

U.S. CONOCOPHILLIPS EMPLOYEES



2027

Annual Benefits Enrollment Guide

Annual Benefits Enrollment opens Oct. 16
and closes at 7 p.m. Central time on Nov. 6, 2026

hr.conocophillips.com

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

2027 Benefits Headlines

As we prepare for the 2027 Annual Benefits Enrollment period, we want to share important updates to our benefits offerings. These changes are part of our ongoing commitment to maintain competitive, sustainable and supportive benefits.

New for 2026: You will need to complete enrollment and a dependent attestation (if applicable) to maintain coverage in 2027.

- Annual Enrollment for 2027 will be an active enrollment, meaning you must take action to re-enroll in medical, dental, vision, HSA, FSA and Supplemental Benefits to maintain coverage for 2027.
- Employees covering dependents will be asked to complete a dependent attestation to certify that each covered dependent continues to be eligible for coverage under our plan.
- This attestation helps ensure our plan only covers eligible dependents and supports the long-term sustainability of our benefits program.

IMPORTANT NOTE: If you do not complete enrollment by the deadline, your current elections for these benefits will not automatically carry forward for 2027.

Additionally, the **following benefits changes will go into effect on Jan. 1, 2027:**

Premiums for the medical plan will increase.

- Recognizing the impact of continued medical inflation, premiums for the medical plan will increase in 2027. The amount of the increase will vary between \$0-39/mo. based on your coverage tier.
- ConocoPhillips continues to cover at least 90% of premiums in the Employee Medical Plan.
- There are no changes to deductibles or out-of-pocket maximums.

We will be shifting our prescription drug administrator from CVS Caremark to Express Scripts, Inc. (ESI).

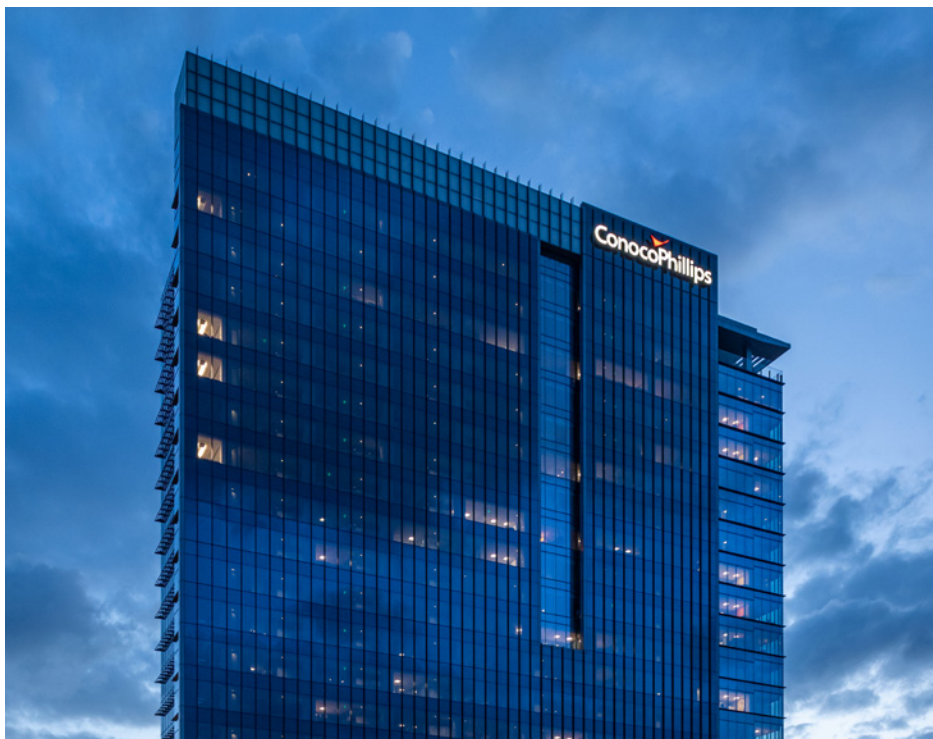
- Employees will have a robust formulary of covered brand and generic drugs. 98% of participants will have no impact to covered prescriptions. See pages 4 and 5 for details on grace periods and transition support.
- Employees will have a larger network of pharmacies for both acute and long-term medications. ESI offers a broad 90-day pharmacy network, including retail pharmacies, mail order and Amazon PillPack.

- Employees will receive a new prescription drug ID card in December and should provide the updated information to their pharmacy when filling medications on or after Jan. 1, 2027.

The Blue Cross Blue Shield (BCBS) network in certain states will change.

- We are adopting BCBS Select Networks where available in California, DC/ Maryland, Florida, Illinois, New Hampshire, Oklahoma and Virginia. Employees that reside in those areas will receive a new medical ID card to share with their providers.
- These networks include a preferred group of doctors, specialists and hospitals while maintaining the same medical coverage and access to quality care to help manage increased health care costs for both you and the company. Most employees in these locations should continue to see that their current physicians and hospitals participate in the BCBS Select Networks.

You will see **no change** to premiums and coverages for vision, dental, life, long-term disability or supplemental benefits.



Understanding the transition to Express Scripts, Inc. (ESI)

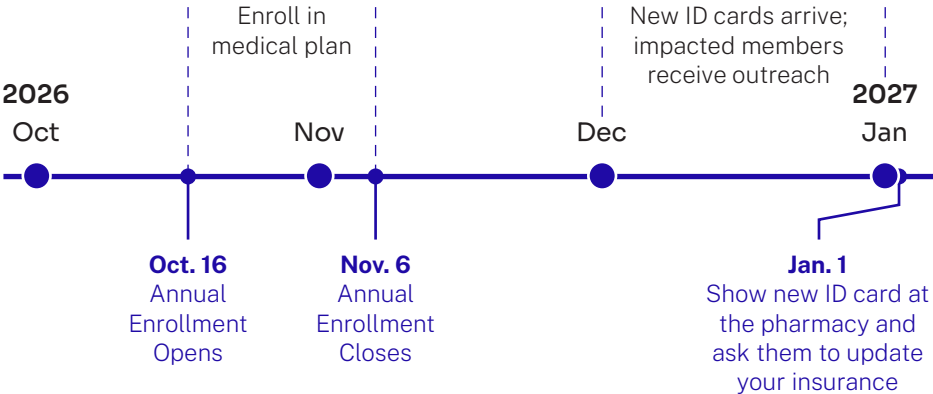
We will be shifting our prescription drug administrator from CVS Caremark to Express Scripts, Inc. (ESI). Employees will have a robust formulary of covered brand and generic drugs, and access to over 56,000 network pharmacies for both short-and long-term prescription needs. With ESI, you will have expanded access to pharmacies for eligible 90-day prescriptions, making it easier to choose the pharmacy that works best for you. A small number of employees will find that a current medication is no longer covered.



To ensure continuity of care, all current prior authorizations will be honored and excluded medications will continue to be covered through April 1, giving employees time to work with their provider and pharmacy on exceptions or therapeutic alternatives.

Learn more about the transition at <https://hr.conocophillips.com/current-employees/express-scripts-transition/>

Transition Timeline



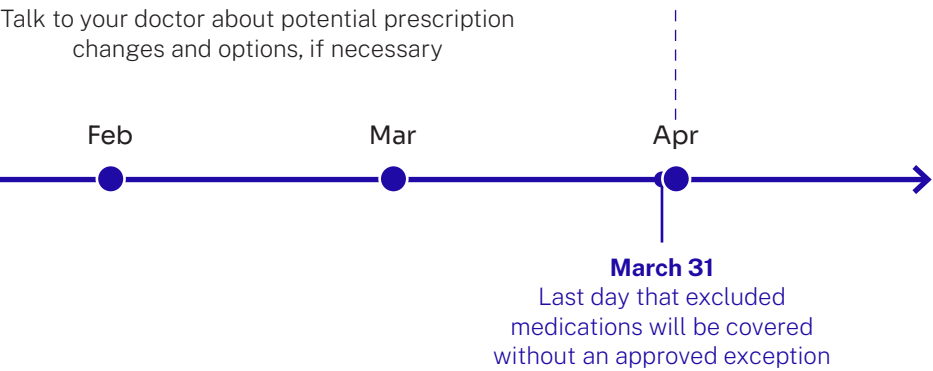
What does this mean for me?

- You will receive a new prescription drug ID card in December.
- Most employees can continue using their current pharmacy and receive in-network benefits.
- You will have access to a broad network of participating pharmacies to fill eligible long-term medications.
- PillPack by Amazon Pharmacy will be an in-network pharmacy¹.
- Specialty medications will be covered by ESI’s specialty pharmacy, Accredo.

¹ Amazon PillPack currently fills 90-day prescriptions in 30-day increments.

How do I fill prescriptions starting January 1?

DISTRIBUTION CHANNEL	WHERE TO GO
Retail pharmacy	Eligible medications can be filled at any in-network pharmacy, up to a 90-day quantity.
Mail order	Fill long-term medications through ESI’s mail order pharmacy or Amazon PillPack.
Specialty pharmacy	Fill through ESI’s specialty pharmacy, Accredo.



Medical Costs

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 Express Scripts.

Effective Jan. 1, 2027, we are adopting BCBSTX Select Networks where available in California, DC/Maryland, Florida, Illinois, New Hampshire, Oklahoma and Virginia.

These networks include a preferred group of doctors, specialists and hospitals while maintaining the same medical coverage and access to quality care to help manage increased health care costs for both you and the company.

Network Features	HDHP Base	HDHP
Annual deductible	\$3,500 You Only coverage \$7,000 Other coverage levels	\$1,750 You Only coverage \$3,500 Other coverage levels
Annual out-of-pocket maximum	\$7,000 You Only coverage \$14,000 ¹ Other coverage levels Medical and Rx combine to meet out-of-pocket max; includes deductible (100% coverage thereafter)	\$4,500 You Only coverage \$9,000 Other coverage levels
Health Savings Account (HSA)		
Company contribution	\$0	\$600 You Only \$1,000 Other coverage levels
Employee maximum contribution	\$4,500 You Only coverage \$9,000 Other coverage levels	\$3,900 You Only coverage \$8,000 Other coverage levels
Total annual contribution	\$4,500 You Only coverage \$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	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 2027 are shown in **bold**.

¹ No more than \$12,000 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 Aug. 31, 2026, they will appear as payroll credits on your paychecks in 2027. As a reminder, we announced the Financial Well-being incentive as part of our commitment to support holistic well-being.

INCENTIVES	MONTHLY PAYROLL CREDITS
Physical Well-being	\$37.50
Mental Well-being	\$25.00
Financial Well-being	\$25.00

Earning all your incentives, including completion of both the mental and financial well-being attestations, allows you to pay the monthly employee medical costs located below¹.

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.

¹ U.S. Health Improvement Program incentives will be paid as a payroll credit in 2027 and are available to employees enrolled in the 2027 ConocoPhillips Medical Plan (Medical Plan). See the [Frequently Asked Questions](#) on [hr.conocophillips.com](#) for program details. Employees hired or repatriated on or after June 1, 2026 are not required to complete a biometric screening and will automatically receive the Health Improvement Incentive Program credits.

Monthly Employee Costs

	YOU ONLY	YOU + CHILD	YOU + SPOUSE	YOU + CHILDREN	YOU + FAMILY
Medical					
HDHP Base	\$0	\$39	\$61	\$57	\$90
HDHP	\$74	\$111	\$173	\$161	\$255
Dental					
CP Dental	\$9	\$19	\$19	\$33	\$33
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

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



Supplemental Benefits

You will continue to have access to voluntary financial protection through supplemental insurance options.

You and your eligible dependents can enroll in supplemental coverage that offers extra financial protection beyond the core high deductible health plans.

	HOSPITAL INDEMNITY	CRITICAL ILLNESS	ACCIDENT
Product Overview	These three coverages offer extra financial protection beyond the core high deductible health plans by providing a direct lump sum payment for covered events with no pre-existing condition exclusions.		
Covered Services	Coverage for hospitalization due to covered accidents and illnesses such as admission to a hospital, intensive care unit stays and inpatient rehab unit stays for accidents.	Over 30 covered conditions including cancer, heart attack and stroke. Additionally, the plan pays at initial occurrence and at recurrences for certain conditions.	Over 150 covered events and services such as fractures, dislocations, second- and third-degree burns and medical treatments or tests resulting from an accident.
Cost of Coverage	\$6.32–\$39.49/mo. based on plan and coverage tier	Rates vary based on age and coverage tier	\$3.08–\$15.02/mo. based on plan and coverage tier

If you enroll in the above coverage, you can opt into MetLife’s medical claim integration for automatic claims filing. You will receive an email from MetLife after Annual Enrollment closes with more information.

	LEGAL
Product Overview	Access an experienced attorney to help with estate planning, home sales, adoption and more through the monthly rate.
Cost of Coverage	\$15.70/month

	IDENTITY THEFT AND FRAUD PROTECTION	
Product Overview	Identity theft protection provides a robust digital security plan to help protect you and your family from financial and identity fraud.	
Cost of Coverage	Individual Coverage	Family Coverage
	\$8.95/month	\$14.95/month
	Protection for the employee only	Add up to 10 additional adults and unlimited minors to the plan



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
MDLIVE	24/7 Telemedicine	Allergies, colds, flu, traveling, avoid visiting a doctor's office	\$48 Before deductible \$9.60 After deductible
	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.

Did you know?

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

Your dental benefits are not changing, visit [MetLife](#) to see if your dentist is in-network.

	YOU ONLY	YOU + 1	YOU + 2 OR MORE
Rates	\$9	\$19	\$33

	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 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
Ultraviolet lenses	100% covered	100% covered
Impact-resistant lenses for children	100% covered	100% covered
Impact-resistant lenses for adults	30% average savings	30% average savings
Contact lenses	\$150 allowance ² for contacts/contact lens exam (fitting and evaluation), 15% off exam thereafter	\$210 allowance ² for contacts/up to \$50 allowance for contact lens exam (fitting and evaluation).
Frames		
Frames for children and adults	\$150 allowance ² ; 20% discount thereafter. Adults every other calendar year; children every calendar year	\$20 copay ¹ ; \$210 allowance ² , 20% discount thereafter. Adults and children every calendar year
Match retail frame allowance at Walmart/Sam's	\$150 allowance ²	\$210 allowance ²

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.

Did you know?

Eyeconic is an in-network online eyewear store, offered by VSP, that can help you capture additional savings. Visit www.eyeconic.com



Flexible Spending Account (FSA)

2027 Contribution Limits

- Health Care Flexible Spending Account — \$3,400¹
- Dependent Day Care Flexible Spending Account — \$7,500

Your FSA enrollment does not carry over year to year, so you need to enroll for 2027. 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.

¹ The 2027 IRS Flexible Spending Account maximum contribution limit has not been released yet. Should the limit increase, we will provide the updated amount during annual enrollment.



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 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

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	\$0.028–\$1.036 (based on age range) per \$1,000 coverage
Dependent Life	\$50K spouse/\$15K child(ren) \$100K spouse/\$25K child(ren)	\$8.95 for low coverage \$14.92 for high coverage
Accidental Death and Dismemberment	You: 12x your annual salary up to \$1 million Spouse: Up to \$500,000 or the value of your coverage (whichever is less) Dependent: Up to \$50,000 or the value of your coverage (whichever is less) Other financial benefits: • 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.

Savings

The ConocoPhillips Savings Plan provides a competitive benefit that gives you the flexibility to reach your future financial goals.

You are immediately eligible to participate in the Savings Plan, and you can enroll directly with Fidelity.

- When you contribute a minimum of 1% of eligible pay each pay period, you will receive a 6% company match.
- Twice a year, you may receive an additional company discretionary contribution, which may range from 0-6%.
- You are always 100% vested in your contributions, company match and discretionary contributions.

Employees who joined ConocoPhillips after Dec. 31, 2018, are automatically enrolled in the [ConocoPhillips Company Retirement Contribution](#) (CRC).

- You will receive 6% of your eligible pay (this includes base salary, overtime and variable cash incentive plan/bonus) each pay period in your account at Fidelity.
- It does not require any employee contributions; ConocoPhillips provides 100% of these contributions.
- After three years of service with the company, you are 100% vested in any company retirement contributions.

Action Checklist

- ☐ Attend a [Benefits Road Show](#).
- ☐ Go to hr.conocophillips.com.
 - ☐ When you are ready to enroll, click on [My Benefits](#).
 - ☐ 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](#).
 - ☐ Complete your dependent attestation.
 - ☐ 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.

Annual Benefits Enrollment opens Oct. 16
and closes at 7 p.m. Central time on Nov. 6, 2026.

Elections will not automatically carry forward to next year;
action must be taken to ensure benefits for 2027.



Note: This 2027 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.