

Prescription Drug Plan



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Tips for Finding Information ... Fast!

Click on the above link to see how you can use the document's search function to quickly find the information you need.

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Expatriate Employees

Health care benefits, including prescription drug benefits, are provided to Chevron Phillips Chemical's expatriate employees and their dependents through the Aetna Global Benefits (AGB) program. A separate AGB packet will be provided to new expatriate employees.

Retirees and spouses age 65 and older (or Medicare-eligible) are not eligible for the Chevron Phillips Chemical Prescription Drug Plan, but will receive a **UnitedHealth Rx for Groups** enrollment packet 90 days prior to their 65th birthday (see page 107).

Your Prescription Drug Plan

When you enroll in any medical option offered by Chevron Phillips Chemical Company LP (Chevron Phillips Chemical or the Company), you're automatically enrolled in the Prescription Drug Plan, administered by Express Scripts. The plan enables you to purchase the medication you need from:

- A participating or non-participating retail pharmacy, or
- The mail-order service.

The amount you pay is based on where you purchase the drug, and whether it's a generic, preferred brand-name or non-preferred brand-name drug. Typically, your prescription will be filled with a generic drug, if available, unless your doctor specifies otherwise.

How the Plan Works

An annual deductible applies to prescriptions you obtain at retail pharmacies. Once the individual and/or family deductible is satisfied, the prescription plan will begin to pay benefits and you'll receive your prescription for the appropriate copayment or co-insurance amount.

For the *Select EPO Plan* and the *Choice PPO Plan*, the prescription deductible is separate from the medical plan deductibles. **Mail-order prescriptions are also not subject to the deductible for these two plans.** Your deductible is based on the number of people you cover. Combined expenses for all family members can be used to satisfy the family (Employee + 2 or more) deductible, even if each covered person does not satisfy the individual deductible amount. However, no one person can contribute more than the individual deductible amount to the family deductible.

The *Value CDH Plan* is different in that no separate prescription drug deductible applies. All prescription drug costs apply to the *Value CDH Plan* medical deductible. For the purposes of this plan, the family deductible can be met by one covered family member, or a combination of covered family members.



YOUR CALENDAR-YEAR DEDUCTIBLE

| | Select EPO Plan and Choice PPO Plan Retail Prescriptions Deductible | Value CDH Plan |
|-----------------------|--|---|
| Employee only | \$100 | No separate prescription deductible applies. Prescription costs apply to the Value CDH Plan medical deductible. |
| Employee + 1 | \$200 | |
| Employee + 2 or more* | \$300 | |

* The deductible for "Employee + 2 or more" is met when three or more covered family members satisfy deductible amounts that total \$300.

Note: For the *Select EPO Plan* and *Choice PPO Plan*, you can keep track of your deductible using the Express Scripts Web site at www.express-scripts.com. For the *Value CDH Plan*, you can keep track of your combined medical and prescription drug deductible by logging on to www.aetnnavigator.com.

LOWER COPAYS FOR CERTAIN DESIGNATED PREVENTIVE DRUGS

All three medical options — the *Select EPO Plan*, the *Choice PPO Plan* and the *Value CDH Plan* — feature a lower copay for designated preventive drugs. When these drugs are prescribed for listed conditions, you'll pay only \$10 for a 30-day supply, or \$20 for a 90-day supply, instead of the higher copays shown later in this chapter. **All deductibles are also waived** for these selected drugs.

These conditions are being targeted because effective, early management of them with moderate-cost medications can help prevent future serious complications and reduce future medical costs. Some of the conditions include:

- Cardiovascular conditions,
- High cholesterol,
- Diabetes, and
- Asthma.

This is not a complete list. **You can find the complete list at www.benefitium.com.**

In addition, a few select preventive drugs are covered at 100% — when prescribed by a physician — with no deductible, copay or co-insurance, as follows:

- For iron deficiency in children — iron supplements,
- For pregnancy — folic acid supplements,
- As prescribed to prevent cardiovascular disease — aspirin, and
- For children aged 6 months through 5 years — oral fluoride supplements.





PARTICIPATING RETAIL PHARMACIES

You may purchase up to a 30-day supply of a prescription medicine at a participating retail pharmacy and pay the following amounts:

PARTICIPATING PHARMACY BENEFITS — What You Pay For Up to a 30-Day Supply

| Covered Prescriptions* | Select EPO Plan | Choice PPO Plan | Value CDH Plan |
|-------------------------------|--|--|--|
| Preventive Drug | \$10 copay for designated list of drugs and conditions | \$10 copay for designated list of drugs and conditions | \$10 copay for designated list of drugs and conditions |
| Generic Drug | Greater of 15%** or a \$10 copayment; after prescription deductible is met | Greater of 15%** or a \$10 copayment; after prescription deductible is met | 30%; after <i>Value CDH Plan</i> deductible is met |
| Preferred Brand-Name Drug | Greater of 20%** or a \$25 copayment; after prescription deductible is met | Greater of 20%** or a \$25 copayment; after prescription deductible is met | 30%; after <i>Value CDH Plan</i> deductible is met |
| Non-Preferred Brand-Name Drug | Greater of 20%** or a \$45 copayment; after prescription deductible is met | Greater of 20%** or a \$45 copayment; after prescription deductible is met | 30%; after <i>Value CDH Plan</i> deductible is met |

* Prior authorization is required for certain prescriptions. For more information, see *Prior Authorization* on page 106.

** Based on discounted price.

You get the benefit of discounted rates from participating pharmacies even when you are paying all the cost (i.e., before the deductible is satisfied).

You may want to consider contributing to the Health Care Flexible Spending Account or the Health Savings Account (for *Value CDH Plan* participants only) so you can cover your deductible and any other out-of-pocket prescription drug costs with pre-tax dollars. You may use these accounts to pay for prescription drugs not previously reimbursed by Express Scripts.

Mail-Order Mandatory for Maintenance Medication

You can get prescriptions for maintenance medication filled up to two times at a retail pharmacy for the standard retail copayment. After that, you will be required to use mail-order for all maintenance medications or they will not be covered. If you require a maintenance medication that you will be taking for more than two months, using the Express Scripts mail-order prescription service will offer you more cost savings and convenience.

Receiving Benefits

To receive benefits, simply show your Express Scripts Prescription ID card to the pharmacist when you purchase prescriptions.

To find a retail pharmacy in the network, you can call Express Scripts at 1-800-243-9800, or go to www.express-scripts.com and log in under "Members," then select *Pharmacy Locator*.



NON-PARTICIPATING RETAIL PHARMACIES

You may buy up to a 30-day supply of a prescription medicine at a non-participating pharmacy; however, you'll pay considerably more than if you use a participating pharmacy.

You must pay the full, non-discounted cost of the prescription at the time of purchase, and then submit an original receipt and a reimbursement claim form to Express Scripts. Your final cost will be the difference between the non-discounted and discounted cost of the prescription drug (the ineligible cost) plus your copayment, as follows:

NON-PARTICIPATING PHARMACY BENEFITS — What You Pay For Up to a 30-Day Supply

| Covered Prescriptions* | Select EPO Plan | Choice PPO Plan | Value CDH Plan |
|-------------------------------|---|---|--|
| Preventive Drug | \$10 copay for designated list of drugs and conditions; deductible waived | \$10 copay for designated list of drugs and conditions; deductible waived | \$10 copay for designated list of drugs and conditions; deductible waived |
| Generic Drug | Difference between discounted and non-discounted cost PLUS a \$10 copayment | Difference between discounted and non-discounted cost PLUS a \$10 copayment | Difference between discounted and non-discounted cost PLUS 30% of discounted cost, after <i>Value CDH Plan</i> deductible is met |
| Preferred Brand-Name Drug | Difference between discounted and non-discounted cost PLUS a \$25 copayment | Difference between discounted and non-discounted cost PLUS a \$25 copayment | Difference between discounted and non-discounted cost PLUS 30% of discounted cost, after <i>Value CDH Plan</i> deductible is met |
| Non-Preferred Brand-Name Drug | Difference between discounted and non-discounted cost PLUS a \$45 copayment | Difference between discounted and non-discounted cost PLUS a \$45 copayment | Difference between discounted and non-discounted cost PLUS 30% of discounted cost, after <i>Value CDH Plan</i> deductible is met |

* Prior authorization is required for certain prescriptions. For more information, see *Prior Authorization* on page 106.

Reimbursement claim forms are available by calling Express Scripts at 1-800-243-9800 or going online at www.express-scripts.com or www.benefitium.com.

MAIL-ORDER SERVICE

With the mail-order service, you may purchase up to a 90-day supply of prescription medication. If you take maintenance medication for a chronic or long-term condition — such as diabetes, arthritis, heart condition or high blood pressure — this service is ideal for you.

Express Scripts can ship your mail-order prescription to any of the 50 states or to any U.S. territory. Please note that federal law prohibits Express Scripts from shipping your order to a foreign country.

The deductible does not apply to prescriptions filled through the mail-order service, except for the *Value CDH Plan*.



MAIL-ORDER SERVICE BENEFITS — What You Pay For Up to a 90-Day Supply

| Covered Prescriptions* | Select EPO Plan | Choice PPO Plan | Value CDH Plan |
|-------------------------------|---|---|---|
| Preventive Drug | \$20 copay for designated list of drugs and conditions; deductible waived | \$20 copay for designated list of drugs and conditions; deductible waived | \$20 copay for designated list of drugs and conditions; deductible waived |
| Generic Drug | \$25; no deductible applies | \$25; no deductible applies | 30%; after <i>Value CDH Plan</i> deductible is met |
| Preferred Brand-Name Drug | \$68; no deductible applies | \$68; no deductible applies | 30%; after <i>Value CDH Plan</i> deductible is met |
| Non-Preferred Brand-Name Drug | \$120; no deductible applies | \$120; no deductible applies | 30%; after <i>Value CDH Plan</i> deductible is met |

* Prior authorization is required for certain prescriptions. For more information, see *Prior Authorization* on page 106.



To fill a new prescription using the Express Scripts mail service pharmacy:

1. Have your doctor write a prescription for up to a 90-day supply of your medication, plus refills for up to one year, if appropriate.
2. Log on under “Members” at www.express-scripts.com, click on “Fill a New Prescription,” and follow the instructions.
3. Complete and print the prescription order form and complete your order in one of these ways:

Order by Mail — Mail your order form and your written prescription to the address shown on the form.

Order by Fax (Doctor Only) — Have **your doctor**, or a member of your doctor’s staff, fax your order form to the fax number shown on the form.

Faxes must be sent from **your doctor’s office**. Faxes from other locations (such as your home or workplace) cannot be accepted.

Note: For your protection, a doctor’s signature is required on all prescriptions.

GENERIC PREFERRED PROGRAM

Generic drugs have the same active ingredients as brand-name drugs but cost much less. By using generic drugs, both you and the Company save money while achieving the same therapeutic outcome. So Chevron Phillips Chemical’s prescription drug program has an incentive to encourage you to use generic drugs where available.



If you fill a prescription with a non-preferred brand-name drug when a generic drug is available, you are required to pay the non-preferred brand-name copayment or co-insurance, plus the difference in cost between the generic drug and the non-preferred brand-name drug. Furthermore, the difference in cost will not apply to the prescription drug deductible — **only the copayment or co-insurance will apply.**

MEDICALLY NECESSARY SUBSTITUTION OF BRAND-NAME DRUGS

Express Scripts has a review process that may allow you to receive a non-preferred brand-name drug at lower rates when a generic drug is available, if you can demonstrate that the non-preferred brand-name drug is medically necessary. If your request is approved, you may obtain prescriptions (after satisfying any applicable deductible) at the following copayments or co-insurance per prescription:

- *Select EPO Plan and Choice PPO Plan*
 - *Retail (up to a 30-day supply): 20% of the total cost or a \$45 copayment, whichever is greater, or*
 - *Mail-Order (up to a 90-day supply): \$120 copayment.*
- *Value CDH Plan*
 - *Retail (up to a 30-day supply) and Mail-Order (up to a 90-day supply): 30% co-insurance.*

To start the review process, have your physician call Express Scripts at 1-800-417-8164 or fax a letter of medical necessity to Express Scripts at 1-800-357-9577. Express Scripts may approve a lower rate for up to one year. Your physician may request an approval for a longer period for maintenance medications.

What's Covered

The list of drugs covered by the plan is called the formulary. An expert panel of physicians and pharmacists has carefully reviewed all of the medications on the formulary for safety, quality, effectiveness and cost. The formulary also includes generic drugs which the Food and Drug Administration approves as bioequivalent — meaning they perform in your body the same way as a brand-name drug.

Example:

An employee with the *Select EPO Plan* or *Choice PPO Plan* has a prescription for a non-preferred brand-name drug that costs \$180, while a generic is available for \$60.

Under the Generics Preferred Program, the employee could choose to fill the prescription with a non-preferred brand-name drug, but he or she would be responsible for paying the difference between the non-preferred brand-name and generic price (\$120) as well as the non-preferred brand-name drug copay of \$45. The employee would be responsible for \$165, and Chevron Phillips Chemical the remaining \$15. However, the employee could instead fill the prescription with a generic and be responsible, after satisfying any applicable deductible, for \$10, with Chevron Phillips Chemical paying the remaining \$50.





The formulary is not company-specific or all-inclusive and does not guarantee coverage — there may be minor differences in preferred and non-preferred classifications between the formulary and Chevron Phillips Chemical's prescription drug coverage. When appropriate, your doctor should use the formulary to prescribe drugs for you. For information on the formulary or specific questions on covered drugs, please call Express Scripts at 1-800-243-9800. You can access and print the 2011 formularies for the *Select EPO Plan*, *Choice PPO Plan* and *Value CDH Plan* from the Express Scripts Preview Web site or from Benefitium.

Prior Authorization

Before the plan covers certain medications, prior authorization may be required. If the pharmacist tells you that your prescription requires this, ask the pharmacist or your doctor to call Express Scripts at 1-800-417-8164 for instructions.

Prescription Drug Management Programs



Chevron Phillips Chemical's prescription drug coverage includes several prescription management programs to give you better care at a lower cost. If any of these specific programs apply to you, you'll receive information directly from Express Scripts:

- **Step Therapy Program** — Chevron Phillips Chemical offers a Step Therapy program for people who take prescription drugs regularly for ongoing gastrointestinal disorders and for chronic conditions such as arthritis or high blood pressure.
- **Retrospective and Senior Drug Utilization Review (DUR)** — These safety programs identify medication conflicts, inappropriate dispensing and inappropriate drug consumption.
- **Specialty Injectable Program** — This program is intended to better manage the high cost of biotech injectable drugs.
- **Drug Quantity Management** — This safety program is designed to ensure that the quantity of units supplied in each prescription remains consistent with clinical dosing guidelines. This helps encourage the safe, effective and economical use of drugs.



Medicare Prescription Drug Benefits

For retirees and their spouses who are age 65 or older, or Medicare-eligible, UnitedHealthcare offers a Medicare Part D prescription drug plan called *UnitedHealth Rx for Groups* through UnitedHealthcare Insurance Company. Eligible participants will receive information directly from UnitedHealthcare approximately 90 days before their 65th birthday. Highlights of the Medicare prescription drug coverage available to you include:

- No annual deductible.
- Predictable and affordable flat copays.
- A formulary that includes 100% of the drugs covered by Medicare Part D.
- A national pharmacy network with over 60,000 convenient locations.
- A mail service pharmacy to fill your 90-day maintenance drug needs.

For more information about *UnitedHealth Rx for Groups* coverage options, call UnitedHealthcare Customer Service at 1-888-556-6648, 24 hours a day, seven days a week. Just be sure to identify yourself as a retiree of Chevron Phillips Chemical Company (Group #309).



Coordination of Benefits

The coordination of benefits provisions described in **How Health Care Coordination of Benefits Works** on page 29 do not apply to the Prescription Drug Plan. Accordingly, prescriptions covered by another group medical plan cannot be submitted for reimbursement under the Chevron Phillips Chemical Prescription Drug Plan. You may want to consider contributing to the Health Care Flexible Spending Account so you can cover the additional cost of any prescription covered by another group medical plan.

Situations That Affect Your Benefits or Coverage

As a participant in a Chevron Phillips Chemical benefit plan, you have certain rights under the Employee Retirement Income Security Act of 1974 (ERISA). For information about your rights under ERISA and other important information, see **Your ERISA Rights** on page 334.



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:

- Select "Search" under the "Edit" menu.
- 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.

You can also use the "Find" feature in the toolbar, but you won't be able to refine your search like you can with the "Search" function.

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!**