

2013 Retiree HDHP

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Retiree HDHP

	Network	Non-Network
Cost Sharing		
Annual deductible	\$1,400 You Only coverage \$2,800 Other coverage levels; medical and Rx combined to meet deductibles	Non-Network charges 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
Preventive Care		
Annual physical exam	100% covered	Covered at 100% up to \$1,500; 60% thereafter
Well-woman exam (includes pap)	100% covered	Covered at 100% up to \$1,500; 60% thereafter
Mammogram	100% covered	Covered at 100% up to \$1,500; 60% thereafter
Preventive colonoscopy	100% covered	Covered at 100% up to \$1,500; 60% thereafter
Outpatient Care		
Primary doctor office visit	80% covered after deductible	60% covered after deductible
Specialist office visit	80% covered after deductible	60% covered after deductible
Outpatient surgery	80% covered after deductible	60% covered after deductible
Outpatient laboratory services	80% covered after deductible	60% covered after deductible
Outpatient physical therapy	80% covered after deductible	60% covered after deductible
Outpatient X-ray	80% covered after deductible (some services require pre-certification)	60% covered after deductible (some services require pre-certification)
Family Planning/Maternity		
Office visit: Pre/postnatal	80% covered after deductible	60% covered after deductible
In-hospital delivery services	80% covered after deductible	60% covered after deductible
Fertility services	80% covered after deductible; check with Plan	60% covered after deductible; check with Plan
Vision		
Routine vision exams	Preventive: 100% covered; Non-Preventive: 80% covered after deductible	Preventive: 100% covered up to \$1,500; 60% thereafter; Non-Preventive: 60% covered after deductible
Glasses and contacts	Aetna Vision Discounts	Not covered
Dental		
Oral surgery	Not covered except for treatment due to accidental injury	Not covered except for treatment due to accidental injury

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Inpatient Care		
Inpatient physician and surgeon services	80% covered after deductible	60% covered after deductible
Hospital semi-private room	80% covered after deductible	60% covered after deductible
Emergency Care		
Emergency room (not followed by admission)	80% covered after deductible; 50% after deductible for non-emergency use	80% covered after deductible; 50% after deductible for non-emergency use
Urgent care clinic visit	80% covered after deductible	60% covered after deductible
Ambulance services	80% covered after deductible; 60% after deductible for non-emergency use	80% covered after deductible; 60% after deductible for non-emergency use
Mental Health		
Mental Health: Outpatient coverage	80% covered after deductible; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Mental Health: Inpatient coverage	80% covered after deductible; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Detox: Outpatient coverage	80% covered after deductible; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Detox: Inpatient coverage	80% covered after deductible; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Rehab: Outpatient coverage	80% covered after deductible; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Rehab: Inpatient coverage	80% covered after deductible; must be authorized by ValueOptions	60% covered after deductible; must be authorized by ValueOptions
Alternative Care		
Chiropractic	80% covered after deductible; limited to 20 visits per year	60% covered after deductible; limited to 20 visits per year
Other		
Durable medical equipment	80% covered after deductible	60% covered after deductible
Policies/Requirements		
Need to file claims	No	If provider does not file

Prescription Drugs

	Network	Non-Network
General		
Annual prescription deductible	\$1,400 You Only coverage \$2,800 Other coverage levels; medical and Rx combined to meet deductibles	Non-Network charges apply to same deductible
Retail		
Retail generic	80% covered after deductible; preventive Rx 100% covered up to \$1,500 per person per year, 80% thereafter	60% covered after deductible; preventive Rx 100% covered up to \$1,500 per person per year, 60% thereafter
Retail formulary brand	80% covered after deductible; preventive Rx 100% covered up to \$1,500 per person per year, 80% thereafter	60% covered after deductible; preventive Rx 100% covered up to \$1,500 per person per year, 60% thereafter
Retail nonformulary brand	80% covered after deductible; preventive Rx 100% covered up to \$1,500 per person per year, 80% thereafter	60% covered after deductible; preventive Rx 100% covered up to \$1,500 per person per year, 60% thereafter
Mail Order		
Mail order generic	80% covered after deductible; preventive Rx 100% covered up to \$1,500 per person per year, 80% thereafter	
Mail order formulary brand	80% covered after deductible; preventive Rx 100% covered up to \$1,500 per person per year, 80% thereafter	
Mail order nonformulary brand	80% covered after deductible; preventive Rx 100% covered up to \$1,500 per person per year, 80% thereafter	

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.

2013 Retiree HDHP Rates

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 or Greater (100% Subsidy)	\$287.00	\$574.00	\$661.00	\$374.00	\$87.00
80	80 to 84 Points (90% Subsidy)	\$323.00	\$646.00	\$744.00	\$421.00	\$98.00
75	75 to 79 Points (80% Subsidy)	\$359.00	\$718.00	\$827.00	\$468.00	\$109.00
70	70 to 74 Points (70% Subsidy)	\$395.00	\$791.00	\$910.00	\$515.00	\$119.00
65	65 to 69 Points (60% Subsidy)	\$431.00	\$863.00	\$993.00	\$562.00	\$130.00

Carrier Information

Aetna

800-738-7674

www.aetn navigator.com

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