



**Group Insurance Plan of Benefits for  
 Chevron Phillips Chemical (Control #299701)  
 Administered by Aetna Global Benefits®  
 Effective Date: January 1, 2010  
 Middle East Plan**

Eligibility Provision			
<b>Employee</b>	Regular full-time employees of Chevron Phillips Chemical participating in this plan working a minimum of 20 hours per week.		
<b>Dependent</b>	Wife or husband; same or opposite sex domestic partner for employees with a domestic partner on 01/01/2001; unmarried children under age 19; to age 25 if attending school.		
PPO			
PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Individual Deductible</b>	None	None	\$200 per calendar year
<b>Family Deductible</b>	None	None	\$400 per calendar year
<b>Individual Payment Limit</b> <i>(Does not include deductibles, copays, benefit penalties, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the US)</i>	None	\$1,500 per calendar year	\$3,000 per calendar year
<b>Family Payment Limit</b> <i>(Does not include deductibles, copays, benefit penalties, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the US)</i>	None	\$4,500 per calendar year	\$9,000 per calendar year
<b>Lifetime Maximum</b>	Unlimited		
<b>Inpatient Per Confinement Deductible</b> <i>(Maximum of 3 per calendar year)</i>	None	None	\$250
Plan Payment Percentages			
<i>Hospital Services</i>			
<b>Inpatient</b>	100%	80%	60% after deductible and \$250 inpatient per confinement deductible
<b>Outpatient</b>	100%	80%	60% after deductible
<b>Private Room Limit</b>	The institution's semiprivate rate		
<b>Pre-certification Penalty</b>	No Penalty	No Penalty	\$400
<b>Non-Emergency Use of the Emergency Room</b>	100%	80%	60% after deductible
<b>Emergency Room</b>	100%	80%	60% after deductible
<b>Urgent Care</b>	100%	80%	60% after deductible
<i>Physician Services</i>			
<b>PCP Office Visit</b>	100%	80%	60% after deductible
<b>Specialist Office Visit</b>	100%	80%	60% after deductible

*Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before the benefits described in this document will be effective. In case of a discrepancy between the Plan Documents, and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Summary of Coverage and any Booklet Amendments/Riders. For further details refer to your Plan Documents.*



**Group Insurance Plan of Benefits for  
 Chevron Phillips Chemical (Control #299701)  
 Administered by Aetna Global Benefits®  
 Effective Date: January 1, 2010  
 Middle East Plan**

PPO			
PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Plan Payment Percentages</b>			
<b>Mental Health Services</b>			
<b>Mental Health Inpatient Coverage</b> <i>(Unlimited days per calendar year combined with Alcoholism and Drug Abuse)</i>	100%	80%	60% after deductible and \$250 inpatient per confinement deductible
<b>Mental Health Outpatient Coverage</b> <i>(Unlimited visits per calendar year combined with Alcoholism and Drug Abuse)</i>	100%	80%	60% after deductible
<b>Alcohol/Drug Abuse Services</b>			
<b>Substance Abuse Inpatient Coverage</b> <i>(Unlimited days per calendar year combined with Mental Health)</i>	100%	80%	60% after deductible and \$250 inpatient per confinement deductible
<b>Substance Abuse Outpatient Coverage</b> <i>(Unlimited visits per calendar year combined with Mental Health)</i>	100%	80%	60% after deductible
<b>Other Services</b>			
<b>Skilled Nursing Facility</b> <i>(120 days per calendar year)</i>	100%	80%	60% after deductible and \$250 inpatient per confinement deductible
<b>Hospice Care Facility Inpatient</b> <i>(30 days lifetime maximum)</i>	100%	80%	60% after deductible and \$250 inpatient per confinement deductible
<b>Hospice Care Facility Outpatient</b> <i>(Unlimited lifetime maximum)</i>	100%	80%	60% after deductible
<b>Home Health Care</b> <i>(120 visits per calendar year; includes Private Duty Nursing)</i>	100%	80%	60% after deductible
<b>Spinal Disorder Treatment</b> <i>(\$1,000 per calendar year and/or Unlimited visits per calendar year)</i>	100%	80%	60% after deductible
<b>Short Term Rehabilitation</b> <i>(Includes coverage for Occupational, Physical and Speech Therapies; 60 combined maximum visits per calendar year)</i>	100%	80%	60% after deductible
<b>Diagnostic Outpatient X-ray</b>	100%	80%	60% after deductible
<b>Diagnostic Outpatient Lab</b>	100%	80%	60% after deductible
<b>Bariatric Surgery</b>	100%	80%	60% after deductible
<b>Durable Medical Equipment</b> <i>(includes coverage for first pair of lenses or glasses following cataract surgery)</i>	100%	80%	60% after deductible
<b>Routine Hearing Exam</b> <i>Includes one routine exam per calendar year</i>	100%	80%	60% after deductible

*Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before the benefits described in this document will be effective. In case of a discrepancy between the Plan Documents, and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Summary of Coverage and any Booklet Amendments/Riders. For further details refer to your Plan Documents.*



**Group Insurance Plan of Benefits for  
Chevron Phillips Chemical (Control #299701)  
Administered by Aetna Global Benefits®  
Effective Date: January 1, 2010  
Middle East Plan**

PPO			
PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Hearing Aids</b> <i>1 hearing aid per ear to \$1,000 maximum per ear every 3 years for child to age 25</i>	100%	80%	60% after deductible
<b>Global Emergency Assistance Program</b> <i>(\$500,000 calendar year maximum)</i>	100%	100%	100% - not subject to deductible
<b>Wellness Benefits</b>			
<b>Routine Children Physical Exams</b> <i>Children age 0-18: 7 exams first year of life; 3 exams second year of life; 3 exams third year of life and 1 exam per year thereafter (includes immunizations)</i>	100%	80%	60% after deductible
<b>Routine Adult Physical Exams</b> <i>Adults age 18+ &amp; -65: 1 exam/12 months Adults age 65+: 1 exam/12 months (includes immunizations)</i>	100%	80%	60% after deductible
<b>Routine Gynecological Exams</b> <i>Includes 1 exam and pap smear per calendar year</i>	100%	80%	60% after deductible
<b>Mammograms</b> <i>Includes 1 exam per calendar year</i>	100%	80%	60% after deductible
<b>Prostate Specific Antigen (PSA)</b> <i>Includes 1 PSA per calendar year for males 40+</i>	100%	80%	60% after deductible
<b>Digital Rectal Exam (DRE)</b> <i>Includes 1 DRE per calendar year for males 40+</i>	100%	80%	60% after deductible
<b>Cancer Screening</b> <i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 50+ 1 colonoscopy every 5 years</i>	100%	80%	60% after deductible
<b>Prescription Drug Coverage</b>			
<b>Generic Drugs</b> <i>(365 day maximum supply)</i>	100%	75% (includes Mail Order Drugs)	60% after deductible
<b>Brand Name Drugs</b> <i>(365 day maximum supply)</i>	100%	75% (includes Mail Order Drugs)	60% after deductible
<b>Non Brand Formulary</b> <i>(365 day maximum supply)</i>	100%	75% (includes Mail Order Drugs)	60% after deductible
<b>Vision Expenses</b>			
<b>Routine Eye Exam</b> <i>(Covered under medical) Includes one routine exam per calendar year</i>	100%	80%	60% after deductible
<b>Vision Care Supplies</b> <i>(Schedule maximums apply every 12 months; Includes one pair of frames/lenses or contacts per 12 months)</i>	100% after \$35 deductible	80% after \$35 deductible	60% after \$35 deductible

*Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before the benefits described in this document will be effective. In case of a discrepancy between the Plan Documents, and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Summary of Coverage and any Booklet Amendments/Riders. For further details refer to your Plan Documents.*



**Group Insurance Plan of Benefits for  
 Chevron Phillips Chemical (Control #299701)  
 Administered by Aetna Global Benefits®  
 Effective Date: January 1, 2010  
 Middle East Plan**

Passive PPO Dental			
PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
<b>Individual Deductible</b>	\$50 per calendar year	\$50 per calendar year	\$50 per calendar year
<b>Family Deductible</b>	\$150 per calendar year	\$150 per calendar year	\$150 per calendar year
<b>Type A Expense</b> <i>(Diagnostic &amp; Preventative)</i>	100% - not subject to deductible	100% - not subject to deductible	100% - not subject to deductible
<b>Type B Expense</b> <i>(Basic Restorative)</i>	80% after deductible	80% after deductible	80% after deductible
<b>Type C Expense</b> <i>(Major Restorative)</i>	50% after deductible	50% after deductible	50% after deductible
<b>Calendar Year Maximum</b>	\$1,500	\$1,500	\$1,500
<b>Orthodontic Treatment Coverage</b> For Employees & Dependents	50% - not subject to deductible	50% - not subject to deductible	50% - not subject to deductible
<b>Orthodontic Lifetime Maximum</b>	\$1,500	\$1,500	\$1,500
<b>Services and Programs</b>			
Informed Health Line (24-hour nurse line) International Employee Assistance Program International Disease Management International Maternity Management Program Simple Steps To A Healthier Life® Weight Watchers® Program On-Line Global Health and Travel Information through HTH Worldwide ( <a href="http://www.aetnaglobalbenefits.com">http://www.aetnaglobalbenefits.com</a> )			

*Note: This is not evidence of coverage. You must enroll and be accepted for coverage with the Coverage Administrator before the benefits described in this document will be effective. In case of a discrepancy between the Plan Documents, and this document, the Plan Documents will determine the Plan of Benefits. As used herein, the term "Plan Documents" includes, but is not limited to, the Booklet, Summary of Coverage and any Booklet Amendments/Riders. For further details refer to your Plan Documents.*