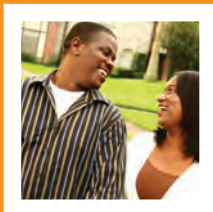
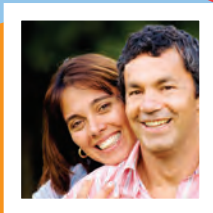




# Total BALANCE

*Smarter. Healthier. Better.*



## 2011 EXPATRIATE BENEFITS GUIDE



# Welcome

Chevron Phillips Chemical Company LP is pleased to congratulate you on your international assignment. As an expatriate employee, you are automatically enrolled in a special benefit program designed especially for employees living abroad. To make sure you and your family are aware of the resources and services available to you, and know where to go if you have a question or need information, we offer this Welcome Guide.

Chevron Phillips Chemical Company LP is partnering with Aetna Global Benefits® to bring your new expatriate benefits to you.

Sincerely,

The Chevron Phillips Chemical Company LP Benefits Team

*This booklet is for guidance of Company employees and is not to be construed as creating any contractual rights or other legally enforceable rights for any employee or the Company. Employees who read or receive this guide are not necessarily eligible for the benefits described here. If there is any conflict between the information in this guide and the actual plans, the plans' legal documents will govern.*

*Chevron Phillips Chemical Company reserves the right to change or discontinue any of its benefit plans at the Company's discretion. Benefit plan entitlement and terms and conditions for employees covered by a collective bargaining agreement are subject to discussions between the parties under the terms of that agreement and applicable labor laws.*

Chevron Phillips Chemical is pleased to offer its expatriate employees an international healthcare program called Aetna Global Benefits® (AGB). Aetna Global has many special features that will make it easy for you to obtain and pay for healthcare while on international assignment:

- Worldwide medical coverage,
- Round-the-clock member service,
- Innovative tools and resources,
- Direct payment to hospitals worldwide,
- World-class technology,
- 24-hour nurse hotline,
- Pre-trip planning resources, and
- Claims reimbursement in over 100 currencies.

Aetna Global offers several tools to help you manage your medical plan and your health:

- Aetna Global Benefits® member Web site at [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com),
- Aetna Navigator™ at [www.aetn navigator.com](http://www.aetn navigator.com),
- International Member Service Center,
- Simple Steps To A Healthier Life®, and
- International Health Advisory Team.

The medical plan will pay different amounts depending on whether you receive benefits inside or outside the U.S. In the U.S., you will receive a higher level of benefits if you receive care from an in-network Aetna provider. The co-insurance amounts are:

- 90% outside the U.S. (100% for employees enrolled in the Middle East Plan),
- 100% in-network (in the U.S.) for designated preventive services,
- 80% in-network (in the U.S.) for non-preventive services, and
- 60% out-of-network (in the U.S.).

Using Aetna Global as the administrator of the medical plan for expatriate employees on international assignment offers several advantages:

- Employment transitions from domestic to expatriate and expatriate to domestic are relatively seamless with Aetna being the healthcare provider both domestically and internationally.
- When you move from domestic to expatriate or expatriate to domestic, your deductibles and annual out-of-pocket maximums do not start over during the calendar year.
- If you elect to contribute to a Health Care Spending Account, you can be reimbursed automatically without having to submit paper requests.

## Healthcare Benefits

Healthcare benefits are provided to Chevron Phillips Chemical’s expatriate employees and their eligible dependents through the Aetna Global Benefits® (AGB) program, which offers comprehensive coverage tailored to the unique needs of employees living abroad.

**Please note:** The AGB program also covers your dependents, should their primary residence continue to be in the United States during your expatriate assignment. See “How to Participate” at [www.benefitium.com](http://www.benefitium.com) under “Summary Plan Descriptions” for more details on who may qualify as an eligible dependent.

On the next few pages, you will find general information about covered services and the contribution rates for the medical and dental plans.

*You will receive an Aetna Global Benefits® medical plan ID card with contact information for accessing and using your benefits.*

*For employees in Saudi Arabia, you will also receive an AGB Malath card to be used for care in Saudi Arabia. The regular AGB card is for care anywhere outside Saudi Arabia.*

*Smoking cessation coverage has been added as a U.S. benefit only. This new benefit covers counseling, treatment and classes at 100% with no deductible. In addition, doctor office visits and counseling are covered under the plan’s standard physician office visit and EAP provisions. Note that formal “smoking cessation programs” administered by non-medical providers are not covered.*



## AGB MEDICAL PLAN SUMMARY

	AGB — Medical Benefits		
	Outside the U.S.	In-Network** (Inside the U.S.)	Out-of-Network (Inside the U.S.)
<b>Maximum Lifetime Benefit</b>	Unlimited	Unlimited	Unlimited
<b>Deductible</b>	\$0 — Individual \$0 — Family	\$0 — Individual \$0 — Family	\$200 — Individual \$400 — Family
<b>Annual Out-of-Pocket Maximum</b>	\$1,500 — Individual \$4,500 — Family (Does not apply to employees in the Middle East Plan)	\$1,500 — Individual \$4,500 — Family	\$3,000 — Individual \$9,000 — Family
<b>Inpatient Per Confinement Deductible</b> <i>(Maximum of three per calendar year)</i>	None	None	\$250
<b>Hospital Services</b>			
<b>Inpatient</b>	90%*	80%	60% after \$250 per confinement deductible
<b>Outpatient</b>	90%*	80%	60% after deductible
<b>Pre-Certification Penalty</b>	None	None	\$400
<b>Non-Emergency Use of the Emergency Room</b>	90%*	80%	60% after deductible
<b>Emergency Room</b>	90%*	80%	60% after deductible
<b>Urgent care</b>	90%*	80%	60% after deductible
<b>Physician Services and Wellness Benefits</b>			
<b>PCP or Specialist Doctor's Office Visits</b>	90%*	80%	60% after deductible
<b>Routine Child Physical Exams</b> <i>(Includes immunizations)</i>	90%*	100%	60% after deductible
<b>Routine Adult Physical Exams</b> <i>(Includes immunizations)</i>	90%*	100%	60% after deductible
<b>Routine gynecological exams</b> <i>(One exam and pap smear per calendar year)</i>	90%*	100%	60% after deductible
<b>Mammograms</b> <i>(One exam per calendar year)</i>	90%*	100%	60% after deductible
<b>PSA tests</b> <i>(One per calendar year for males age 40+)</i>	90%*	100%	60% after deductible
<b>Digital Rectal Exam</b> <i>(One per calendar year for males age 40+)</i>	90%*	100%	60% after deductible
<b>Cancer Screenings</b> <i>(One flex sigmoid and one double barium contrast every 5 years; at age 50+ one colonoscopy every 5 years)</i>	90%*	100%	60% after deductible
<b>Routine Hearing Exam</b> <i>(One per calendar year)</i>	90%*	100%	60% after deductible

(continued)

	AGB — Medical Benefits		
	Outside the U.S.	In-Network** (Inside the U.S.)	Out-of-Network (Inside the U.S.)
<b>Mental Health and Alcohol/Substance Abuse Services</b>			
Inpatient Treatment	90%*	80%	60% after \$250 per confinement deductible
Outpatient Treatment	90%*	80%	60% after deductible
<b>Other Services</b>			
Skilled Nursing Facility <i>(120 day calendar year maximum)</i>	90%*	80%	60% after \$250 per confinement deductible
Hospice Care Facility Inpatient	90%*	80%	60% after \$250 per confinement deductible
Hospice Care Facility Outpatient	90%*	80%	60% after deductible
Home Health Care <i>(120 visit calendar year maximum, includes Private Duty Nursing)</i>	90%*	80%	60% after deductible
Spinal Disorder Treatment <i>(\$1,000 per calendar year maximum)</i>	90%*	80%	60% after deductible
Short-Term Rehabilitation <i>(60 visits per calendar year maximum)</i>	90%*	80%	60% after deductible
Diagnostic Outpatient Lab and X-Ray	90%*	80%	60% after deductible
Bariatric Surgery	90%*	80%	60% after deductible
Durable Medical Equipment <i>(including foot orthotics)</i>	90%*	80%	60% after deductible
Hearing Aids <i>(One per ear to \$1,000 maximum per ear every three years to age 25)</i>	90%*	80%	60% after deductible
Global Emergency Assistance Program <i>(\$500,000 calendar year maximum)</i>	100%	100%	100%
<b>Prescription Drug Coverage</b>			
Generic, Preferred Brand and Non-Preferred Brand <i>(365-day maximum supply)</i>	75%*	75% (includes Mail-Order Drugs)	60% after deductible
<b>Vision Expenses</b>			
Routine Eye Exam <i>(One exam every 12 months)</i>	90%*	100%	60% after deductible
Eyeglass Frames and Lenses OR Contact Lenses <i>(One frames/lenses or contacts per 12 months)</i>	90% after \$35 copay	80% after \$35 copay	60% after \$35 copay

\* The plan pays 100% for covered services outside the U.S. for employees enrolled in the Saudi Arabia or other Middle East Plans.

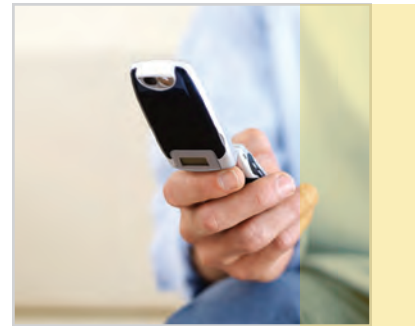
\*\* To find a participating in-network provider in the U.S., log on to [www.aetnanavigator.com](http://www.aetnanavigator.com) or call the International Member Service Center at 1-800-231-7729 or 1-813-775-0190 (collect calls are accepted).

## AETNA GLOBAL BENEFITS® TOOLS AND RESOURCES

### Finding a Provider

You can receive care from the provider of your choice anywhere in the world. It's easy to find a provider with Aetna's International Provider Directory:

- You can search for providers and specialists around the globe.
- Find information about the doctor's education, board certification, languages spoken and much more.
- Access the directory online or by calling the International Member Service Center 24 hours a day, 7 days a week.
- Find the directory on the Web at [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com).
- Call the International Member Service Center at 1-800-231-7729 or 1-813-775-0190 (collect calls are accepted).



In the United States, you will receive a higher level of benefits if you receive care from an in-network Aetna provider. To find an in-network provider, log on to [www.aetnavigators.com](http://www.aetnavigators.com).

### Member Web Site

No matter where your travels take you, from the secure Aetna Global Benefits® member Web site, [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com), you have a wealth of information at your fingertips. The Web site is available 24 hours a day, 7 days a week. It offers the following resources:

- International provider directory — search for providers and specialists around the globe.
- International CityHealth<sup>SM</sup> profiles — find information on health risks, currency, required vaccinations, local health systems and emergency phone numbers.
- Translation databases — learn medical phrases in different languages or find what a prescription drug's equivalent name is in another country.
- Virtual employee meeting — the Web site's virtual account manager can walk you through your medical plan benefits or take you on a tour of the Web site.
- Forms — you can download forms, including reimbursement forms, directly from the site.
- Direct-pay request — you can request that a participating hospital is paid directly by Aetna, so you don't have to worry about paying upfront and filing claims later.
- Answers to questions regarding claims, benefit levels and coverage.

**Aetna Navigator™**

Aetna Navigator™ provides you with one easy location to manage your medical plan and your health. At the Web site, [www.aetnavigators.com](http://www.aetnavigators.com), you can:

- Print temporary ID cards,
- Check the status of a claim,
- Download claim history,
- Find an in-network U.S. doctor,
- Browse interactive health and wellness content through Aetna IntelliHealth®, and
- Make better decisions about health and treatment options through the Healthwise® Knowledgebase.

**International Member Service Center**

Aetna Global Benefits® International Member Service Center is made up of multilingual professionals who are trained to respond to your specific international benefits needs. They can answer medical plan benefit questions and connect you to other resources as needed. The team can help you:

- Find medical equipment,
- Assist with complex cases,
- Coordinate second opinions,
- Arrange for care in remote places,
- Aid in emergency evacuations,
- Arrange prepayment for medical care, and
- Arrange for a 365-day prescription supply prior to going on Expatriate assignment.

The service center can also connect you to the International Health Advisory Team (IHAT), which is made up of registered nurses who can help you navigate every part of your health insurance. They can assist with obtaining medical equipment, prescription medications or locating a physician in your country of assignment.

You can reach the International Member Service Center by calling **1-800-231-7729** or **1-813-775-0190** (collect calls are accepted) or emailing to [agbservice@aetna.com](mailto:agbservice@aetna.com).

### **Simple Steps To A Healthier Life®**

Simple Steps To A Healthier Life® is an online wellness program to help you be your healthiest. This free, secure service will give you ideas about how to eat better, lose weight, get in shape, relieve stress and more.

You start by completing a confidential online Health Assessment to get a personal status of your current health. You will then receive reports to help you understand your potential health risks and how you can make healthier choices. Your Action Plan and Healthy Living Programs may include recommendations about the following:

- Weight loss
- Getting in shape
- Stress relief
- Healthier diet
- Healthy aging
- Healthy heart
- Fighting cancer
- Fighting diabetes
- Smoking cessation
- Alcohol awareness



To get started with Simple Steps To A Healthier Life®, go online to [www.simplestepslife.com](http://www.simplestepslife.com). If you have a user name and password from Aetna Navigator®, you can use it to log on. Otherwise, you can create new ones on the site.



## FILING A CLAIM

For most medical services out-of-network, and sometimes outside the U.S., you will have to pay for your care and file a claim for reimbursement (unless a direct-pay arrangement has been set up with a participating hospital). To file a claim by fax, complete the following steps:

- 1 Complete a *Request for Medical/Dental Benefits* form. Forms are available online at [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com).
- 2 Copy all fully-itemized medical bills and receipts on letter-sized paper. Be sure all copies are legible. Bills and receipts should include:
  - Patient's name and relationship to employee,
  - Provider name, address and telephone number,
  - Date of service,
  - Amount charged,
  - Procedure(s) performed, and
  - Diagnosis/nature of illness (if this is not included, you may write it on the bill/receipt; please sign and date any handwritten notes).
- 3 Write your Social Security number or assigned identification number on each piece of paper.
- 4 Complete a fax coversheet. Include the date, total number of faxed pages and your contact information (phone number, fax number and/or email address).
- 5 Fax or email the coversheet, claim form and copies of medical bills and receipts to:
  - Fax: **1-859-425-3363** (inside the U.S.) or toll-free to **1-800-475-8751** (outside the U.S., via AT&T + access).
  - Email: [agbservice@aetna.com](mailto:agbservice@aetna.com).

**Note:** *If you prefer, you may submit your claims by standard mail or overnight express mail to the address shown on the claim form.*

*Once submitted, you can check the status of your claim online at [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com) or by calling the International Member Service Center at **1-800-231-7729** (outside the U.S., via AT&T + access) or **1-813-775-0190** (direct or collect outside the U.S.) (collect calls are accepted).*

## DIRECT PAYMENT PROCEDURES

AGB contracts with selected “direct-pay” medical facilities to facilitate the payment of large-scale medical costs. When you access care at an AGB contracted direct-pay medical facility or provider, your up-front out-of-pocket expenses may be reduced because you’ll generally be responsible for a smaller portion of the bill, and AGB will pay the facility directly for any remaining covered expenses according to the plan’s specific benefits coverage. That way you don’t have to worry about paying for your covered medical expenses up-front.

To initiate a direct-pay request:

### 1 Visit the Web:

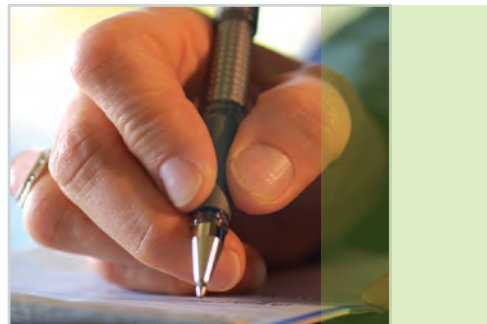
- Go to [www.aetnaglobalbenefits.com](http://www.aetnaglobalbenefits.com)
- Click on the “Members” tab and log on to the secure member site
- Click on “Find Health Care”
- Click on “International Direct-Pay Hospitals”
- Select the country and city in which you plan to receive care
- Select a provider of your choice
- Click on “Submit a Request”
- Follow the instructions to fill out the Web-based form

**OR**

### 2 Call or email the AGB International Member Service Center.

**Note:** For non-emergency medical attention, it is advisable to submit your direct-pay request for processing and approval at least 10 days before seeking care. In the event of an emergency situation, seek the care you need first and then submit the direct-pay request as soon as you are able.

*If you don't find the specific facility that you are looking for in AGB's direct-pay database, you can request that AGB coordinate a one-time direct-payment arrangement with that facility. If AGB can successfully arrange for payment, they will consider adding that facility to their list of regular direct-pay providers.*



## MEDICAL PLAN CONTRIBUTION RATES

The following chart shows the 2011 monthly contributions for medical coverage. Remember, your contributions for medical coverage are deducted from your pay on a pre-tax basis.

### AGB Program – Medical Coverage

	Your Contributions	Company Contributions	Total
Employee Only	\$ 100.88	\$ 503.23	\$ 604.11
Employee + 1	\$ 219.92	\$ 1,169.53	\$ 1,389.45
Employee + 2 or More	\$ 263.28	\$ 1,669.87	\$ 1,933.15

## AGB DENTAL PLAN SUMMARY

AGB — Dental Benefits	
<b>General Information</b>	
Deductible	\$50/person; \$150/family
Plan Year Maximum	\$1,500/person
<b>For the following treatments and services, the AGB program pays:</b>	
<b>Covered Services</b>	
Diagnostic and Preventive Care	100% with no deductible
Basic Services	80% after deductible
Major Services	50% after deductible
Orthodontia	
• Adults	50% with no deductible
• Children	50% with no deductible
• Lifetime Maximum	\$1,500

## DENTAL PLAN CONTRIBUTION RATES

The following chart shows the 2011 monthly contributions for dental coverage. Remember, your contributions for dental coverage are deducted from your pay on a pre-tax basis.

### AGB Program – Dental Coverage

	Your Contributions	Company Contributions	Total
Employee Only	\$ 15.20	\$ 15.20	\$ 30.40
Employee + 1	\$ 30.25	\$ 30.25	\$ 60.50
Employee + 2 or More	\$ 54.72	\$ 54.72	\$ 109.44

## Flexible Spending Accounts

If you're currently participating in a Healthcare or Dependent Care Flexible Spending Account, you'll be able to keep your accounts active with Aetna.

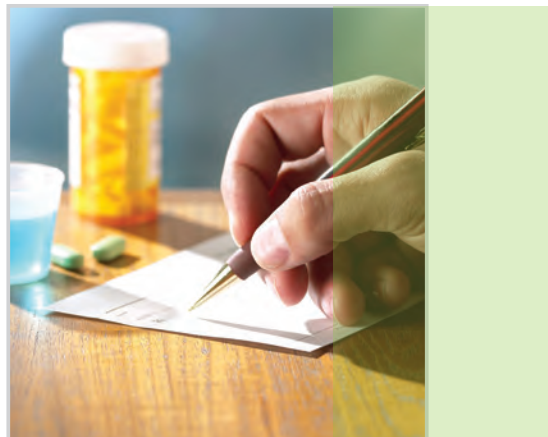
- If you've selected the streamlined FSA reimbursement option, Aetna will make automatic deposits into your account.
  - To set up Direct Deposit, or make changes to current Direct Deposit information, log on to [www.aetnavigators.com](http://www.aetnavigators.com) and click on "Claims and Balances" or "Requests and Changes," then "Personal Profile."
- If you elected non-streamlined reimbursement, you will have to submit a claim form (available on [www.benefitium.com](http://www.benefitium.com)) to receive a reimbursement from Aetna.

### RULES FOR FSAs AND OVER-THE-COUNTER (OTC) MEDICINES

Effective January 1, 2011, you will need a doctor's prescription if you want to use your Health Care FSA to pay for certain OTC medicines. While you won't need the prescription to purchase the medicines, you'll need it if you want to use your FSA to reimburse you for the cost of them.

A prescription is required to use your FSA to pay for these types of products:

- Acid controllers
- Allergy & sinus
- Antibiotic products
- Antidiarrheals
- Anti-gas
- Anti-itch & insect bite
- Antiparasitic treatments
- Baby rash ointments/creams
- Cold sore remedies
- Cough, cold & flu
- Digestive aids
- Feminine antifungal/anti-itch
- Hemorrhoidal preparations
- Laxatives
- Motion sickness
- Pain relief
- Respiratory treatments
- Sleep aids & sedatives
- Stomach remedies



You do not need a prescription for other eligible OTC items such as contact lens solutions or bandages.

## FSA DEBIT CARD FOR PRESCRIPTION AND OVER-THE-COUNTER PURCHASES — SOME Q&As

- Q.** *If a domestic employee is enrolled in an FSA and transfers to an Expat Assignment mid-year, what happens to their FSA debit card?*
- A.** Once an employee moves to Expat payroll, their FSA debit card is no longer valid and paper claims would have to be submitted for Rx and OTC reimbursements.
- Q.** *What happens when an Expat transfers to Domestic payroll mid-year? Is the member sent an FSA debit card?*
- A.** If the member already has an FSA account, then an FSA debit card for Rx and OTC reimbursement is reissued.
- Q.** *What happens if a member transfers from Expat to Domestic payroll, but didn't have an FSA account before they went on Expat Assignment?*
- A.** Repatriation is considered a Life Event and the employee would be eligible to enroll in an FSA. Once enrolled, they would be issued an FSA debit card for Rx and OTC reimbursements.



## Life Insurance and Long-Term Disability (LTD)

Your domestic life insurance and LTD (if enrolled) coverage will remain in force and will continue to be administered by MetLife.

## Aetna Global Benefits® International Employee Assistance Program

The International Employee Assistance Program (IEAP) can provide you and your family with the extra support you need to deal with a variety of issues. The IEAP is a confidential, round-the-clock service that can help you balance the demands of work and life. They offer assistance with topics such as stress management, depression, addictions, personal finances, child care, adoption, parenting, elder care and academic services. Through counseling, online tools, referrals and resource assistance, the IEAP is designed not only for those who have a crisis, but for anyone who could use help in managing everyday situations.

The IEAP is time-saving, convenient, confidential and personalized, with services that include:

- Phone support 24 hours a day, 7 days a week so you can speak to trained professionals who can guide you to the resources you need.
- Internet access to interactive tools, self-assessments and easy-to-find information on a variety of topics — available anytime!
- Direct referrals for you and your family, including resources for parenting, child development, family issues and education.
- A full suite of work/life, legal and financial services, including child care and elder care.
- Up to five free confidential counseling sessions each year for each covered member.

You can reach the Aetna Global Benefits® IEAP online or by phone. For calls in the United States, Canada or Puerto Rico, call **1-800-231-7729** and ask to be transferred to IEAP. For all other calls outside the United States, call **1-813-775-0190** (collect calls are accepted). Or visit their Web site at [www.aetnaeap.com](http://www.aetnaeap.com). Enter "MYINTEAP" in the field marked "Company ID."

## 401(k) and Retirement

You will continue to participate in Chevron Phillips Chemical Company's 401(k) and retirement plans.

## Legal Notices

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that you receive the following legal notices.

### **PATIENT PROTECTION**

The Chevron Phillips Chemical LP allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your eligible dependents. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Aetna at 1-800-269-5314.

### **GRANDFATHERED PLAN STATUS**

Under the Chevron Phillips Chemical LP Health and Welfare Plans the Aetna Global Medical Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for an external Federal review process. However, grandfathered health plans must comply with certain other consumer protections in the Affordable care Act, for example, the elimination of lifetime limits on benefits. (Note: The plans never imposed a lifetime limit).

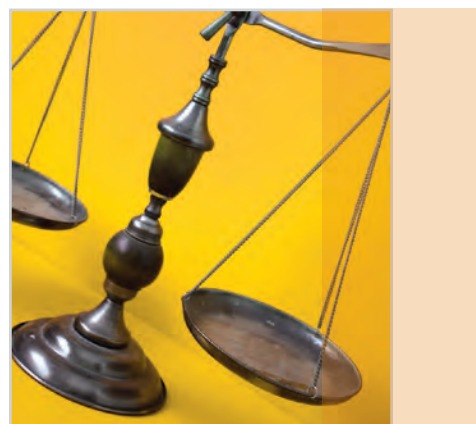
Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 10001 Six Pines Drive, The Woodlands, Texas 77380. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This Web site has a table summarizing which protections do and do not apply to grandfathered health plans.

## NOTICE OF ENROLLMENT RIGHTS

If you decline enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in Chevron Phillips Chemical Company LP Health and Welfare plans if you lose your other coverage. You must request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents if you were previously not enrolled. You must enroll within 31 days after marriage, birth, adoption or placement for adoption.

## PRIVACY PROTECTIONS

HIPAA imposes requirements on employer health plans concerning the use and disclosure of individual health information. To obtain a copy of the privacy notice for Chevron Phillips Chemical Company LP Health and Welfare plans, contact the Employee Service Center at 1-800-446-1422 (option 3).



## 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 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 (option 1) within 60 days of your eligibility to request coverage.

## GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

### Introduction

Under a federal law known as the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), individuals with group health coverage have the right to continue coverage for a limited period of time when plan coverage would otherwise end. This notice provides a general explanation of COBRA continuation coverage, when it may become available to you and your family, and how you can protect your right to receive it.

### An Overview of COBRA Coverage

The chart below summarizes individuals eligible for COBRA coverage (known as qualified beneficiaries), the life events that qualify them for coverage, and related coverage periods:

Qualifying Event	Qualified Beneficiary	Coverage Period
<ul style="list-style-type: none"> <li>– Employee's/spouse's hours of employment are reduced</li> <li>– Employee's/spouse's employment ends for any reason other than gross misconduct</li> </ul>	Employee Spouse Dependent child	18 months
<ul style="list-style-type: none"> <li>– Employee entitled to Medicare (under Part A, Part B or both)</li> <li>– Divorce or legal separation</li> <li>– Death of employee</li> </ul>	Spouse Dependent child	36 months
<ul style="list-style-type: none"> <li>– Spouse entitled to Medicare (under Part A, Part B or both)</li> <li>– Death of spouse</li> </ul>	Dependent child	36 months
<ul style="list-style-type: none"> <li>– Loss of dependent child status</li> </ul>	Dependent child	36 months
<ul style="list-style-type: none"> <li>– Company declares Chapter 11 bankruptcy which results in loss of group health coverage</li> </ul>	Retiree Retiree's spouse Retiree's dependent child	36 months

## Extension of Coverage

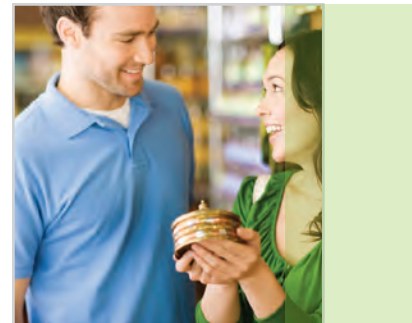
The 18-month coverage period may be extended under the following circumstances:

Event	
<b>Disability</b>	<ul style="list-style-type: none"><li>- If the Social Security Administration determines that the qualified beneficiary was disabled on the date of the qualifying event according to Title II (Old Age Survivors and Disability Insurance) or XVI (Supplemental Security Income) of the Social Security Act, the 18-month coverage period will be extended to 29 months.</li><li>- The qualified beneficiary must obtain the disability determination from the Social Security Administration and notify the plan administrator within 60 days of the date of disability determination and before the close of the initial 18-month period. The qualified beneficiary has 30 days to notify the plan administrator from the date of a final determination that he or she is no longer disabled.</li></ul>
<b>Secondary Event</b>	<ul style="list-style-type: none"><li>- If during the 18 months of continuation coverage, a second event takes place (divorce, legal separation, death, Medicare entitlement or a dependent child ceasing to be a dependent), the 18-month coverage period will be extended to 36 months. The qualified beneficiary must notify the plan administrator within 60 days of the event and within the initial 18-month period. COBRA coverage does not last beyond 36 months from the original qualifying event, no matter how many events occur.</li></ul>

If you elect to continue a Flexible Spending Account through COBRA, the maximum period for continuation coverage is through the end of the calendar year, on an after-tax basis.

## Providing Notification of a Qualifying Event

COBRA coverage is offered to a qualified beneficiary after the plan administrator has been notified of a qualifying event. The employer must notify the plan administrator within 30 days after the following qualifying events: an employee's death, termination of employment, reduction in hours or eligibility for Medicare, and the loss of retiree coverage resulting from a bankruptcy ruling. You must notify your employer or the plan administrator within 60 days of the following qualifying events: your divorce or legal separation or if your child loses dependent status under the plan.



## Electing COBRA Coverage

Once notified, the plan administrator will inform qualified beneficiaries of their right to elect COBRA coverage. The employee and spouse may elect COBRA coverage independent of one another. Employees may elect COBRA coverage on behalf of their spouses, and parents may elect COBRA coverage on behalf of their children. The election period is 60 days, which begins from the date plan coverage ends or the date of the notice, whichever is later. There is no extension of the election period. If coverage is not elected within this 60-day period, then rights to continue group health insurance will end.

### **Paying for COBRA**

You pay the full cost of COBRA coverage, which is 100% of the total premium, plus a 2 percent administration fee. There is a grace period of at least 30 days for payment of the regularly scheduled premium. At the end of the 18-month, 29-month or 36-month continuation coverage period, qualified beneficiaries may be offered, if available on the group health plan, the opportunity to enroll in an individual conversion health plan provided by your employer.

### **Updating Information on Qualified Beneficiaries**

You must inform the plan administrator of any changes regarding qualified beneficiaries, such as:

- Changes of addresses of family members, and
- Birth to or adoption of a child by the covered employee during a period of COBRA coverage. According to the terms of the plan and federal law, the child can be added to COBRA coverage as a qualified beneficiary upon proper notification to your employer or COBRA plan administrator.

For your records, be sure to keep a copy of any notices you send to the plan administrator.

### **Cancellation of COBRA Coverage**

Under federal law, COBRA coverage may be cancelled for any of the following reasons:

- Your employer no longer provides group health coverage to any of its employees,
- The premium for continuation coverage is not paid on time,
- The qualified beneficiary becomes covered, after the date he or she elects COBRA coverage, under another group health plan that does not contain any exclusion or limitation with respect to any pre-existing condition,
- The employee or spouse becomes entitled to Medicare, after the date he or she elects COBRA coverage,
- The qualified beneficiary extends coverage to 29 months due to a Social Security disability and a final determination has been made that he or she is no longer disabled, and
- The qualified beneficiary notifies the plan administrator that they wish to cancel continuation coverage.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) restricts the pre-existing condition limitations imposed by group health plans (applicable, in general, for plan years beginning after June 30, 1997). Under HIPAA, if you become covered by another group health plan and that plan contains a pre-existing condition limitation that affects you, your COBRA coverage cannot be terminated. At the same time, if the other plan's pre-existing condition rule does not apply to you by reason of HIPAA's restrictions on pre-existing condition clauses, your employer or COBRA plan administrator may terminate your COBRA coverage.

While you do not have to show that you are insurable to choose COBRA coverage, this continuation coverage is provided subject to your eligibility for coverage. Your COBRA plan administrator reserves the right to terminate your COBRA coverage retroactively if you are determined to be ineligible.

### **Where to Obtain More Information**

For more information about your rights and obligations under the plan and under federal law, please review the plan's Summary Plan Description or contact the plan administrator. If you have questions about your rights under ERISA (including COBRA, HIPAA, and other laws affecting group health plans), contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA Web site at [www.dol.gov/ebsa](http://www.dol.gov/ebsa) (contact information for Regional and District EBSA Offices is available through the site).



## Contact Information

While you're working abroad, it's important to know where to go if you have a question or need assistance with benefits and human resources issues. Here's a contact list of important phone numbers and Web sites to help you:

### Medical and Dental Issues

- AGB Member Service Center toll-free at 1-800-231-7729 (if dialing internationally use that country's AT&T access code) or collect at 1-813-775-0190 (collect calls accepted)
- If the issue isn't resolved, contact the Chevron Phillips Employee Service Center at 1-800-446-1422 (option 1)
- Online at <http://www.cpchembenefits.mercerhrs.com> (you will need your PIN)

### Other Health/Welfare Issues and Updating Dependent Data

- Chevron Phillips Benefits Service Center at 1-800-446-1422 (option 1)
- Online at <http://www.cpchembenefits.mercerhrs.com> (you will need your PIN)

### 401(k) and Retirement Issues

- Chevron Phillips Pension and Savings Center at 1-866-771-5225 (option 2)
- Fidelity NetBenefits™ at [www.netbenefits.com](http://www.netbenefits.com)

### International Employee Assistance Program (IEAP)

- Aetna Global Benefits® IEAP at 1-800-231-7729 (within the U.S.) — ask to be transferred to IEAP — or 1-813-775-0190 (outside the U.S.)

### HR, Payroll and Personal Data Changes

- Chevron Phillips Employee Service Center at 1-800-446-1422 (option 3)

### MetLife Life Insurance/LTD

- Chevron Phillips Benefits Service Center at 1-800-446-1422 (option 1)

### Aetna Flexible Spending Account

- 888-238-6226
- Online at [www.aetnafsa.com](http://www.aetnafsa.com)





