speak with a Benefits Center representative from 7 a.m. to 8 p.m. Central time, Monday through Friday.

### 🕈 Dental

#### Select a network dentist to save money

Visit <u>MetLife</u> 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 <sup>1</sup>
Annual deductible	\$50 individual, \$150 family	\$100 individual, \$300 family	\$50 individual, \$150 family
Diagnostic and preventive services	100% covered	100% covered <sup>2</sup>	100% covered
Basic services	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
Major services	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
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

MetLife and other dental carriers offer individual dental benefits which may be an affordable alternative for you. Additional information is available at <u>hr.conocophillips.com</u>. You can also find out more about MetLife's TakeAlong Dental options at <u>metlifetakealongdental.com</u> or contact MetLife at 1-844-263-8336.<sup>3</sup>

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> The TakeAlong Dental program is not supported by ConocoPhillips. Any questions should be directed to MetLife at 1-844-263-8336.



#### Your vision benefits and costs are not changing.

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		
Photochromic lenses	20–25% average savings	\$30 copay		
Anti-reflective coating and progressive lenses	20–25% average savings	\$40 copay		
Polycarbonate lenses for children	100% covered	\$20 copay		
Polycarbonate lenses for adults	20–25% average savings	20–25% average savings		
Contact lenses	\$130 allowance <sup>1</sup> for contacts/contact lens exam (fitting and evaluation), 15% off exam thereafter.	\$200 allowance <sup>1</sup> for contacts/contact lens exam (fitting and evaluation), 15% off exam thereafter.		
Frames				
Frames for children and adults	\$130 allowance, <sup>1</sup> 20% discount thereafter. Adults every other calendar year; children every calendar year.	\$20 copay, \$200 allowance, <sup>1</sup> 20% discount thereafter. Adults and children every calendar year.		

<sup>1</sup> Allowances for frames or contacts.

Note: Your well vision exam is covered under the vision plan. If you want vision benefits, you must enroll in a vision option.

### Section (EAP) Section (EAP)

You can continue coverage in the EAP, which provides short-term counseling, referral services and educational materials to help you, your spouse and your children with work and home challenges.



Note: This 2020 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. 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, well control. Each health and welfare benefits plan has specific eligibility and participation requirements. This Guide is intended for COBRA participants. It is not intended for employees covered by collective bargaining agreements, unless those agreements specify participation. Nothing in this document creates an employment contract between ConcocPhillips Company or its subsidiaries and affiliates and any COBRA participant. ConcoPhillips Company or reserves the right to amend, change or terminate the plans or any underlying insurance contract.