

U.S. CONOCOPHILLIPS EMPLOYEES



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.

Headlines

At ConocoPhillips, we aim to provide you with competitive benefits that help keep you and your loved ones healthy. In addition to a new U.S. Paid Time Off (PTO) Policy launching in 2025, we continue to offer benefits that support our workforce at every stage of their career and life. We encourage you to review this guide and attend an in-person road show to help you understand your benefits.

The new PTO Policy will give you more time off to address your diverse needs.

- The PTO Policy provides you with greater autonomy and more consolidated time-off hours that can be used for various needs from vacation or caring for and celebrating loved ones to recovering from a minor illness or injury.
- Employees will have 40 to 56 more PTO hours annually, as compared to the current vacation policy.
 - Depending on your recognized years of experience, you will be awarded anywhere from 160–280 hours of PTO each year.

Premiums for all benefit plans remain unchanged for 2025¹.

There will be no changes to benefit plan premiums. The High Deductible Health Plan medical option deductibles will increase slightly to comply with the IRS deductible requirements.

2025 Annual Benefits Enrollment opens Oct. 18 and closes on Nov. 8 at 7 p.m Central time.

When ready, you can log into *My Benefits* and enroll in your 2025 benefits through the ConocoPhillips network or via mybenefits.conocophillips.com from any device. 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.

Did you know?

We offer comprehensive benefits to support your mental well-being. Visit [Understanding Your Mental Health Benefits](#) on hr.conocophillips.com for more information.

¹ Medical costs in this guide reflect earning all health incentives available through the U.S. Health Improvement Incentive Program (HIIP). The total incentive amount is \$1,050 for 2025. See monthly employee costs and incentive payroll credits on page 6.

New! Paid Time Off

We are transitioning to the U.S. PTO Policy in 2025. PTO provides eligible employees on the U.S. payroll with a larger allotment of consolidated time-off hours to address their diverse needs and priorities outside of work. See the comparison chart below for a list of what’s changing as we transition to PTO. For more details on the change, visit the [U.S. PTO Transition site](#) on *The Mark*. Employees on rotational schedules should refer to local HR for additional details.

Category	Current Practice	New Practice (effective Jan. 1, 2025)
Available Time Off	120–240 hours (~15–30 days), based on recognized years of experience	160–280 hours (~20–35 days), based on recognized years of experience
Additional Time Awarded	Every 10 years	Every 5 years
Carryover Allowed	80 hours (may vary for rotators)	No change
Grant and Accrual	Access to full vacation award at the beginning of year; accrued by quarter	Access to full PTO award at the beginning of year; accrued by month
Leaving the Company	Treatment varies by reason (e.g., resignation, retirement, disability, etc.)	Receive pay for earned but unused PTO; PTO expected to be used throughout the year rather than to extend employment end date
Negative Time Off	Not allowed	No change
Sick Time	All “sick time” covered under Short-term Disability (STD)	PTO will be used to cover minor illnesses that cause an employee absence of 40 hours or less; greater than 40 hours will be covered by STD
STD Waiting Period	N/A	The 40 PTO hours that must be used before STD benefits begin
STD Length	1,040 hours (26 weeks)	1,000 hours (25 weeks)
STD Pay	60%–100% of pay, depending on years of experience	100% of pay, regardless of years of experience
Postpartum Leave	8 weeks at 60-100% of pay; part of STD	No STD Waiting Period; 8 weeks of 100% pay
Employee Health Report	Due on 7th consecutive calendar day of absence for illness/injury	Due after 40 hours of PTO used for illness or injury (42 for rotators)
Serious Illness in the Immediate Family	5 days for a serious illness in immediate family	Not applicable; PTO can be used to care for any sick loved one
Death in Family	4 days paid leave following death in employee’s family ; 30 days for spouse/child	No change



Medical Options

Your medical plan options are not changing. You continue to have two High Deductible Health Plan (HDHP) options with BlueCross BlueShield of Texas (BCBSTX) and prescription drug coverage with CVS Caremark. 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	\$1,650 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)		
Company contribution	\$0	\$600 You Only \$1,000 Other coverage levels
Employee maximum contribution	\$4,300 You Only coverage \$8,550 Other coverage levels	\$3,700 You Only coverage \$7,550 Other coverage levels
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
Prescription Drugs		
Generic preventive prescription drugs	20% coinsurance ²	100% covered
Other prescription drugs	20% coinsurance ²	20% coinsurance ²

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).

Wellness Program

If you participate in the ConocoPhillips Medical Plan, you can earn up to \$1,050 in incentives through our voluntary [U.S. Health Improvement Incentive Program](#).

If you earned incentives by Sept. 30, 2024, they will appear as payroll credits on your paychecks in 2025. As a reminder, all employees must attest during 2025 Annual Benefits Enrollment to receive the tobacco free incentive credit.

INCENTIVES	MONTHLY PAYROLL CREDITS
Healthy Weight	\$20.84
Blood Pressure	\$20.84
Cholesterol	\$20.84
Mental Well-being	\$12.50
Tobacco Free	\$12.50

Earning all your incentives, including completion of your tobacco free attestation during annual enrollment, allows you to pay the monthly employee medical costs located below.

Note: The Medical Plan is committed to helping you achieve your best health status. Incentives for participating in the U.S. Health Improvement Incentive Program are generally available to employees enrolled in the Medical Plan. If you think you might be unable to meet a standard for an incentive under this program, you may qualify for an opportunity to earn the same incentive by different means. Contact the Benefits Center at 800-622-5501 or 718-354-1344, and we will work with you (and, if you wish, your doctor) to find a reasonable alternative with the same incentive that is right for you in light of your health status.

Monthly Employee Costs

	YOU ONLY	YOU + CHILD	YOU + SPOUSE	YOU + CHILDREN	YOU + FAMILY
Medical¹					
HDHP Base	\$0	\$24	\$35	\$43	\$62
HDHP	\$55	\$83	\$129	\$120	\$190
Dental					
CP Dental	\$8.60	\$17.20	\$17.20	\$30.10	\$30.10
Vision					
Vision Base	\$7.66	\$13.92	\$13.92	\$21.29	\$21.29
Vision Plus	\$16.69	\$30.42	\$30.42	\$46.59	\$46.59

¹ U.S. Health Improvement Program incentives will be paid as a payroll credit in 2025 and are available to employees enrolled in the 2025 ConocoPhillips Medical and Dental Assistance Plan (Medical Plan). See the [Frequently Asked Questions on hr.conocophillips.com](#) for program details and the definition of “tobacco free.” Employees hired or repatriated on or after June 1, 2024 are not required to complete a biometric screening and will automatically receive the Health Improvement Incentive Program credits. All employees must attest during annual enrollment to receive the tobacco free credit.



Other Valuable Benefits

BENEFIT	WHAT DO I USE IT FOR?	WHEN DO I USE IT?	WHAT WILL I PAY?
Onsite Clinics: Houston, Midland and Artesia	Primary care, wellness needs	Urgent care, annual exams, screenings, immunizations, preventative care	\$70 Before deductible \$0 After deductible
	24/7 Telemedicine	Allergies, colds, flu, traveling, avoid visiting a doctor's office	\$48 Before deductible \$9.60 After deductible
MDLIVE	Therapy	Talk therapy and strategy sessions	\$90 Before deductible \$18 After deductible
	Psychiatry	Assessment and medication management	\$250 Before deductible \$50 After deductible
BCBSTX Health Advocates	Personalized healthcare guidance	Personal assistance, understanding a diagnosis, seeking quality, lower cost care alternatives	\$0 - Company provided
2nd.MD	Expert second opinions	Significant medical diagnosis, chronic condition, possible surgery, critical mental health diagnosis	\$0 - Company provided
Employee Assistance Plan (EAP)	Professional support and guidance	Grief/loss, stress, work-related issues, relationship issues, parent coaching	\$0 - Company provided
Back-up Family Care	Back-up care for your children, adult and elderly family members	When your primary care is unavailable	Child care center: \$10 per child/day or \$15 per family/day In-home care: \$4 per hour

To learn more, please visit hr.conocophillips.com.

Dental

Your dental benefits and costs are not changing. Visit [MetLife](#) to see if your dentist is in-network. If you do not see your dentist listed, use *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 network charge and the billed amount.

³ Coinsurance occurs after the deductible is met (where mentioned in this guide).



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 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 ¹ ; \$200 allowance ² , 20% discount thereafter. Adults and children every calendar year

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

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

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





Flexible Spending Account (FSA)

2025 Contribution Limits

- Health Care Flexible Spending Account — **\$3,200**
- Dependent Day Care Flexible Spending Account — \$5,000

Your FSA enrollment does not carry over year to year, so you need to enroll for 2025. If you contribute to both an HSA and Health Care FSA, your FSA reimbursements will be limited to dental, vision and some preventive expenses until after you meet your HDHP annual deductible.

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

Income Protection Benefits

Annual Benefits Enrollment is a great time to review your benefits and determine if you have the right amount of disability and life insurance. These coverages provide valuable security for your family in the event that life takes an unexpected turn.

Long-Term Disability (LTD)

LTD premiums will remain the same for 2025. LTD is optional coverage to provide tax-free income replacement if you are unable to work due to an illness or injury that lasts more than six months. Coverage options include: Basic (50% income replacement) and Enhanced (60% income replacement).



Life Insurance

Supplemental life insurance rates will remain the same for 2025. These insurance benefits provide your family with valuable financial protection in the event of your death or a dependent death.

BENEFIT	WHAT DOES IT PROVIDE?	WHAT MONTHLY PREMIUM WILL I PAY?
Basic Life Insurance	1x your annual salary	\$0 – Company provided
Occupational Accidental Death	\$500,000	\$0 – Company provided
Supplemental Life	Up to 8x your annual salary; maximum of \$14,000,000	\$0.035 - \$1,295 (based on age range) per \$1,000 coverage
Dependent Life	\$40K spouse/\$15K child(ren) \$75K spouse/\$25K child(ren)	\$8.95 for low coverage \$14.92 for high coverage
Accidental Death and Dismemberment	<p>You: Up to \$1 million or 12 times your annual salary</p> <p>Spouse: Up to \$500,000 or the value of your coverage (whichever is less)</p> <p>Dependent: Up to \$50,000 or the value of your coverage (whichever is less)</p> <p>Other financial benefits:</p> <ul style="list-style-type: none"> • Child education allowance • Spouse education allowance • Daycare benefit coverage 	\$0.018 per \$1,000 coverage

You can learn more about Annual Benefits Enrollment, find online resources and access *My Benefits* to enroll at hr.conocophillips.com.

Action Checklist

- Attend a [Benefits Road Show](#).
- Visit the [U.S. PTO Transition website](#).
 - Review PTO Policy.
 - Watch "How & When to Use PTO" videos.
 - Check out Workday resources on absence entry.
- Go to hr.conocophillips.com.
 - When you are ready to enroll, click on [My Benefits](#).
 - Complete your tobacco attestation.
 - Consider an increase to your HSA contribution to take advantage of higher IRS tax limits.
 - You will be required to confirm your personal information and beneficiaries.
As a reminder, be sure to also review and confirm your beneficiaries for your [savings/retirement plans](#) and [HSA](#).
 - Evaluate your life and disability insurance needs and consider supplemental coverage if appropriate.
 - Review, print and save your benefits summary after you complete your enrollment.

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Note: This 2025 Annual Benefits Enrollment Guide (Guide) highlights ConocoPhillips Company's health and welfare benefits for active employees. 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, will control. Each health and welfare benefits plan has specific eligibility and participation requirements. This Guide for active employees is intended for U.S. paid employees. 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 ConocoPhillips Company or its subsidiaries and affiliates and any employee. 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.