



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.

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/>

What does this mean for me?

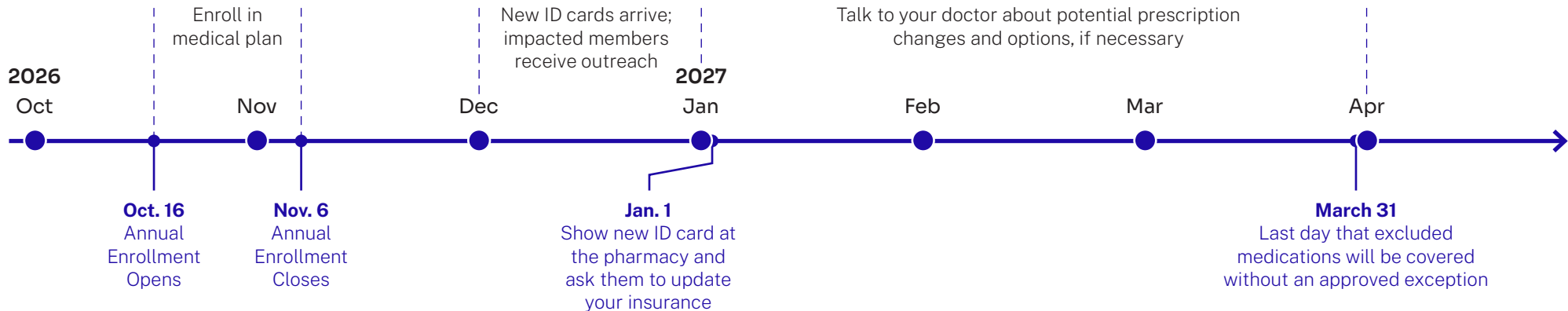
- You will receive a new prescription drug ID card in December.
- Most employees can continue using their current pharmacy and receive in-network benefits.
- You will have access to a broad network of participating pharmacies to fill eligible long-term medications.
- PillPack by Amazon Pharmacy will 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.

Transition Timeline



⊕ Medical Options

You have two High Deductible Health Plan (HDHP) options with BlueCross BlueShield of Texas (BCBSTX) and prescription coverage with Express Scripts.

In the HDHP medical option, annual deductibles will increase slightly to meet the IRS deductible requirements.

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)		
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).

📅 2027 COBRA Monthly Costs

	YOU ONLY	YOU + CHILD	YOU + SPOUSE	YOU + CHILDREN	YOU + FAMILY
Onsite Clinic					
The Well (Midland, TX and Artesia, NM)	\$65.09	\$65.09	\$65.09	\$65.09	\$65.09
Medical					
HDHP Base	\$686.46	\$1,003.68	\$1,560.60	\$1,446.36	\$2,293.98
HDHP	\$757.86	\$1,136.28	\$1,769.70	\$1,639.14	\$2,598.96
Dental					
CP Dental	\$47.76	\$95.50	\$95.50	\$168.53	\$168.53
Vision					
Vision Base	\$7.81	\$14.20	\$14.20	\$21.72	\$21.72
Vision Plus	\$17.02	\$31.03	\$31.03	\$47.52	\$47.52
Employee Assistance Plan (EAP)					
EAP	\$4.95	\$4.95	\$4.95	\$4.95	\$4.95

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



You have one dental option through MetLife PDP Plus.

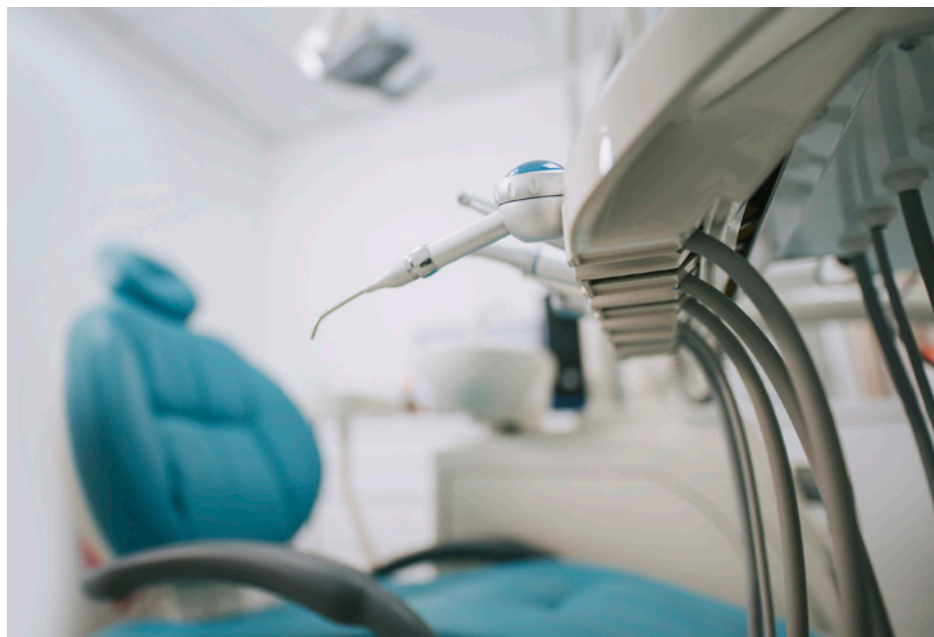
Visit [MetLife.com](https://www.metlife.com) to see if your dentist is in-network.

	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 charge and the billed amount.

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



You have two vision options through Vision Service Plan (VSP).

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

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

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

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

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

Employee Assistance Plan (EAP)

You can elect EAP coverage, administered through Concern, which provides professional assessments, short-term counseling, referral services, parent coaching and educational materials to help you, your spouse and your children with work and home challenges.

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

When ready, you can log in and enroll via mybenefits.conocophillips.com. If you do not have an account, you will be prompted to create a username and password using the company key: *conocophillips*. 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.

Learn more about Annual Benefits Enrollment and find online resources at hr.conocophillips.com.

Reminder: View your current benefits summary online

To review your current (2026) benefits summary, log in to *My Benefits*. Your elections do carry over each year. If you do not wish to make changes to these elections, no further action is needed. If you do wish to make changes, you can do so online or by calling the Benefits Center. More information listed below.

Two Ways to Enroll



Go to *My Benefits* at mybenefits.conocophillips.com.
Use company key: *conocophillips*.



Call **800-622-5501** and select the “Annual Enrollment” option to speak with a Benefits Center representative from 7 a.m. to 7 p.m. Central time, Monday through Friday.



Note: This 2027 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. Each health and welfare benefit plan has specific eligibility and participation requirements. 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. This Guide is intended for U.S. COBRA participants. 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.