

2021 Annual Benefits Enrollment Guide

Annual benefits enrollment begins Oct. 16
and ends at 8:00 p.m. Central time Nov. 6, 2020.

hr.conocophillips.com

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


ConocoPhillips

Medical Options

Your medical plan options are not changing for 2021. You continue to have two High Deductible Health Plan (HDHP) options with Blue Cross Blue Shield of Texas (BCBSTX) and prescription coverage with CVS/caremark.

- Effective Jan. 1, 2021, the Mental Health Substance Use Disorder (MHSUD) claims administrator will change from Beacon Health Options to BCBSTX. This will provide you with access to a nationwide network of more than 430,000 behavioral health professionals and treatment facilities.
- With this change, you will be mailed an updated BCBSTX member ID card.

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 maximum	\$6,000 You Only coverage \$12,000 ¹ Other coverage levels Medical and Rx combine to meet out-of-pocket max; includes deductible (100% coverage thereafter).	\$4,000 You Only coverage \$8,000 Other coverage levels
Health Savings Account (HSA)		
Total maximum contribution	\$3,600 You Only coverage \$7,200 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 2021 are shown in **bold**.

¹No more than **\$8,550** for any one person.

2021 COBRA Monthly Costs

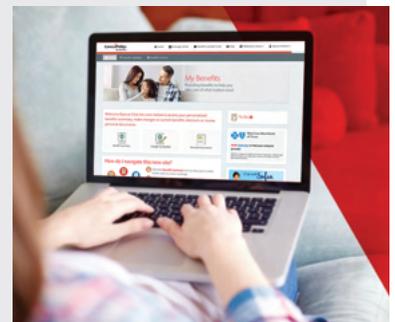
	You Only	You + Child	You + Spouse	You + Children	You + Family
Medical					
HDHP Base	\$520.20	\$780.30	\$1,213.80	\$1,125.06	\$1,783.98
HDHP	\$589.56	\$884.34	\$1,375.98	\$1,275.00	\$2,021.64
Dental					
CP Dental	\$40.14	\$80.22	\$80.22	\$141.53	\$141.53
Vision					
Vision Base	\$7.81	\$14.20	\$14.20	\$21.72	\$21.72
Vision Plus	\$17.02	\$31.03	\$31.03	\$47.52	\$47.52
EAP					
EAP	\$3.37	\$3.37	\$3.37	\$3.37	\$3.37

Employee Assistance Plan (EAP)

Effective Jan. 1, 2021, Concern will be our EAP claims administrator. You can continue coverage in the EAP, which provides professional assessments, short-term counseling, referral services and educational materials to help you, your spouse and your children with work and home challenges.

Annual Enrollment closes Nov. 6 at 8 p.m. Central time

This year, enrollment will close at 8 p.m. Central time to better align with the Benefits Center call hours. You can log on and enroll via mybenefits.conocophillips.com. If you do not have an account, you will be prompted to create a new 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 8 p.m.



Learn more about annual benefits enrollment and find online resources at hr.conocophillips.com.



Dental

Select a network dentist to save money.

Visit [MetLife](#) 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 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 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 hr.conocophillips.com. You can also find out more about MetLife's TakeAlong Dental options at metlifetakealongdental.com or contact MetLife at 1-844-263-8336.³

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



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

¹ Allowance 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.

Two Ways to Enroll



Go to *My Benefits* at mybenefits.conocophillips.com.
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.



Note: This 2021 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, will 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 ConocoPhillips Company or its subsidiaries and affiliates and any COBRA participant. 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.