



ConocoPhillips

Supplemental Plan Information

Aetna International is delighted to have the opportunity to outline the ways in which Aetna can serve your globally mobile employees. We have thoughtfully designed products, services and tools to ensure the success of your international assignees, no matter where they reside. Whether you're looking for flexible products and services, innovative programs and tools, integrated plan designs to serve your diverse employee population or first-class service, we have the right solution to meet your needs.

Aetna is a leading, global diversified health care benefits company with over 160 years of experience. Our goal is to empower people to live healthier lives. In the United States, we serve over 18 million health care members, over 13 million dental members and 9 million pharmacy members. Through Aetna International, our international business segment, we provide global health care solutions to over 500,000 globally mobile members. Our international benefits offerings include medical, dental, vision, life, disability and emergency assistance. This includes solutions for expatriates, third country nationals, inpatriates (to the U.S.) and business travelers. Our health management business collaborates with health care systems, government entities and plan sponsors around the world to design and build locally-applied health management solutions to improve health, quality and cost outcomes.

We make it our business to understand our customers' business. It's our commitment to building trusting, value-added relationships that sets us apart in the marketplace. Our goal is to be the global leader in empowering people to live healthier lives by making quality health care more affordable and more accessible. The information and tools we provide to members, when and where they need the information, help them make better informed decisions about their health care. We connect our customers to partnerships, health care solutions, technology and tools that educate employees about their health and help reduce costs.

Overall, our number one priority is placing the people who use our services at the center of our efforts. When you choose Aetna International to provide your health solutions, you have a first-class service team. Our service model allows for flexibility to adapt to regional needs and business cycles. Local, dedicated Aetna International contacts deliver ongoing, proactive and collaborative services. Our in-house clinical team performs case management, all medical necessity review decisions and clinical claim reviews.

This is supplemental summary information. For more summary information, see the corresponding Summary of Benefits and Coverage (SBC) document. These documents are only a summary and are not plan documents. Please see your plan documents for comprehensive information on the plan's coverage, and other limitations.



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Innovation, Integration, Flexibility and First Class Service are the cornerstones of our business:

Innovation – We're committed to improving access to quality care and driving optimum health and productivity among employees through our programs and online/mobile tools designed for members' global health care needs. Our International Health Advisory Team model is a competitive differential for our organization. IHAT is a dedicated clinical team that interacts one-on-one with our members and allows us to provide the concierge level of services to our members by touching those at the most significant times in their health care experiences.

Integration – Through our vast information resources and U.S. and global business experience, we have the ability to manage costs, raise quality and provide targeted interventions that work to stabilize rising health care costs, while making it easy to do business with us.

Flexibility – We understand global needs and build relationships to offer relevant solutions for expatriates, third-country nationals and local nationals. We utilize our licensed insurance entities and have arrangements with locally admitted carriers and alliances to expand our ability to offer flexible products and solutions.

First-class Service – Our actions and vision remain consistent with our core values — putting the people who use our services at the center of everything we do. We demonstrate this through:

- First-class claim and customer service support
- Ease of processing, administration and installation

Eugene Marks
General Manger, Aetna International

Toby Dobbs
Vice President, Aetna International Americas
Sales, Americas

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**Group Insurance Plan of Benefits for
ConocoPhillips (620520)
administered by Aetna International
Effective Date: January 1, 2013**

Eligibility Provision			
Employee	Regular full-time employees of an employer participating in this plan working a minimum of 20 hours per week.		
Dependent	Wife, husband or domestic partner; and dependent children to age 26.		
PPO			
PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Individual deductible	\$0 per calendar year	\$0 per calendar year	\$600 per calendar year
Family deductible	\$0 per calendar year	\$0 per calendar year	\$0 per calendar year
Prior Plan Credit	Does not apply		
Individual Coinsurance Limit <i>(Does not include deductibles, copays, benefit penalties, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the US)</i>	\$0 per calendar year	\$0 per calendar year	\$3,000 per calendar year
Family Coinsurance Limit <i>(Does not include deductibles, copays, benefit penalties, 50% items and Outpatient Prescription Drugs. Includes Outpatient Prescription Drugs when outside the US)</i>	\$0 per calendar year	\$0 per calendar year	\$0 per calendar year
Lifetime Maximum	Unlimited		
Inpatient Per Confinement deductible <i>(Maximum of 3 per calendar year)</i>	\$100	\$100	\$250
Member Payment Percentages			
Hospital Services			
Inpatient	No charge after \$100 inpatient per confinement deductible	No charge after \$100 inpatient per confinement deductible	40% after deductible and \$250 inpatient per confinement deductible
Outpatient	No charge	No charge	40% after deductible
Private Room Limit	The institution's semiprivate rate.		
Pre-certification Penalty <i>To avoid penalties and/or benefit reductions for non-preferred benefits received in the U.S., contact the service center to determine if precertification is needed for a procedure.</i>	No Penalty	No Penalty	\$400
Non-Emergency Use of the Emergency Room	No charge	50% after deductible	50% after deductible
Emergency Room	No charge	No charge after \$100 copay	No charge after \$100 copay
Ambulance (Emergency Use)	No charge	No charge	No charge
Ambulance (Non-Emergency Use)	No charge	No charge	No charge
Non-Urgent Use of Urgent Care Provider	Not Covered	Not Covered	Not Covered
Urgent Care	No charge	No charge after \$10 copay	40% after deductible
Physician Services			
Physician Office Visit	No charge	No charge after \$10 copay	40% after deductible
Specialist Office Visit	No charge	No charge after \$10 copay	40% after deductible

PPO

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PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Member Payment Percentages			
Mental Health Services			
Mental Health Inpatient Coverage <i>Unlimited days per calendar year</i>	No charge after \$100 inpatient per confinement deductible	No charge after \$100 inpatient per confinement deductible	40% after deductible and \$250 inpatient per confinement deductible
Mental Health Outpatient Coverage <i>Unlimited visits per calendar year</i>	No charge	No charge after \$10 copay	40% after deductible
Alcohol/Drug Abuse Services			
Substance Abuse Inpatient Coverage <i>Unlimited days per calendar year</i>	No charge after \$100 inpatient per confinement deductible	No charge after \$100 inpatient per confinement deductible	40% after deductible and \$250 inpatient per confinement deductible
Substance Abuse Outpatient Coverage <i>Unlimited visits per calendar year</i>	No charge	No charge after \$10 copay	40% after deductible
Other Services			
Skilled Nursing Facility <i>(120 Days per calendar year)</i>	No charge after \$100 inpatient per confinement deductible	No charge after \$100 inpatient per confinement deductible	40% after deductible and \$250 inpatient per confinement deductible
Hospice Care Facility Inpatient <i>(30 days lifetime maximum)</i>	No charge after \$100 inpatient per confinement deductible	No charge after \$100 inpatient per confinement deductible	40% after deductible and \$250 inpatient per confinement deductible
Hospice Care Facility Outpatient <i>(Unlimited lifetime maximum)</i>	No charge	No charge	40% after deductible
Home Health Care <i>(120 visits per calendar year)</i>	No charge	No charge	40% after deductible
Private Duty Nursing <i>(70 shifts per calendar year)</i>	No charge	No charge	40% after deductible
Spinal Disorder Treatment <i>(Unlimited visits per calendar year)</i>	No charge	No charge	40% after deductible
Short-Term Rehabilitation <i>(Includes coverage for Occupational, Physical and Speech Therapies; 60 Visits combined maximum visits per calendar year)</i>	No charge	No charge	40% after deductible
Diagnostic Outpatient X-ray	No charge	No charge	40% after deductible
Diagnostic Outpatient Lab	No charge	No charge	40% after deductible
Base Infertility Services <i>(Base plan coverage includes coverage limited to the testing and treatment of underlying condition)</i>	0%	0%	40% after deductible

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PPO			
PLAN FEATURES	OUTSIDE THE U.S.	In the U.S.	
		Preferred Benefits (In-Network)	Non-Preferred Benefits (Out-of-Network)
Member Payment Percentages			
Routine Hearing Exam <i>Includes one routine exam every 24 months.</i>	No charge	No charge	40% after deductible
Hearing Aids <i>1 hearing aid per ear to \$1,000 maximum per ear every 3 years for child to age 24</i>	No charge	No charge	40% after deductible
International Employee Assistance Program (IEAP) <i>Includes up to 5 counseling sessions per issue per year per enrolled member. Access benefits by calling the member service number on ID card: 800-231-7729 or collect 813-775-0190. Services include: Cultural adjustment assistance, Marital/Family Stress, Child care and behavioral concerns, Social adaptation needs, Alcohol/Substance Abuse, Work/Life Balance and Depression.</i>	Included	Included	Included
Wellness Benefits			
Routine Children Physical Exams <i>(Age 0-18: 7 exams first year of life; 3 exams second 12 months of life; 3 exams third 12 months of life; 1 exam per 12 months thereafter to age 18) (includes immunizations)</i>	No charge	No charge	40% after deductible
Routine Adult Physical Exams <i>(Adults age 18+ & -65: 1 exam every calendar year; Adults age 65+: 1 exam every calendar year (includes immunizations)</i>	No charge	No charge	40% after deductible
Routine Gynecological Exams <i>Includes 1 exam and pap smear per calendar year</i>	No charge	No charge	40% after deductible
Mammograms <i>(Unlimited visits per calendar year)</i>	No charge	No charge	40% after deductible
Prostate Specific Antigen (PSA) <i>Includes 1 PSA per calendar year for males 40+</i>	No charge	No charge	40% after deductible
Digital Rectal Exam (DRE) <i>Includes 1 DRE per calendar year for males 40+</i>	No charge	No charge	40% after deductible
Cancer Screening <i>Includes 1 flex sigmoid and double barium contrast every 5 years; and at age 50+ 1 colonoscopy every 10 years</i>	No charge	No charge	40% after deductible
Prescription Drug Coverage			
Generic Drugs <i>(365 day maximum supply)</i>	No charge	\$15 copay per month supply (includes Mail Order Drugs)	40% after deductible
Formulary Brand Name Drugs <i>(365 day maximum supply)</i>	No charge	\$25 copay per month supply (includes Mail Order Drugs)	40% after deductible
Non Formulary Brand Name Drugs <i>(365 day maximum supply)</i>	No charge	\$40 copay per month supply (includes Mail Order Drugs)	40% after deductible
Vision Expenses			
Routine Eye Exam <i>(Covered under medical) Includes one routine exam per calendar year</i>	No charge	No charge after deductible	40% after deductible

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Comprehensive Dental	
Individual deductible	\$0 per calendar year
Family deductible	\$0 per calendar year
Type A Expense <i>(Diagnostic & Preventive)</i>	No Charge
Type B Expense <i>(Basic Restorative)</i>	20% coinsurance
Type C Expense <i>(Major Restorative)</i>	50% coinsurance
Calendar Year Maximum	\$2,000
Orthodontic Treatment Coverage For Employees & Dependents <i>Coverage for children to age 19</i>	50%
Orthodontic Lifetime Maximum	\$1,500
<i>Please refer to the Dental Plan Caveats below for additional benefit coverages for Types A, B and C</i>	

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Services and Programs included in Quote

Informed Health Line (24-hour nurse line)
Cobra
International Disease Management
International Maternity Management Program
Simple Steps To A Healthier Life®
Wellness Checkpoint
Weight Watchers® Program
On-Line Global Health and Travel Information through HTH Worldwide (<http://www.aetnainternational.com>)

Medical Plan Caveats

This plan includes coverage for women's preventive health benefits to the extent required under U.S. federal law effective beginning with plan years starting on or after August 1, 2012.

Payment limits apply per individual on a calendar year basis. Only those out-of-pocket expenses resulting from the application of a payment percentage may be used to satisfy the payment limit. Deductibles, copays, benefit penalties and 50% items are excluded from the payment limit.

There is cross-application between calendar year deductible, out of pocket maximum and lifetime maximum across overseas, in-network and out-of network level of benefits.

Coverage maximums up to a certain number of days/visits per calendar year are reached by combining the Preferred and Non-Preferred benefits up to the limit for either one plan or the other, but not both. (Example, if the Preferred benefit is for 120 days and the Non-Preferred benefit is for 120 days, the maximum benefit is 120 days, not 240 days).

Maternity expenses are covered as any other medical expense. Coverage is provided for an employee and spouse and all female family members. Pregnancy benefits do not continue to be payable after coverage ends except in the event of total disability.

For contracted hospitals, the non-contracted Radiologist, Anesthesiologist and Pathologist (RAPS) are paid at the preferred level, and will be subject to reasonable and customary charges. Note that this payment method may apply to other providers.

Benefit maximums per Calendar year are calculated between 01/01/2013 and 12/31/2013.

Pre-Existing Conditions:

- *Option: Option 5 - (No Restriction)*
- *On Effective Date: Pre-existing condition limitation is waived on the effective date.*
- *After Effective Date: Pre-existing condition limitation is waived after the effective date.*
- *Pre-Existing Conditions is waived for dependents under age 19.*

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Dental Plan Caveats

Plan 2804:

Dental Indemnity

Type A

Includes Prophylaxis, Bitewing and full mouth series X-rays, Space Maintainers, Oral Exams, Fluoride applications, Sealants, and Periapical X-rays.

Type B

Includes Fillings, Simple Extractions and Oral Surgery.

Type C

Includes Crown Lengthening, Crown Buildup, Inlays/onlays, Bridgework, Osseous surgery, Soft tissue grafts, Partial and full bony impactions, General anesthesia and intravenous sedation, Dentures (benefit includes all relines, rebases and adjustments within 6 months of installation), Molar root canal therapy, Prosthetic repairs, and Occlusal Guards (for bruxism only).

Plan 2805:

Dental Indemnity

Type A

Includes Prophylaxis, Bitewing and full mouth series X-rays, Space Maintainers, Oral Exams, Fluoride applications, Sealants, and Periapical X-rays.

Type B

Includes Fillings, Simple Extractions, Oral Surgery, Crown Lengthening, Molar root canal therapy, Osseous surgery and Partial and full bony impactions.

Type C

Includes Crown Buildup, Inlays/onlays, Bridgework, Soft tissue grafts, General anesthesia and intravenous sedation, Dentures (benefit includes all relines, rebases and adjustments within 6 months of installation), Prosthetic repairs, and Occlusal Guards (for bruxism only).

The proposed plan of benefits is underwritten by Aetna Life Insurance Company (Delaware).

This is only a brief summary of the PPO Medical, Indemnity Dental benefits available. Some restrictions may apply.

*For more specific information about the coverage details, **including limitations, exclusions and other plan requirements**, please refer to the employee booklet (which will be provided near the time the plan becomes effective).*

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