



2014 Retiree High Deductible Health Plan (HDHP)

	Network	Non-Network
Cost Sharing		
Annual deductible	\$1,400 You Only coverage \$2,800 Other coverage levels; medical and Rx combine to meet deductible	Non-Network charges and Rx apply to same deductible
Out-of-pocket maximum	\$4,000 You Only coverage \$8,000 Other coverage levels; medical and Rx combine to meet out-of-pocket max; includes deductible	\$5,000 You Only coverage \$10,000 Other coverage levels; medical and Rx combine to meet out-of-pocket max; includes deductible
Lifetime coverage limit	No limit	No limit
Health Savings Account (HSA)		
Maximum Contributions	\$3,300 You Only coverage \$6,550 Other coverage levels Note: If you are age 55 or older, you can make an additional contribution of \$1,000	
Medical Services		
Preventive Care	100% covered	Covered at 100% up to \$1,500; 60% thereafter
Office visits	80% covered after deductible	60% covered after deductible
Inpatient and Outpatient Services	80% covered after deductible	60% covered after deductible
Emergency room	80% covered after deductible; 50% after deductible for non-emergency use	80% covered after deductible; 50% after deductible for non-emergency use
Mental Health and Substance Abuse Services	80% covered after deductible; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Chiropractic	80% covered after deductible; limited to 20 visits per year	60% covered after deductible; limited to 20 visits per year
Prescription Drugs		
Retail: Preventive Prescription Drugs	100% covered up to \$1,500 per person per year, 80% thereafter	100% covered up to \$1,500 per person per year, 60% thereafter
Retail: Generic, Preferred Brand or Non-Preferred Brand	80% covered after deductible	60% covered after deductible
Mail Order: Preventive Prescription Drugs	100% covered up to \$1,500 per person per year, 80% thereafter	
Mail Order: Generic, Preferred Brand or Non-Preferred Brand	80% covered after deductible	

Pricing Factor	Option Description	Monthly Retiree Cost				
		You Only or Spouse Only	You + Spouse	You, Spouse & Child(ren)	You + Child(ren) or Spouse + Child(ren)	Child(ren)
85	85 to 89 Points (100% Subsidy)	\$311.00	\$622.00	\$716.00	\$405.00	\$94.00
80	80 to 84 Points (90% Subsidy)	\$346.00	\$692.00	\$797.00	\$451.00	\$105.00
75	75 to 79 Points (80% Subsidy)	\$382.00	\$764.00	\$879.00	\$497.00	\$115.00
70	70 to 74 Points (70% Subsidy)	\$418.00	\$836.00	\$961.00	\$543.00	\$125.00
65	65 to 69 Points (60% Subsidy)	\$453.00	\$906.00	\$1,043.00	\$590.00	\$137.00

These comparisons provide an overview of certain terms and conditions of the health and welfare benefits and are for information purposes only. Benefits and eligibility for coverage are determined under the specific provisions of the official plan documents and any underlying insurance contracts. If there is any discrepancy or conflict between these highlights and the terms of the official plan documents and any underlying insurance contracts, as applicable, the official plan documents and insurance contracts, as applicable, will control. ConocoPhillips reserves the right to amend, change or terminate the health and welfare benefit plans, any underlying contracts or any other programs, at any time and without notice, at its sole discretion, according to the terms of the applicable plans or programs.