

NEW HIRE



# 2025

## Benefits Overview

[hr.conocophillips.com](https://hr.conocophillips.com)

# Medical Options

You have two High Deductible Health Plan (HDHP) medical options.

NETWORK FEATURES	HDHP BASE	HDHP
<b>Annual deductible</b>	\$3,000 You Only coverage \$6,000 Other coverage levels	\$1,650 You Only coverage \$3,300 Other coverage levels
<b>Health Savings Account company contribution<sup>1</sup></b>	\$0	\$600 You Only \$1,000 Other coverage levels
<b>Preventive care</b>	100% covered	100% covered
<b>Office visits</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Other medical services</b>	20% coinsurance after deductible	20% coinsurance after deductible
<b>Annual out-of-pocket maximum</b>	\$6,000 You Only \$12,000 <sup>2</sup> Other coverage levels 100% coverage thereafter	\$4,000 You Only \$8,000 Other coverage levels 100% coverage thereafter

<sup>1</sup> Amount may be prorated based on date of hire.

<sup>2</sup> No more than \$9,200 for any one person.

## Prescription Drug Comparisons

Prescription drug coverage varies based on the medical option you choose.

NETWORK FEATURES	HDHP BASE	HDHP
<b>Generic preventive prescription drugs</b>	20% coinsurance after deductible	100% covered, no maximum
<b>Other prescription drugs</b>	20% coinsurance after deductible	

# 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**.

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 enrollment, allows you to pay the monthly employee medical costs located below.**

Note: The ConocoPhillips Employee Welfare Benefit Plan (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 Cost: Medical

	YOU ONLY	YOU + CHILD	YOU + SPOUSE	YOU + CHILDREN	YOU + FAMILY
<b>Medical<sup>1</sup></b>					
HDHP Base	\$0	\$24	\$35	\$43	\$62
HDHP	\$55	\$83	\$129	\$120	\$190

<sup>1</sup> Medical costs reflect earning all health incentives.

Note: If enrolled in medical coverage, you automatically receive the Healthy Weight, Blood Pressure, Mental Well-being and Cholesterol incentives paid in 2025. You must certify you are "tobacco free" during your online benefits enrollment to receive the Tobacco Free incentive. If at the time of your benefits enrollment (on or after June 1, 2025), you do not meet the definition of "tobacco free," you will have a reasonable period of time to complete a tobacco cessation program and retroactively earn back to your hire date. Contact My Benefits at 800-622-5501 to initiate this request. If your hire date is on or before June 1, 2025, you must take action to earn the health incentives paid in 2026. Visit [hr.conocophillips.com](http://hr.conocophillips.com) for additional program details and requirements.



# Dental

The ConocoPhillips Dental option provides preventive care and comprehensive coverage, such as major dental and orthodontic procedures.

	NETWORK	NON-NETWORK	OUT-OF-AREA DENTAL BENEFITS <sup>1</sup>
<b>Annual deductible</b>	\$50 individual, \$150 family	\$100 individual, \$300 family	\$50 individual, \$150 family
<b>Diagnostic and preventive services</b>	100% covered	100% covered <sup>2</sup>	100% covered
<b>Basic services</b>	20% coinsurance after deductible	40% coinsurance after deductible	20% coinsurance after deductible
<b>Major services</b>	50% coinsurance after deductible	50% coinsurance after deductible	50% coinsurance after deductible
<b>Annual maximum benefit</b>	\$2,000 per person (network and non-network combined)		\$2,000 per person
<b>Orthodontia</b>	50% coinsurance; \$2,000 per person lifetime maximum (network and non-network combined)		50% coinsurance; \$2,000 per person lifetime maximum

<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 network charge and the billed amount.



## Monthly Employee Cost: Dental/Vision

	YOU ONLY	YOU + SPOUSE YOU + CHILD	YOU + CHILDREN YOU + FAMILY
<b>Dental</b>			
CP Dental	\$8.60	\$17.20	\$30.10
<b>Vision</b>			
Vision Base	\$7.66	\$13.92	\$21.29
Vision Plus	\$16.69	\$30.42	\$46.59



We offer a vision plan with two options. Both the Base and Plus options provide coverage for annual eye exams, eyeglass lenses or contacts, frames and discounts for items like sunglasses and laser eye surgery.

NETWORK FEATURES	VISION BASE	VISION PLUS
Well vision exam	100% covered; One per calendar year	100% covered; One per calendar year
<b>Eyeglass Lenses or Contact Lenses</b>		
Single, bifocal, trifocal lenses	100% covered	\$20 copay <sup>1</sup>
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 <sup>2</sup> for contacts/contact lens exam (fitting and evaluation), 15% off exam thereafter.	\$200 allowance <sup>2</sup> for contacts/contact lens exam (fitting and evaluation), 15% off exam thereafter.
<b>Frames</b>		
Frames for children and adults	\$130 allowance <sup>2</sup> , 20% discount thereafter. Adults every other calendar year; children every calendar year.	\$20 copay <sup>1</sup> , \$200 allowance <sup>2</sup> , 20% discount thereafter. Adults and children every calendar year.

<sup>1</sup>One copay required when purchasing either frames or lenses or both.

<sup>2</sup> Allowance for frames (if eligible for frames) or contacts but not both.

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



# Health Savings Account (HSA)

The 2025 IRS limits are:

- \$4,300 for You Only
- \$8,550 for Other coverage levels

If you're age 55 or older, you can contribute an additional \$1,000.

If you choose the HDHP medical option, we'll deposit money into your HSA to help you cover the cost of your medical care:

- \$600 for You Only
- \$1,000 for Other coverage levels

---

Note: HSA employer contribution amounts will decrease to \$300 and \$500 respectively for enrollments effective July 1 through Nov. 1, and both will decrease to \$0 for enrollments effective Nov. 2 through Dec. 31.

## How an HDHP with HSA Works

An HDHP medical option — when coupled with an HSA — can provide significant tax advantages. You can contribute to the account tax free, and when you withdraw money from the account for eligible medical, prescription, dental and vision expenses, the funds are also not subject to taxes.

Once you reach an account balance of \$1,000, consider opening an investment account inside of your HSA to further grow your HSA dollars. The funds can grow tax free in investment options similar to what you see in a 401(k) or savings plan. The HSA can be an excellent tool to help you get ready for retiree medical expenses. You can think of your HSA as a retirement account for medical expenses which carries better tax benefits than your 401(k).



## Flexible Spending Account (FSA)

An FSA allows you to use pre-tax money to pay for qualified expenses throughout the year — up to \$3,200 a year for health care and \$5,000 a year for dependent care.

If you enroll dependents in the onsite child care center in Midland, The Play, you may still enroll in a dependent care FSA; however, IRS rules may limit how much you can contribute.



## Employee Assistance Plan (EAP)

The EAP is a program that offers confidential support designed to help you balance the demands of work, life and personal issues. You and your family are eligible to receive up to eight free counseling sessions per person, per issue, per year.



## Long-Term Disability (LTD)

Optional coverage that you pay for with after-tax dollars that provides you and your family with tax-free income replacement if you're unable to work because of a serious illness or injury that lasts more than six months.

- Basic benefit – 50% of pay; nontaxable.
- Enhanced benefit – 60% of pay; nontaxable.



## Life Insurance

**Basic Life:** One times annual pay, company paid.

For added protection, you can purchase Supplemental Life or Accidental Death and Dismemberment (AD&D) coverage for yourself and for your spouse and/or dependent children.

**Supplemental Life:** Up to eight times annual pay.

**Dependent Life:**

- High option: Spouse \$75,000, Children \$25,000.
- Low option: Spouse \$40,000, Children \$15,000.

**Accidental Death and Dismemberment:** Employee coverage of \$20,000 to \$1 million and family coverage available.



# Family Life Benefits

We understand that balancing work and life can have its challenges, especially when caring for others.

## Back-up Family Care

To help support you when the unexpected gets in the way of work, you will have access to Back-up Family Care, provided by Bright Horizons. Back-up Family Care provides you with affordable, company-subsidized, short-term back-up care solutions for your children, adult and elderly family members.

- Solutions include Bright Horizons onsite centers and in-home caregivers.
- You will have up to 15 uses per year at a low cost:

<b>Child care center</b>	\$10 per child/day or \$15 per family/day
<b>In-home</b>	\$4 per hour

To learn more about these benefits, please visit [hr.conocophillips.com](http://hr.conocophillips.com).



## Change in Status?

If you have a change in status (e.g., marriage, divorce, birth, adoption) during the year, you have 30 calendar days from the date of the event to add or change your coverage (90 calendar days to add a dependent after birth, adoption or placement for adoption). Otherwise, you will not be able to change coverage (e.g., add/remove a dependent) until the next annual benefits enrollment period or a future qualified change in status event.

### You can report your change in status in one of the following ways:

- Go to [hr.conocophillips.com](http://hr.conocophillips.com) to access *My Benefits*, or
- Call the Benefits Center at 800-622-5501 or 718-354-1344 between 8 a.m. and 7 p.m. Central time, Monday through Friday.



# Additional Time-Off Benefits

ConocoPhillips provides the following time-off benefits for eligible employees to accommodate various personal needs:

Time-off Policy	Purpose	Duration
<i>Paid Time Off</i>	Time off with pay	160 to 360 hours depending on recognized years of relevant experience.
<i>Short-Term Disability</i>	Employees non-occupational illness or injury lasting longer than 40 hours	1,000 hours (25 weeks)
<i>Postpartum Leave</i>	Paid medical leave for birth mothers	8 weeks
<i>Parental Leave</i>	Paid time to bond with new child within 12 months of birth/ adoption	6 weeks
<i>Family and Medical Leave of Absence (FMLA)</i>	Unpaid job protection for your own illness/injury, to care of an immediate family member's serious health condition or bonding with a new child. May be combined with paid time-off	12 weeks
<i>Death in Family</i>	Paid time off following the loss of a family member	4 days plus one additional workday for travel in each direction. 30 days for death of spouse or child.
<i>Excused Leave with Pay</i>	Situations include: closure of facility, support of disaster relief, affected by natural disaster, family member rehab, house hunting for trailing spouse	Up to 30 days
<i>Civil Duty &amp; Community Service</i>	Company sponsored community service events, voting and jury duty.	Day of event
<i>Military Leave</i>	Paid or unpaid time off for periods of training or active duty in the uniformed services.	Up to 18 months of supplemental benefits and up to five years of unpaid leave.
<i>Unpaid Time-off &amp; Personal Leave of Absence</i>	May be requested for personal needs and granted at business unit management discretion	Up to 30 days unpaid time-off; personal Leave is 30 days or more up to one year.

You may contact HR Connections at 1-877-812-7547 or your local HRBP if you have any questions.

The Company establishes programs, policies and procedures appropriate to the business needs and requirements of its various operations and organizations (the "Policies"). Different Policies than those shown here may apply to subsidiary company employees based on business needs, local customs, contractual agreement, or legal requirements. The Company reserves the right to change, amend, or terminate any of the Policies at any time, without notice, subject to applicable law and/or the terms of any applicable collective bargaining agreement or contract. The information provided is not intended to supersede applicable local, state or federal law or the terms or provisions of any current collective bargaining agreement. In the event of conflict, the law or collective bargaining agreement shall prevail. If there are any discrepancies or conflicts between this information and the terms of the official Policies or any underlying insurance contracts, the official Policies and insurance contracts will control your actual benefits. Employees should confirm that the Policies discussed here apply to them and/or their organization before taking any actions.

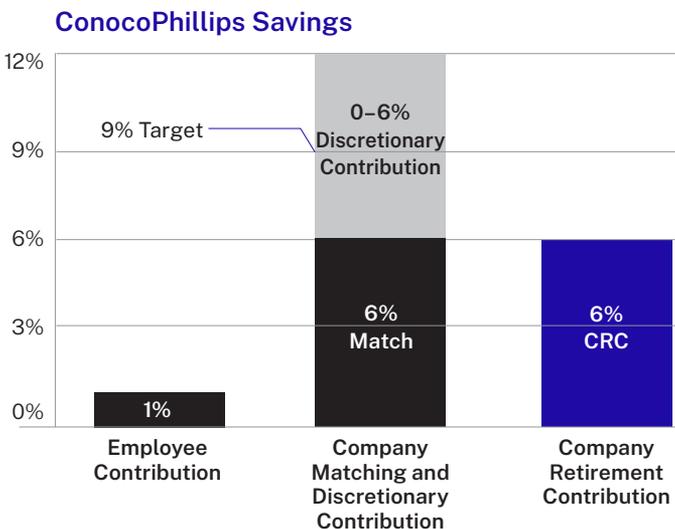
# Savings

## Matching and Discretionary Contributions

- When you contribute 1% of your eligible pay, you will receive a 6% company match with an additional 0% – 6% company discretionary contribution.
- The target for the discretionary contribution is 3%, for a 9% total company contribution.
- The discretionary contribution will be based on factors such as company performance and market conditions.
- It will be reviewed twice a year for the January – June and July – December periods and deposited as a lump sum into your account following your savings plan investment choices.
- You are immediately 100% vested in all contributions.
- You are immediately eligible to contribute, but must enroll to participate.

## Company Retirement Contribution

- ConocoPhillips contributes 6% of your eligible pay to your ConocoPhillips Savings Plan.
- Eligible pay for the company retirement contributions includes base salary, overtime and the Variable Cash Incentive Program (VCIP/bonus).
- After three years of service with the company, you are 100% vested in any company retirement contribution.
- You are automatically enrolled.



# Contacts & Resources

Icons indicate there is a mobile app available. You can find more benefits information online at [hr.conocophillips.com](https://hr.conocophillips.com).

	<b>Health Savings Account (HSA)</b>	800-619-4663 <a href="https://mybam.bcbstx.com">https://mybam.bcbstx.com</a>
	<b>Medical/Mental Health and Substance Use Benefits and Claims</b>	800-343-4709 <a href="https://hr.conocophillips.com/contacts-resources/blue-cross-blue-shield-of-texas/">https://hr.conocophillips.com/contacts-resources/blue-cross-blue-shield-of-texas/</a> 24/7 Nurseline 800-581-0368 (TTY 7-1-1)
	<b>Back-up Family Care</b>	877-242-2737 <a href="https://my.brighthorizons.com">my.brighthorizons.com</a>
	<b>Employee Assistance Plan (EAP)</b>	800-344-4222 <a href="https://employees.concernhealth.com">employees.concernhealth.com</a> (Company code: ConocoPhillips) email: <a href="mailto:info@concernhealth.com">info@concernhealth.com</a>
	<b>Prescription Drugs</b>	855-293-4118 <a href="https://www.caremark.com">www.caremark.com</a>
	<b>Retirement and Savings Plans</b>	833-637-4015 <a href="https://www.netbenefits.com">www.netbenefits.com</a>
	<b>Disability Insurance Life Insurance</b>	888-301-5615 888-563-1124
	<b>Telemedicine: Diagnose non-emergency medical problems, recommend treatment, call in a prescription if necessary</b>	<a href="https://members.mdlive.com/bcbstx">members.mdlive.com/bcbstx</a>
	<b>Dental Benefits</b>	888-328-2166 <a href="https://mybenefits.metlife.com">https://mybenefits.metlife.com</a> email: <a href="mailto:cpdental@metlife.com">cpdental@metlife.com</a>

## Contacts & Resources (continued)

	<b>Flexible Spending Account (FSA)</b>	888-678-8242 <a href="http://www.inspirafinancial.com">www.inspirafinancial.com</a>
	<b>Vision Benefits</b>	800-877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
<b>Benefits Center</b>	<b>Health and Insurance Benefits</b>	800-622-5501 <a href="https://hr.conocophillips.com/contacts-resources/mybenefits/">https://hr.conocophillips.com/contacts-resources/mybenefits/</a>
	<b>Second free medical opinions for significant medical diagnoses</b>	866-841-2575 <a href="http://www.2nd.md/conocophillips">www.2nd.md/conocophillips</a>
<b>Memorial Hermann</b>	<b>Houston onsite medical clinic</b>	713-984-6650 <a href="https://www.memorialhermann.org/services/specialties/employer-solutions/conocophillips">https://www.memorialhermann.org/services/specialties/employer-solutions/conocophillips</a>
<b>The Well</b>	<b>Midland and Artesia onsite medical clinics</b>	Midland 432-221-0400 Artesia 575-748-1599



# Action Checklist

- Go to [hr.conocophillips.com](https://hr.conocophillips.com)
- To complete your enrollment, go to *My Benefits*. You have **30 days** from your hire date to enroll.
  - Certify you are “tobacco free” to earn the **Tobacco Free** incentive.
  - Select your benefits and enroll each eligible dependent in the options you choose.
  - Designate your beneficiaries.
- Prepare to submit the required dependent verification information (e.g., marriage certificate, birth certificate or other documents requested). A PDF verification letter will be posted on *My Benefits* in your Documents, and you will receive an email advising that documentation is required.
- Contact Fidelity online or by phone to enroll in the 401(k) plan and designate your beneficiaries.

## Questions?

Call the ConocoPhillips Benefits Center at 800-622-5501 or 718-354-1344 (international callers), 8 a.m. – 7 p.m. Central time, Monday through Friday.



The Summary Plan Description (SPD) for health and welfare plans (Employee Benefits Handbook), and ConocoPhillips Savings Plan is available online as a Web document on [hr.conocophillips.com](https://hr.conocophillips.com). You can view the SPD and print any specific page or section. Please note your receipt of this communication does not necessarily mean you are eligible for or participating in all of the plans described; therefore, some sections of this communication may not apply to you. To be eligible to participate in a particular plan, you must meet the eligibility requirements outlined for that plan.

For questions regarding this guide, or to request a copy of the SPD free of charge, contact the Benefits Center at 800-622-5501 or 718-354-1344 between 8 a.m. and 7 p.m. Central time, Monday through Friday.

This 2025 Benefits Overview highlights ConocoPhillips Company's benefits for active employees. It is an overview of certain terms and conditions and is for informational purposes only. If there is any discrepancy or conflict between this document (or any other communications) 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 plan has specific eligibility and participation requirements. This document for active employees is intended for employees paid on the direct U.S. dollar payroll. 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 further notice, in its sole discretion, according to the terms of the applicable plan or insurance contract.