

How to Participate

(Performance Pipe Hourly Employees)



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Who's Eligible

EMPLOYEES

As an employee of Chevron Phillips Chemical Company LP (Chevron Phillips Chemical or the Company), you are eligible to participate in the health and income protection plans described in this handbook if you are:

- On a U.S. dollar payroll, and
- Designated as a:
 - *full-time employee (working at least 30 hours a week),*
 - *part-time employee (working at least 20 hours a week),*
 - *disabled employee,*
 - *summer college student hire, or*
 - *co-op employee.*



You are **not** eligible to participate in the plans described in this handbook if you are:

- Not an active, regular full-time or regular part-time employee,
- A leased employee,
- A contract employee,
- A temporary employee,
- A seasonal employee,
- A casual employee,
- A member of a collective bargaining unit whose agreement does not provide these benefits,
- In the case of the medical plan, covered by another medical plan to which the Company contributes,
- A represented hourly employee at any Performance Pipe location, or
- An employee at any Puerto Rico location.



RETIREES

As a retiree, you may elect to participate in the medical, dental and prescription drug plans if you:

- Have 25 or more years of continuous service at retirement,
- Are age 55 or older and have at least 10 years of continuous service at retirement, or
- Are age 65 or older and have at least 3 years of continuous service at retirement.

Retirees who satisfy the requirements listed above are eligible for the Retiree Reimbursement Account, unless you are a:

- Fairfield, Iowa or Bloomfield, Iowa hourly employee,
- Puerto Rico Core employee,
- Knoxville, TN, Reno, NV, Brownwood, TX, Hagerstown, MD, Pryor, OK, Startex, SC or Williamstown, KY hourly employee hired on or after January 1, 2004, or
- Former retirement eligible Chevron Phillips Chemical employee who transferred to Americas Styrenics.

If you have been a Chevron Phillips Chemical employee continuously since January 1, 2001, your prior employment with Chevron or ConocoPhillips is included in calculating your continuous service at retirement.

For information about the **Retiree Reimbursement Account**, see page 145.

If You and Your Spouse Are Both Chevron Phillips Chemical Employees or Retirees

If you and your spouse are both Chevron Phillips Chemical employees or retirees, and you're both eligible for the health and income protection plans described in this handbook:

- > You may each be covered as an employee/retiree under the plans, or
- > One of you may be covered as an employee/retiree and the other may be covered as a dependent.

Only one of you may elect coverage for your eligible dependent children.





DEPENDENTS

If you enroll in a benefit plan described in this handbook, you may also enroll your eligible dependents as outlined in the chart below. Note that the chart also lists certain exclusions.

| Type of Dependent(s) | Eligible for Coverage | Not Eligible for Coverage |
|---|-----------------------|---------------------------|
| Your legally married spouse ¹ | X | |
| Your unmarried dependent children ² — including biological children, stepchildren or legally adopted children — if they are: <ul style="list-style-type: none"> – under the age of 19, – age 19 or older but under the age of 25, and are full-time students dependent upon you for financial support, – your handicapped children² age 19 or older who are covered under the plan before they reached the applicable age limits (newly hired employees with incapacitated or disabled children beyond the applicable age limit may be enrolled for coverage if they had prior medical coverage. You will need to contact the Chevron Phillips Chemical Benefits Service Center at 1-800-446-1422 and press option “1”), – for purposes of the health care plans, a child² who is the subject of a valid Qualified Medical Child Support Order, as determined by the plan administrator (for more information, see QMCSO in the General Information section on page 281). | X | |
| A dependent who is on active military duty | | X |
| A dependent already covered as an employee of the Company | | X |

¹ Common law spouses covered under the ConocoPhillips plan and domestic partners covered under the Chevron Texaco plan as of December 31, 2000, who became participants in the plans described in the Employee Benefits Handbook on January 1, 2001, are considered dependents. Anyone grandfathered under this plan provision who later loses coverage cannot reenter these plans.

² The definition of children includes biological children, stepchildren or legally adopted children.

Michelle’s Law

Enacted on October 9, 2008, Michelle’s Law allows seriously ill college students who are covered as dependents under self-funded and insured health plans — and who would otherwise lose coverage due to loss of dependent status — to retain coverage while on a medically necessary leave of absence. Effective January 1, 2010, the law will apply to dependent coverage provisions under the Chevron Phillips Chemical Company group health plan as follows:



- Coverage for dependents who qualify under Michelle’s Law must continue until the earlier of: (i) one year from the start of the medically necessary leave of absence, or (ii) the date on which such coverage would otherwise be terminated under the terms of the health plan.
- To qualify for the coverage extension, the child must be enrolled as an eligible dependent under a health plan and must be a student at a post-secondary educational institution immediately before the first day of the medically necessary leave of absence. The child’s treating physician must provide certification that the child is suffering from a serious illness or injury that necessitates the leave of absence.

If You Enroll an Ineligible Dependent

If you enroll a dependent who doesn’t meet the plan’s eligibility requirements or don’t cancel coverage within 31 calendar days of when a dependent ceases to meet the plan’s dependent eligibility requirements, he or she will be considered an ineligible dependent. The plan has the right to request reimbursement of any claims or expenses paid for an ineligible dependent. If canceling your ineligible dependent’s coverage reduces your cost for coverage, any amounts you have overpaid will not be refunded. In addition, you may be subject to disciplinary action — up to and including termination of coverage for benefits in the applicable plan or termination of employment for enrolling or keeping an ineligible dependent in the plan.



Self-Certification of Eligible Dependents/Required Documentation

When you enroll your eligible dependents in your benefits and when you continue their participation at each annual enrollment, you’re certifying that the person is an eligible dependent under the terms of the plan. Proof documenting dependent eligibility/non-eligibility may be requested for student status, divorce and adopted children. Failure to provide the certification and/or requested documents verifying proof of dependent eligibility will delay the dependent’s coverage under the plan.



How to Enroll

If you're eligible to enroll in the benefits described in this handbook, you can enroll using the procedure in effect at the time. If you have questions about the enrollment procedure, please contact the Chevron Phillips Benefits Service Center at 1-800-446-1422, option 1. When you enroll, you will:

- Choose from the plan options available at your location,
- Authorize any required payroll deduction contributions for the coverage you select, and
- Decide which of your eligible dependents you wish to cover, if any.

When you enroll, you can elect the following coverage levels:

| Health Care (Includes medical, behavioral health, prescription drug and dental coverage) | Supplemental Life, Supplemental Accidental Death and Personal Loss | Basic Life, Basic Accidental Death and Personal Loss, Occupational Accidental Death and Personal Loss, Business Travel Accident and Long-Term Disability Insurance | Flexible Spending Accounts |
|---|--|--|--|
| Employee only | Employee only | Employee only; automatic enrollment for all coverages except Long-Term Disability | Employee makes contributions; eligible expenses for employee and any eligible dependents are reimbursable regardless of whether they are enrolled in any other benefits sponsored by Chevron Phillips Chemical |
| Employee plus one dependent | Employee plus spouse | | |
| Employee plus two or more dependents | Employee plus children | | |
| | Employee plus spouse and children | | |

Default Coverage

If you don't actively enroll in or waive coverage for the following, **you'll automatically be enrolled upon your hire date:**

- > Core Medical Option for employee only,
- > Comprehensive Dental Option for employee only, and
- > 401(k) Savings Plan (3% for the first year with 1% increases each year to a maximum of 8%).

If you don't want to be enrolled in medical and/or dental benefits, you must contact the Chevron Phillips Benefits Service Center at 1-800-446-1422 (option 1) to waive coverage. If you don't want to be enrolled in the 401(k) Savings Plan, you must contact the Chevron Phillips Pension and Savings Service Center at 1-866-771-5225 to waive enrollment.



When Evidence of Insurability (EOI) Is Required

In some cases, MetLife, the claims administrator, requires EOI — a statement of proof of your and/or your dependents' physical condition and other factual information — to apply for supplemental life insurance and/or long-term disability.

The amount of supplemental life insurance you can buy without EOI is called the "guaranteed issue" amount. In the following situations, you and/or your dependents must provide EOI acceptable to MetLife at your own expense to apply for supplemental life coverage:

- > After the first 31 days of eligibility,
- > For initial enrollment in supplemental life insurance coverage over two times your annual base pay or \$300,000, whichever is less,
- > For initial enrollment in any amount of supplemental life insurance coverage over \$30,000 for your spouse, and
- > For any increase in supplemental life insurance for you, your spouse or your dependent children after the first 31 days of eligibility.

You must also provide EOI acceptable to MetLife at your own expense to apply for long-term disability coverage at any time after the first 31 days of eligibility.

If EOI is required to complete your application, you may request a Statement of Health form by calling the Chevron Phillips Benefits Service Center at 1-800-446-1422. A separate Statement of Health form must be completed for each employee, spouse and dependent child that requires evidence of insurability. The insurance company must approve your application before the coverage begins or increases.

When to Enroll

You can enroll for coverage:

- When you first join Chevron Phillips Chemical, you must enroll within 31 days of becoming eligible; for more information, see **Who's Eligible** on page 6,
- If you become eligible because your employment status changes (for more information, see **Who's Eligible** on page 6),
- During open enrollment, or
- If you have a qualified status change, you must enroll within 31 days of the qualified status change; for more information, see **Qualified Status Changes** on page 15.

Generally, the choices you make are in effect for the plan year unless you have a qualified status change. For more information, see **Qualified Status Changes** on page 15.

If you don't enroll a dependent within 31 days of that dependent's eligibility date, you will not be able to enroll that dependent until the next open enrollment or a qualified status change occurs. For enrollment in certain benefits, evidence of his or her good health that is acceptable to MetLife may be required.

If you do not enroll yourself or your eligible dependents in medical and dental programs because you have other coverage, you may be able to enroll in the future. For more information, see **Special Enrollment** on page 17.



When Coverage Begins

For new hires and rehires, two different effective dates apply to your benefits.

- Your Company-paid basic coverages (Basic Life, Basic Accidental Death and Personal Loss, Occupational Accidental Death and Personal Loss, Business Travel Accident) start on your **Basic Benefits Effective Date**, which is your date of hire or rehire.
- Your employee-paid voluntary coverages (Health Care, Supplemental Life, Supplemental Accidental Death and Personal Loss, Long-Term Disability) start on your **Voluntary Benefits Effective Date**, which is:
 - Your date of hire/rehire, if you are hired or rehired on the first day of the month, or
 - The first day of the following month if you are hired or rehired on any other day.

If EOI is required, coverage will begin the first day of the month following approval from the insurance company.

The date your coverage begins depends on when you enroll:

| If You Enroll ... | Health Care Coverage Begins ... | Basic Life, Basic Accidental Death and Personal Loss, Occupational Accidental Death and Personal Loss, and Business Travel Accident Insurance Coverage Begins ... | Supplemental Life, Supplemental Accidental Death and Personal Loss Insurance Coverage, and Long-Term Disability Coverage Begins ... |
|---|--|--|---|
| When you first join Chevron Phillips Chemical | As of your Voluntary Benefits Effective Date, if you complete the enrollment process and provide any required documentation within 31 days of becoming eligible. | As of your Basic Benefits Effective Date, but only if you're actively at work on that day. Otherwise, coverage begins after you complete one full day of work once you return to your regular work schedule. | As of your Voluntary Benefits Effective Date, but only if you're actively at work on that day. Otherwise, coverage begins after you complete one full day of work once you return to your regular work schedule. Supplemental life insurance may require EOI before it is effective. For more information, see When Evidence of Insurability (EOI) Is Required on page 11. If you do not enroll in long-term disability coverage when you first become eligible, evidence of insurability (EOI) will be required. For more information, see When Evidence of Insurability (EOI) Is Required on page 11. |

(continued)



| If You Enroll ... | Health Care Coverage Begins ... | Basic Life, Basic Accidental Death and Personal Loss, Occupational Accidental Death and Personal Loss, and Business Travel Accident Insurance Coverage Begins ... | Supplemental Life, Supplemental Accidental Death and Personal Loss Insurance Coverage, and Long-Term Disability Coverage Begins ... |
|---|--|---|--|
| When you become eligible due to a change in your employee status | As of the effective date of the status change, provided you timely enroll. | As of the effective date of the status change, but only if you're actively at work on that day. Otherwise, coverage begins after you complete one full day of work once you return to your regular work schedule. | As of the effective date of the status change, but only if you're actively at work on that day. Otherwise, coverage begins after you complete one full day of work once you return to your regular work schedule. |
| During open enrollment | On the later of: <ul style="list-style-type: none"> ■ Your Voluntary Benefits Effective Date ■ The date you timely complete the enrollment process ■ The effective date of coverage | | On the later of: <ul style="list-style-type: none"> ■ Your Voluntary Benefits Effective Date ■ The date you timely complete the enrollment process ■ The effective date of coverage ■ The date your — or your dependent's — EOI, if required, is approved by MetLife |
| When you have a qualified status change, including eligibility for a special enrollment | As of the date of the qualified status change, provided you timely enroll. | As of the date of the qualified status change, provided you timely enroll. | As of the date of the qualified status change, provided you timely enroll. |

What Coverage Costs

When you are first eligible for benefits, and each year at open enrollment, you receive enrollment materials that show the cost of the various benefit plan options available to you. Depending on the benefit, either you or the Company pays for your coverage, or you share the cost.

- If you are an active employee, any amount that you pay for benefits is deducted from your paycheck.
- If you are a retiree, a survivor, have COBRA coverage, or are on an unpaid leave for greater than 31 days, you are responsible for making periodic payments. However, if you are a retiree eligible for the RRA, you may elect to have your cost of coverage automatically paid from your RRA. For more information, see the **Retiree Reimbursement Account** section beginning on page 145.



HEALTH CARE COVERAGE

As an active employee, you and the Company share the cost of your medical and dental coverage. The amount of your contribution depends on the plan options you select and the dependents you cover. You make your health care contributions with before-tax dollars. This means that your taxable pay is lower and, as a result, so is the amount you pay for Social Security tax, Medicare tax, federal income tax, and in most areas, state and local income tax. As a retiree, you pay 100% of your medical and dental coverage. The amount of your premiums depends on the plan options you select and the dependents you cover. If you're eligible for the Retiree Reimbursement Account (RRA), you may be able to use your RRA to obtain reimbursement for medical and dental premiums.

The health care plans are self-insured by Chevron Phillips Chemical, which means the Company pays the claims. However, Chevron Phillips Chemical has contracted with insurance companies to serve as claims administrators to handle processing of all medical, dental, prescription drug and mental health care claims.

INCOME PROTECTION COVERAGE FOR ACTIVES

The Company currently pays the entire cost of your coverage for:

- Basic Life Insurance,
- Basic Accidental Death and Personal Loss Insurance,
- Occupational Accidental Death and Personal Loss Insurance, and
- Business Travel Accident Insurance.

You pay for any voluntary coverages with after-tax dollars.

Voluntary coverages include:

- Supplemental Life Insurance,
- Supplemental Accidental Death and Personal Loss Insurance, and
- Long-Term Disability Insurance.

Premiums for your coverage are based on the level of coverage you elect, your current pay, and your age as of January 1 of the current year.





Premiums for your family for supplemental life and accidental death and personal loss insurance coverages* are determined as follows:

| Family Member | Premiums |
|---------------|---|
| Your spouse | based on his/her age and level of coverage. |
| Your children | the same no matter how many eligible children you have. |

* Premiums for their supplemental life and accidental death and personal loss insurance are based on who is covered and the level of coverage.

For a list of rates, see www.benefitium.com.

INCOME PROTECTION COVERAGE FOR SEPARATED EMPLOYEES

As a retiree, you can decide whether to convert or port your current Chevron Phillips Chemical life insurance coverage into an individual policy through MetLife. You will contact MetLife directly at 1-877-275-6387 to complete the transaction within 31 days of your retirement date.*

* Last day on the Chevron Phillips Chemical payroll.

FLEXIBLE SPENDING ACCOUNTS FOR ACTIVES

If you choose to participate in one of the flexible spending accounts, your contributions are made with before-tax dollars.

When You Can Change Coverage

After your initial enrollment, you may change your plan options and whom you cover:

- During open enrollment,
- Within 31 days of a qualified status change, or
- If you are eligible for a special enrollment.

QUALIFIED STATUS CHANGES

During the year, you may make certain election changes for the current year if you have a "qualified status change" and notify the Chevron Phillips Benefits Service Center at 1-800-446-1422, option 1 of that change within 31 days. Otherwise, you may have to wait until the next open enrollment period to make any changes. For more information, see **Special Enrollment** on page 17.

"Qualified status changes" include:

- Your marriage or divorce,
- Your spouse's or dependent's death,



- A change in your child's eligible dependent status,
- Addition of a child through birth, adoption or placement for adoption,
- A Qualified Medical Child Support Order that requires you to provide medical coverage for a child (for more information, see **Qualified Medical Child Support Order (QMCSO)** on page 281),
- A change in employment status by you, your spouse or your dependent,
- A change in work schedule, including a reduction or increase in hours of employment, by you, your spouse or your dependent, including a switch between part-time and full-time, a strike or lockout, or commencement of, or return from, an unpaid leave of absence,
- A change in the place of residence or work site by you, your spouse or your dependent,
- Your and/or your family member's becoming eligible or losing eligibility for Medicare or Medicaid,
- Your and/or your spouse's or your dependent's becoming entitled to COBRA, or
- The taking of, or return from, a leave under the Family Medical Leave Act of 1993 or the Uniformed Services Employment and Reemployment Rights Act of 1994.

You may also make certain election changes if there is a significant change in the cost of coverage or benefits provided under the plans described in this handbook. Similarly, if your spouse or dependent child is eligible to make a change in their elections under the benefit plans sponsored by their employer during an open enrollment period, your spouse's or dependent child's coverage under another plan changes, or the cost of the other coverage increases or decreases significantly, you may change your elections. For example, if your spouse is covered by an HMO option under his or her employer's plan and that HMO option is eliminated, you may add your spouse to your health coverage.

During a plan year you may only make a change in your elections under the plans if the change in your election is consistent with a qualified status change or with a significant change in the cost or coverage provided under the plans. The plan administrator shall



have the exclusive authority to determine if you are entitled to revoke an existing election as a result of a qualified status change or a change in the cost or coverage, as applicable, and its determination shall bind all persons. Benefit election changes are consistent with a qualified status change or a significant change in cost or coverage, as applicable, only if the plan administrator determines that the election changes are necessary or appropriate as a result of the qualified status change or a significant change in cost or coverage, and no change may reduce the contributions to be made for the full plan year to a level below the amount already paid for benefits during the plan year.

SPECIAL ENROLLMENT

Newly Acquired Dependent

If you and/or your eligible dependents are not covered under any of the group health care plans described in this handbook, you and/or your eligible dependents may have special enrollment rights under certain of the group health care plans described in this handbook if you add a dependent as a result of birth, legal adoption or marriage. In order to take advantage of this special enrollment right you must enroll yourself and your eligible dependents within 31 days of the event giving rise to the special enrollment right. If the event giving rise to your special enrollment right is your marriage or the birth or legal adoption of a dependent, coverage for you and your eligible enrolled dependents will be effective on the date of the event, provided you timely enroll.



Children's Health Insurance Program Reauthorization Act of 2009 (CHIP)

On April 1, 2009, the Children's Health Insurance Program Reauthorization Act of 2009 (CHIP) was signed into law, extending additional enrollment rights to eligible employees and dependents. Under this law, Chevron Phillips Chemical Company will allow a special enrollment opportunity if you or your eligible dependents:

- Lose Medicaid or CHIP coverage because you are no longer eligible, or
- Become eligible for a state's premium assistance program under Medicaid or CHIP.



You have **60 days** from the date of the Medicaid/CHIP eligibility change to request enrollment in the Chevron Phillips Chemical group health plan. *Please note that the 60-day enrollment window applies only to enrollment opportunities under Medicaid/CHIP; the enrollment window for qualified status changes remains 31 days.* If you are eligible for a special enrollment opportunity through Medicaid or CHIP, please contact the Chevron Phillips Benefits Service Center at 1-800-446-1422 within 60 days of your eligibility to request coverage.

Loss of Other Coverage

You and/or your eligible dependents may also have special enrollment rights under certain group health care plans described in this handbook if you did not enroll yourself and/or your eligible dependents in the group health care plans when you were first eligible to enroll because:

- You and/or your eligible dependents had existing health coverage under another plan at the time you had an opportunity to enroll, and
- Coverage under the other employer's health benefit plan ended because of any of the following:
 - *Loss of eligibility (including without limitation, legal separation, divorce or death), but not as a result of a failure to make any required contribution toward the cost of the coverage.*
 - *The employer stopped paying the contributions.*
 - *In the case of COBRA continuation coverage, the coverage ended, but not as a result of a failure to make any required contribution toward the cost of the coverage.*



In order to take advantage of this special enrollment right you must enroll yourself and your eligible dependents within 31 days of the event giving rise to the special enrollment right. Coverage will be effective on the date of the event, provided you timely enroll.

Making a Change

If you believe you are eligible to make a mid-year election change for one of the reasons listed above, you must request an election change (and provide proof of your status change) by notifying the Chevron Phillips Benefits Service Center at 1-800-446-1422, option 1 within 31 days of the relevant event. Otherwise, you have to wait until the next open enrollment period to make any changes.



When You're on a Leave of Absence

For more information about the leaves discussed below, and any other leaves, please contact your local Human Resources Department.

PERSONAL LEAVE WITH PAY AND PERSONAL LEAVE WITHOUT PAY

If you are on a leave of absence with pay all of your benefits will continue throughout your paid personal leave.

If you are on a scheduled leave without pay for 31 days or less, participation in the regular health plan coverages, income protection group benefit plans, Health Care Spending Account and Dependent Care Spending Account will remain active. When you return to work your per pay period contributions will be increased for the remainder of the year to make up for the period of time you were not making contributions while on leave, if applicable.

If you are on a scheduled personal leave without pay for more than 31 days, regular health plan coverage(s) ends on the last day of the calendar month in which your leave starts. You and your eligible dependents may then continue your coverage under COBRA. (You pay the full cost of COBRA coverage, plus a 2% administrative fee.) Your participation in the Health Care and Dependent Care Spending Accounts will be cancelled effective on the last day of the calendar month in which your leave begins. You must re-enroll when you return to work if you want to participate in these programs after your leave ends. Basic Life, Long-Term Disability, Occupational Accidental Death and Personal Loss, Basic Accidental Death and Personal Loss, and Business Travel Accident end the day your leave begins and will be reinstated after your return from leave. Participation in the following benefit plans will continue for you and your enrolled dependents if you make any required contributions while you're on personal leave without pay:

- Dependent Spouse/Child Life Insurance Plans, and
- Supplemental Life and Accidental Death and Personal Loss (AD&PL) Insurance Plans.





DISABILITY LEAVE WITHOUT PAY AND LONG-TERM DISABILITY LEAVE

If you are on disability leave without pay, your Basic Life and Basic Accidental Death and Personal Loss will continue. You may continue the following benefits provided you make the required contributions:

- Health plan coverages
- Dependent Spouse/Child life insurance plans
- Long-Term Disability plan
- Supplemental Life
- Supplemental Accidental Death and Personal Loss.

While you are on disability leave without pay, the following benefits are suspended: Occupational Accidental Death and Personal Loss, Business Travel Accident and the Health Care and Dependent Care Spending Accounts.

If you are on an approved Long-Term Disability Leave, your Basic Life and Basic AD&PL will continue. You may continue the following benefits provided you make the required contributions:

- Health plan coverages
- Dependent Spouse/Child life insurance plans
- Supplemental Life
- Supplemental Accidental Death and Personal Loss.

While you are on Long-Term Disability, the following benefits are suspended: Occupational Accidental Death and Personal Loss, Business Travel Accident and the Health Care and Dependent Care Spending Accounts. (For more information, see page 195.)



MILITARY LEAVE

If you are on a leave of absence under the Uniformed Services Employment and Reemployment Rights Act (USERRA), you may have rights to continue to receive benefits under the group health care plans described in this handbook. If your USERRA leave is for less than 31 days, the Company will continue to pay its portion of the cost of the benefits available during the USERRA leave, and you may continue your coverage provided you agree to pay your portion of the cost for such coverage. If your USERRA leave is for 31 days or longer, the health care benefits described in this handbook may be continued for up to 18 months, provided you pay your share of the cost to continue your coverage. For more information about your benefits while on military leave and your rights under USERRA, see your local Human Resources Department. Under certain circumstances you may be permitted to continue paying for your benefits while on a military leave under one of the options available with respect to continuation of coverage as a result of a leave under the Family and Medical Leave Act (FMLA).



FAMILY MEDICAL LEAVE

If you take a leave under FMLA, you may elect to continue your coverage under certain of the group health care plans described in this handbook. If you are on an FMLA leave and you desire to continue coverage, you must agree to pay your portion of the cost for such coverage during your FMLA leave under one of the options described below. With respect to an FMLA leave the Company will continue to pay its portion of the cost of the benefits available during the FMLA leave.

PAYING FOR COVERAGE DURING YOUR LEAVE

If you are on a paid leave and you elect to continue your coverage under the various group health care plans described in this handbook, your premiums and expenses will continue to be paid by the method used prior to such leave.

If you are on an unpaid leave and you elect to continue your coverage under the various group health care plans described in this handbook, you may elect to pay your portion of the premiums or expenses under one of the following options:

- You may make your contributions during your leave by electing to pay your portion of the premiums and expenses under the various group health care plans described in this handbook during the applicable period of leave under a schedule set by the plan administrator through direct bill coupons. Contributions under this option will be made on an after-tax basis unless you receive taxable compensation during such leave, in which case such contributions will be made with after-tax dollars to the extent that pre-tax dollars are not sufficient to pay the total contributions.
- If the Company allows, you may make your contribution after your leave by electing to have the Company advance payment of your portion of the premiums and expenses under the various group health care plans described in this handbook during the applicable period of leave and upon your return from such leave, enter into a new payroll deduction agreement which authorizes the future reduction of your compensation in an amount sufficient to repay the Company for such premiums and expenses. **Note: This option may be eliminated in the future but is currently available.**





When Coverage Ends

EMPLOYEES

As an employee, your coverage under the Chevron Phillips Chemical benefit plans ends on the earliest of these dates:

- The end of the month in which your employment with the Company ends,
- The date you are no longer an eligible employee (for more information, see **Who's Eligible** on page 6),
- The date you die,
- The date the Company no longer offers the coverage (or, in the case of insured plans, the policy terminates),
- The date certain coverages continued during a leave of absence end (for more information, see **When You're on a Leave of Absence** on page 19), or
- The date any required contribution is not made.

For life insurance coverages, the benefit ends the date you terminate from the Company.

RETIREES

As a retiree, your coverage ends on the earliest of these dates:

- The date the Company no longer offers the coverage (or, in the case of insured plans, the policy terminates),
- The date any required contribution is not made, or
- The date you die.



DEPENDENTS

Coverage for your dependents ends on the earliest of these dates:

- The last day of the month in which your coverage ends,
- The date you die (except as described under **Survivor Coverage** below),
- The last day of the month in which the dependent is no longer eligible (for more information, see **Who's Eligible** on page 6),



- The date the Company no longer offers the coverage (or, in the case of insured plans, the policy terminates),
- The date any required contribution is not made,
- The date your child, who is a full-time student over age 19, graduates or is no longer enrolled on a full-time basis. Coverage ends the end of the month in which the child is no longer a full-time student. Note, however, that coverage continues during summer and other recess periods if your child intends to return to school as a full-time student in the next period. However, for members of the State of Texas, dependent life insurance and dependent AD&PL continue for dependents who are under age 25 and unmarried, regardless of student status or whether they are working full-time, as long as they can be claimed as a dependent on your income tax,
- The date a divorce or legal separation becomes effective,
- The date a dependent begins active military duty, or
- The date a dependent becomes covered as an employee of the Company.



SURVIVOR COVERAGE

If you die while a participant in the medical and/or dental plan, your dependents' coverage may continue in the same plan and at the same rates that employee/retiree dependents pay.

Your spouse's coverage will end on the date he or she:

- Remarries,
- Does not make the necessary payments, or
- Dies or cancels coverage, whichever comes first. (Once coverage is cancelled, a member cannot re-enroll in the plan.)

Your dependent children's coverage continues as long as they meet the dependent eligibility requirements.



How to Continue Coverage



Notice Requirements

Under the law, you or a family member has the responsibility to inform the Chevron Phillips Benefits Service Center of a divorce, legal separation or a child losing dependent status under the plan within 60 days from the later of (i) the date of the qualifying event, or (ii) the date benefits would be lost as a result of the qualifying event. If notice is received by the Chevron Phillips Benefits Service Center more than 60 days from the later of (i) the date of the qualifying event, or (ii) the date benefits would be lost as a result of the qualifying event, you may not be entitled to elect COBRA continuation coverage.

If you are enrolled in a Health Care Spending Account, you may also be able to continue your HCSA participation for the remainder of the plan year under COBRA rules.

HEALTH CARE

The Federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) entitles you and any covered dependents to continue group health care benefits under certain circumstances and subject to your payment of the required contributions when coverage would otherwise end. You and your dependents who are eligible for COBRA coverage because you were covered under the group health care plan on the date of a qualifying event are referred to as **qualified beneficiaries**. In addition, any child born to you or adopted by you during your period of COBRA coverage is also a qualified beneficiary and is eligible for COBRA coverage for the remainder of the continuation period.

The length of COBRA coverage depends on the type of qualifying event causing your loss of coverage as follows:

| Employee Qualifying Event | Dependent Qualifying Event |
|---|---|
| You and Your Dependents are Eligible for 18 Months of COBRA Coverage if: | Your Dependents are Eligible for 36 Months of COBRA Coverage if: |
| You terminate employment for reasons other than gross misconduct | They no longer qualify as dependents under the plan |
| Your work hours are reduced and that reduction in your work hours affects your eligibility for benefits | You die |
| You reach the last day of leave under the Family and Medical Leave Act (FMLA) and do not return to work | You divorce or legally separate |
| In the event you are out on FMLA leave, you inform your employer that you do not intend to return to work | You become entitled to Medicare and your entitlement to Medicare would, absent the first qualifying event, have resulted in your dependents losing coverage |

In addition, special COBRA rules apply to retirees if Chevron Phillips Chemical goes into bankruptcy. In the unlikely event such a bankruptcy occurs, affected persons will receive notice of their COBRA rights.

A qualifying event occurs on the date of the qualifying event — not the date on which coverage ends because of the qualifying event.



Electing COBRA Coverage

You or your dependent is responsible for notifying the Chevron Phillips Benefits Service Center at 1-800-446-1422, option 1, of a divorce, legal separation or loss of dependent eligibility. You are responsible for notifying Human Resources if you intend not to return after an FMLA leave. Chevron Phillips Chemical will notify the Benefits Service Center of your death, termination, leave of absence, or a reduction in your hours of employment which affects your right to benefits. You are responsible for notifying Aetna if you become eligible for Medicare for any other reason than age.

In turn, Aetna, the COBRA administrator, will notify you and/or your dependents of your eligibility for continuation of coverage. Under the law, you have 60 days from the later of the date of the (i) qualifying event or (ii) notice advising you of your COBRA rights to elect coverage. You or your dependents will need to agree to pay the required contributions.

If you do not elect COBRA continuation coverage, your coverage ends in accordance with plan provisions.

IN THE EVENT OF A MARRIAGE OR THE BIRTH OR ADOPTION OF A CHILD

During the COBRA continuation period, you and all other qualified beneficiaries have the same rights as active employees to cover a new spouse or newborn or adopted child(ren). However, only a child born to or adopted by you will be a qualified beneficiary for COBRA coverage purposes. You or your eligible dependent must notify Aetna, the COBRA administrator, within 31 days after the marriage, or birth or adoption of a child to cover the spouse or child as a dependent under COBRA. Additional contributions for continuation of coverage must be paid on a timely basis. If COBRA coverage ends for a former employee, that employee's newborn or adopted child(ren) can individually continue their coverage under COBRA.



Extending COBRA Coverage

Your dependents may extend their 18-month coverage to 36 months from the date of the initial qualifying event if a subsequent dependent qualifying event occurs during the original 18-month period of coverage. Specifically:



- Your covered spouse may elect continuation coverage for up to 36 months in the event of your death; your and your covered spouse's divorce or legal separation; or, if it would otherwise have resulted in your dependents losing coverage, your entitlement to Medicare.
- Your covered dependent child(ren) may elect continuation coverage for up to 36 months in the event of your death, you and your covered spouse's divorce or legal separation, if it otherwise would have resulted in your dependents losing coverage, your entitlement to Medicare, or if a child ceases to be a dependent child under the health care group plans. For example, a 19-year-old covered dependent who is not a full-time student is eligible for COBRA continuation of coverage for up to 36 months.
- You become entitled to Medicare while still employed with the Company and within 18 months you terminate employment for reasons other than gross misconduct, or your work hours are reduced and that reduction in your hours results in your loss of coverage, your dependents will be eligible for COBRA continuation coverage for up to 36 months from the date you became entitled to Medicare.

IN THE EVENT OF DISABILITY

An 18-month continuation period may be extended to 29 months if:

- You or a dependent are considered totally disabled under Social Security rules at the time you qualify for COBRA coverage or you or a dependent become disabled during the first 60 days of the 18-month COBRA continuation coverage period,
- The disability continues throughout the continuation period, and
- You or a qualified beneficiary provide evidence to Aetna of the Social Security Administration's determination of your or a qualified beneficiary's disability within 60 days after the date of the determination and before the end of the initial 18-month COBRA continuation coverage period.

Your non-disabled family members who currently have COBRA coverage are also entitled to this extension of coverage, regardless of whether the disabled individual elects the disability extension.



You or your covered dependents are responsible for paying the contributions for months 19 through 29 of COBRA continuation coverage.

If Social Security determines that you or your disabled dependent no longer are totally disabled, you or your dependent must notify Aetna within 30 days. However, coverage cannot terminate before the later of the (i) first of the month which begins more than 30 days after the determination that you or your dependent are no longer disabled, or (ii) end of the initial 18-month COBRA coverage period.

Paying for COBRA Continuation Coverage

The cost of continuation coverage is the full cost (including both employee and employer costs) to provide the benefit plus a two percent administrative fee or other costs as permitted by law. If coverage is being continued due to disability, the cost during months 19 through 29 is determined based on who elects the disability extension and the nature of the coverage elected. If the disabled individual is part of the coverage group then the cost during months 19 through 29 is 150% of the full cost of coverage. If the disabled individual is not part of the coverage group then the cost during months 19 through 29 is 102% of the full cost of coverage. Chevron Phillips Chemical does not subsidize the cost in any way. The cost of coverage may change annually.

You are direct billed by Aetna for COBRA coverage after you enroll. COBRA premiums, payable to Chevron Phillips Chemical Company LP, are due on the first day of each month of coverage.

You have a 30-day grace period for payment of the regularly scheduled premium and 45 days from the date you elect COBRA coverage for the first payment. If premium payments are not made on a timely basis, COBRA coverage ends as of the last day of the month for which such premium payments were made.





When COBRA Coverage Ends

COBRA coverage may be terminated for any of the following reasons:

- The maximum COBRA continuation coverage period ends. (Coverage for a newly acquired dependent who has been added for the balance of a continuation period would end at the same time your continuation period ends, if he or she is not disabled nor eligible for an extended maximum).
- The premium is not paid on time.
- After the date of your COBRA election, you or your dependent receives health care coverage under another group plan that does not exclude coverage because of any pre-existing condition or under which any such pre-existing condition exclusion does not apply to you because of prior creditable coverage.
- After the date of your COBRA election, you or your dependent becomes entitled to Medicare (including Medicare entitlement due to end-stage renal disease).
- Chevron Phillips Chemical no longer provides group health benefits to its employees.
- The disability ends (or it is determined that the individual no longer is disabled) and if you or your covered dependent received extended coverage due to disability (coverage in excess of 18 months up to 29 months). In this case, coverage ends as of the later of (i) the first day of the first month that is more than 30 days after final determination under the Social Security Act that you or your covered dependent are no longer disabled, or (ii) the end of the initial 18-month COBRA coverage period. You have a duty to notify Chevron Phillips Chemical or Aetna, the COBRA administrator, within 30 days of any final determination. Aetna will cancel coverage the end of the month when notification is made.
- You or your dependent dies.





How Health Care Coordination of Benefits Works

IF YOU ARE COVERED BY MORE THAN ONE PLAN

You or a covered dependent may be entitled to benefits from another source that pays all or part of the expenses incurred for health care (medical, mental health or dental). If this is the case, benefits from Chevron Phillips Chemical plans may be reduced to an amount which, together with all benefits payable by other group plans, would not exceed the amount the Chevron Phillips Chemical plans would have paid if no other plans existed.

Another source of benefits means:

- Any group, blanket or franchise health coverage,
- A group contractual prepayment or indemnity plan,
- A health maintenance organization (HMO), whether group practice or individual practice association,
- A labor-management trustee plan or a union welfare plan,
- An employer or multi-employer plan or employee benefit plan,
- A government program, or
- Coverage required or provided by statute.

This plan does not coordinate benefits with any individually purchased coverage or public assistance program.

Under the plan, an “allowed expense” refers to the health care service or expense, including deductibles, coinsurance or copayments, that is covered in full or in part by any of the plans covering you or your covered dependent, except as set forth below or where a statute requires a different definition. Any expense or service or a portion of an expense or service that is not covered by any of the plans is not an “allowed expense.”

When the plan provides benefits for an expense incurred for care provided by a network provider or an advanced procedure designated facility, the allowed expense is limited to the payment that the provider agreed to accept. For more information, see **What's Covered** on page 59.





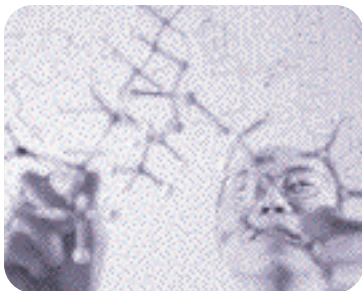
Order of Payment

If the Chevron Phillips Chemical plan is primary, its benefits are determined before those of another plan. The benefits of the other plan are not considered. When the Chevron Phillips Chemical plan is secondary, its benefits are determined after those of the other plan. In such a case, this plan's benefits may be reduced because of the other plan's benefits. When there are more than two plans, the Chevron Phillips Chemical plan may be primary to one and secondary to another.

If this coordination of benefits provision applies to benefits to which you or your family members are entitled, the bills must be filed with the "primary" carrier before being filed with the "secondary" carrier. A copy of the primary plan's explanation of benefits should be included with the secondary plan claim.

The Chevron Phillips Chemical plan determines the order of benefits by following the first of the following criteria that applies:

- A plan that does not coordinate with other plans is always the primary plan.
- The benefits of the plan that covers the person as an employee, member or subscriber (other than a dependent) is the primary plan; the plan that covers the person as a dependent is the secondary plan.
- The primary plan is the plan that covers the person as an employee who is neither laid off nor retired (or as that employee's dependent). The secondary plan is the plan that covers that person as a laid-off or retired employee (or as that employee's dependent). If the other plan does not have this rule and if, as a result, the plans do not agree on the order of benefits, this rule does not apply.
- In the case of a dependent child whose parents are not legally separated or divorced:
 - *The primary plan is the plan of the parent whose birthday (month and day) falls earlier in the year. The secondary plan is the plan of the parent whose birthday falls later in the year.*
 - *If both parents have the same birthday, the plan that covered a parent longer is the primary plan; the plan that covered a parent for the shorter time is the secondary plan.*
 - *If the other plan has the male/female rule instead of the birthday rule and if, as a result, the plans do not agree on the order of benefits, the rule of the other plan determines the order of benefits.*





■ If a dependent child whose parents are legally separated or divorced and who is covered by the plans of both parents has a claim, the primary payer is the plan covering the parent who has financial responsibility for the child's health care under the terms of the court decree. In the absence of a court order, the payment order is:

- *The plan of the natural parent with custody, then*
- *The plan of the spouse of the natural parent with custody, then*
- *The plan of the natural parent without custody.*

If none of the above rules determine the order of benefits, the primary plan is the plan that covered an employee, member or subscriber longer. The secondary plan is the plan that covered that person the shorter time.

Rules Regarding Processed Claims Transactions

Benefits otherwise payable under the Chevron Phillips Chemical plan for all expenses processed during a single "processed claim transaction" will be reduced by the total benefits payable under all "other plans" for the same expenses. An exception to this rule is that when the coordination of benefits rules of this plan and any "other plan" both agree that this plan is primary, the benefits of the other plan will be ignored in applying this rule. As used in this paragraph, a "processed claim transaction" is a group of actual or prospective charges submitted to Aetna for consideration, that have been grouped together for administrative purposes as a "claim transaction" in accordance with Aetna's then current rules.

Under the Chevron Phillips Chemical plan, medical and dental coverages will be considered separate plans. The medical/pharmacy coverage will be coordinated with other medical/pharmacy plans, while dental coverage will be coordinated with other dental plans.

The Effect of No-Fault Auto Insurance

First-party auto insurance coverage is considered primary. The plan coordinates the benefits payable under the plan with the first-party benefits that automobile insurance pays or would pay without regard to fault for the same covered expenses. This also applies to the extent first-party auto insurance coverage is legally required but not in force. For more information, see **Subrogation** on page 274.





COORDINATION WITH COBRA CONTINUATION COVERAGE

If you have COBRA continuation coverage through another employer's medical or dental plan, the Chevron Phillips Chemical medical or dental plan is primary to your COBRA coverage. If you have COBRA continuation coverage under Chevron Phillips Chemical's medical or dental plan in addition to coverage under another employer's plan, the COBRA coverage under Chevron Phillips Chemical's medical or dental plan is secondary to coverage provided by the other employer's plan.

COORDINATION WITH MEDICAID

The Chevron Phillips Chemical plan is primary and Medicaid is secondary for you or your covered dependent. Benefit payments are made by the plan in accordance with any assignments made by you or on your covered dependent's behalf as required by the state Medicaid plan.

Your or your covered dependent's qualification for Medicaid does not affect eligibility for coverage under this plan. This plan honors any subrogation rights acquired by the state by having paid Medicaid benefits to you or your covered dependent.

COORDINATION WITH MEDICARE

The Chevron Phillips Chemical plan pays primary and Medicare pays secondary if you or your covered dependent is Medicare-eligible and eligibility for Medicare is due to:

- Age — the covered active employee or covered spouse of an active employee is age 65 or older,
- Disability — you or your covered dependent is less than age 65 and you have "active employment status" with Chevron Phillips Chemical in accordance with federal law and as determined by Chevron Phillips Chemical, or
- End-stage renal disease (ESRD) — this plan is primary only during the first 30 months of eligibility for Medicare due to ESRD, or as otherwise required by federal law. After 30 months, Medicare is primary and the plan is secondary.



Please note that Medicare remains the primary payer and the plan is secondary if:

- You or your covered dependent is already entitled on the basis of age or disability when he/she becomes eligible on the basis of ESRD, and
- The plan was properly paying secondary to Medicare based on the rules for age or disability.

Medicare pays primary to Chevron Phillips Chemical's health plans in regard to all other participants and dependents eligible for Medicare to the extent permitted by law.

Understanding the Health Insurance Portability and Accountability Act (HIPAA)

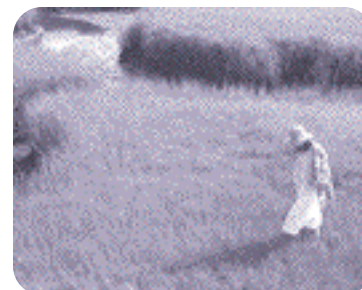
The federal law, HIPAA:

- Requires group health plans, such as Chevron Phillips Chemical, to protect the privacy and security of your confidential health information, and
- If you leave Chevron Phillips Chemical, restricts your new employer's option to limit your coverage for pre-existing conditions, provided you had medical coverage with Chevron Phillips Chemical.

PRIVACY RULES

Chevron Phillips Chemical health plans will not use or disclose your protected health information without your authorization, except if required for treatment, payment, health care operations, plan administration, or as required or permitted by law.

You can review a description of your protected health information and your rights and protections under HIPAA in the Notice of Privacy Practices, which you will receive, or by contacting Chevron Phillips Chemical's Compliance Assurance Manager. For more information, see ***Health Insurance Portability and Accountability Act (HIPAA)***, page 279.





PRE-EXISTING CONDITIONS

HIPAA allows an employer to limit or exclude coverage under a group health plan for a pre-existing condition for up to 12 months. This limitation, however, is reduced by the period of time during which you were covered under the Chevron Phillips Chemical (or any predecessor company's) plan. For example, if you were covered under one of Chevron Phillips Chemical's health plans for more than a year, your new employer cannot limit or exclude coverage for any condition that was covered under the Chevron Phillips Chemical plan.

You are entitled to a *Certificate of Prior Health Coverage*, which will indicate the dates you were covered under one or more of the Chevron Phillips Chemical health plans. This certificate is issued automatically by Aetna in the event that your coverage under the plan ceases.

Naming a Beneficiary



The following plans described in this handbook require you to name a beneficiary when you enroll:

- Basic and Supplemental Life Insurance
- Basic and Supplemental Accidental Death and Personal Loss Insurance
- Business Travel Accident Insurance
- Occupational Accidental Death and Personal Loss Insurance.

You may name anyone as your beneficiary for these plans during the benefit enrollment process with the Chevron Phillips Benefits Service Center. To begin this process, either call the Chevron Phillips Benefits Service Center at 1-800-446-1422, option 1, or log on to the Chevron Phillips Benefits Service Center Web site at www.cpchembenefits.mercerhrs.com to complete the process online.

You may change your beneficiary at any time by following a similar process. Log on to the Chevron Phillips Benefits Service Center at www.cpchembenefits.mercerhrs.com and select the "My Beneficiaries" tab. The change becomes effective after the process is completed.



If more than one beneficiary is designated without their respective interests being specified, the beneficiaries share equally. The interest of any beneficiary who predeceased you terminates and his or her share is payable equally to the surviving beneficiaries, unless the beneficiary designation specifically provides otherwise.

If there is an amount for which there is no designated beneficiary at your death, or if the named beneficiary does not survive you, the benefits are payable to the surviving person or persons in the first of the following classes that survives you:

- Your spouse,
- Your children, including legally adopted children,
- Your parents,
- Your brothers and sisters, or
- Your estate.

Note: For Basic and Supplemental Life Insurance, Accidental Death and Personal Loss Insurance (including Occupational Accidental Death and Personal Loss Insurance), and Business Travel Accident Insurance, if a beneficiary or a payee is a minor or incompetent to receive the benefit payment, MetLife will pay that person's guardian. If a person of legal age has petitioned the court, and has been appointed as guardian of the "property" or "estate" of the minor, the proceeds may be released to that person in his/her capacity as guardian.

Without such court authorization, MetLife's standard procedure when presented with a claim by a minor is to deposit the proceeds into a "blocked" Total Control Account® (TCA). The monies will remain in this interest-bearing account until the earliest of:

- The attainment of the age of majority by the minor, or
- MetLife receives a certified court-issued document naming a guardian of the "property" or "estate" of the minor.





The fact that a minor child resides with a parent does not make that parent a legal guardian. The parent is the custodial guardian, but MetLife is unable to release any funds until a guardian of the property or estate of the minor is appointed by the court. This process ensures that the proceeds designated to the minor are used for the benefit of the minor, as the insured intended.

Note: The 401(k) Savings Plan also requires you to name a beneficiary. This beneficiary designation must be made using a paper form. For new hires, this form is included in your new hire enrollment packet. If you want to change your beneficiary designation for this plan at a later time, you may contact the Chevron Phillips Benefits Service Center at 1-800-446-1422, option 1, to request another form or log on to the Chevron Phillips Benefits Service Center Web site at www.cpchembenefits.mercerhrs.com, go to Plan Resources and print the form. The form should be returned to the Chevron Phillips Benefits Service Center address which is listed on the form.





LOOKING FOR SOMETHING? TIPS FOR FINDING INFORMATION ... FAST!


There is a wealth of important information included in this summary, but who has time to look for it? Believe it or not, you can find what you need without having to search through pages and pages of information. By taking advantage of the summary's "search" function and "bookmarks," you can find the information you need in a matter of seconds.

LOOKING FOR GENERAL, BIG PICTURE INFORMATION?

Just scroll down the table of contents — or "bookmarks" — shown at the left. Click on the applicable bookmark, and you will be taken to that section of the document.

WANT SPECIFICS?

Use the summary's "search" function. To access this function:

- On the toolbar at the top of the screen, click on the Search tool .
- Type the word, words, or part of a word for which you want to search. If you want, you can refine the search by selecting one or more of the following options:
 - "Whole words only" to find only occurrences of the complete word you enter in the text box. For example, if you search for the word "doctor," the words "doctors" and "doctor's" will not be selected during the search.
 - "Case-Sensitive" to find only occurrences of the words that are in the case that you typed. For example, if you search for the word "doctor," the search would find "doctor," but wouldn't find "Doctor."
 - **Note:** For searching this summary, you do not need to select "Search in Bookmarks" or "Search in Comments."
- Click on "In the current PDF document" to show that you just want to search this summary. (Searching multiple PDF documents works well for PDFs that are copied onto your hard drive, but not for searching online PDFs such as our benefit summaries.)
- Click on "Search."
- All occurrences of the text for which you are searching will be shown in the results box. Scroll through the list and click on the applicable highlighted text to be taken to that text in the document.

Click on "New search" if you want to perform another search.

(continued)



REAL-WORLD EXAMPLES ...

The following examples show you how to make the best use of the PDF search function.

■ **To find out if you can enroll your domestic partner under your plan coverage:**

- Access the search function, and search for “domestic.” The search results will be displayed in the results box. Click on the link to be taken to the exact information you need.
- Time spent searching? **5 seconds!**

■ **You are getting married, and you want to see if you can enroll your new spouse in your coverage:**

- You can save time by searching for “married,” “marriage” and “marry” all at the same time. To do so, access the search function, and search for “marr” (the first four letters of all three search terms). Every instance of “**m**arried,” “**m**arriage” and “**m**arry” in the summary will be displayed in the results box. Click on the links to see the plan provisions that apply. **Hint:** If you typed in “marr” and no instances were found, make sure the “Whole words only” box was not checked.
- Alternatively, you could have clicked on “When You Can Change Coverage” in the “bookmarks” shown at the left of the summary to be taken to that section of the summary. By scrolling through that section, you would have found the information you need in order to enroll your new spouse.
- Time spent searching? **20 seconds!**

■ **You need to take a military leave of absence and want to know how your benefits will be affected:**

- Access the search function, and search for “military.” The search results will be displayed in the results box. Click on the link to be taken to the “Military Leave” section of the summary.
Hint: Do not narrow your search too much. If you had entered a very specific term, such as “military leave of absence,” the search function would not have helped you because those exact words are not used in this summary. It is better to start with a more generic search term, such as “military,” and then narrow your search later if necessary.
- While you are reading the “Military Leave” section information, you see references to the “Uniformed Services Employment and Reemployment Rights Act (USERRA).” If you perform a follow-up search for “USERRA,” you will learn more about military leaves and your Company benefits.
- Time spent searching? **20 seconds!**