



2024

BENEFITS
for Salaried
employees



2024

BENEFITS
for Salaried
employees

Remember

This year's enrollment period is:

October
23 thru **November**
3

Beginning Monday, October 23, 2023, you can make changes to your annual benefits plan for 2024.



Employee Self-Service



Benefits@CITGO.com



1-888-443-5707

All benefit changes must be submitted by Friday, November 3, 2023.

If no changes are made during the Annual Election period, all current elections will rollover to the next plan year with the exception of Flexible Spending Account and Health Savings Account elections.

About this Material

This brochure provides an overview of options under the CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Programs for Salaried Employees (Plan number 515) (the “Plan”). It also serves as your 2024 Summary of Material Modification. The benefits described are governed by legal plan documents, contracts and insurance policies. If a conflict should occur, the legal plan documents, contracts and insurance policies will prevail. To view Summary Plan Descriptions go to www.hr.CITGO.com.

A summary of benefits and coverage for the Plan is also available at www.myuhc.com or on the CITGO Benefit Connections website at www.hr.CITGO.com. You may also request a printed copy by contacting the CITGO Benefits HelpLine at 1-888-443-5707 or by email at Benefits@CITGO.com.

Questions

Answers to frequently asked questions (FAQs) are available at www.hr.CITGO.com. The FAQs include questions on all areas of benefits, not just those pertaining to the 2024 Annual Election.

If you have any additional questions about your benefits including Annual Election, please contact the Benefits HelpLine at 1-888-443-5707, or email Benefits@CITGO.com.

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What's New for 2024

The following changes take effect January 1, 2024:

Self-Directed Health Plan

New annual plan deductibles for 2024:

Both In and Out-of-network

- \$1,600 – EE only
- \$3,200 – EE + Dep

(Refer to [page 18](#) for more information on the SDHP Plan)

Health Savings Accounts

Health Savings Account (HSA) annual maximums for 2024 are:

- \$4,150 – EE only
- \$8,300 – EE + Dep

(Refer to [page 26](#) for more information)

Flexible Spending Accounts

Effective January 1, 2024, Flexible Spending Account plan (FSA) participants will have a new Health Care Spending debit card available to pay for eligible expenses at the point of sale:

- Access funds from FSA accounts
- Eligible expenses must be deemed eligible under IRS rules

(Refer to [page 44](#) for more information)

CITGO Benefits

Your Benefits Program

CITGO is committed to providing you with a competitive benefits package that includes various choices to help you care for you and your family.

Your 2024 benefits program includes some enhanced choices in medical, dental, vision and tax savings account to customize your benefits

- **Control** – make an election to reduce your annual cost.
- **Options** – choose the plan that works best for you.
- **Opportunities** – earn rewards for taking greater control of your health.

You have the opportunity to participate in a comprehensive range of insurance benefits, and as an added benefit, many of your plan contributions are paid on a tax-free basis, saving you money. As a regular, salaried employee, you are eligible for a comprehensive benefit program that includes:

- **Medical coverage** with a choice of plan options to meet your health care needs.
- **Dental coverage** which provides comprehensive preventive, general, prosthetic and orthodontic coverage.
- **Vision coverage** which provides coverage for eye exams, eyeglasses (frames and lenses), or contact lenses.
- **Employee Assistance Program** which helps employees resolve personal issues that may adversely impact their work performance, conduct, health and well-being.
- **Flexible Spending and Health Savings Accounts** to pay for eligible health care and/or dependent care expenses on a tax-free basis.
- **Life Insurance** to protect you and your family.
- **401(k) Plan** benefits to allow you to accumulate savings for retirement.
- **Retirement Plan** benefits to provide you a monthly retirement income for your lifetime.

- **Healthy Rewards Program** to incentivize employees to make healthier choices in their health and overall lifestyle.
- **Additional benefits** such as paid holidays, vacation days, matching gifts program, service awards, voluntary benefits and dependent scholarship program.

You are eligible to participate in many of these plans immediately. Some require a waiting period and others are based on your years of service.

Verification of Dependent Eligibility

If you are enrolling a spouse or child for 2024 who is not currently participating, you must also submit documentation of their eligibility. The Dependent Eligibility Verification Form can be found on the Benefit Connections web site at www.hr.CITGO.com under the Annual Election or Benefits Resources tab. The form outlines the types of documentation that are acceptable as proof of your dependent's eligibility.

Eligibility

When Benefits Begin

Coverage for you and your eligible dependents under the Medical, Dental, Vision, Spending Accounts, Optional Term Life Insurance, Dependent Child Life Insurance, Spousal Life Insurance and Personal Accident Insurance begins on your first day actively at work if you enroll within the first 31 days.

If you do not enroll within the first 31 days of employment, you and/or your dependents generally will not be eligible for benefits for that Plan Year.

The company-provided Basic Life Insurance and Occupational Accidental Death Insurance begin the first day you are actively at work. Long Term Disability coverage begins after you have completed six continuous months of employment with the company.

You may begin contributing to the Retirement and Savings Plan on your first day actively at work. The company will start basic and matching contributions after you complete one year of service. The Pension Plan requires the completion of 12 months of employment and requires you to be at least 21 years of age.

Dual Company Coverage

If you are covered for benefits as an employee, you cannot be covered as a dependent. Eligible children can only be covered by one parent under the Medical, Dental, Vision and Life Insurance Programs if both parents are CITGO employees and/or retirees.

Eligible Dependent Family Members

For purposes of the Plan, eligible family members may also be covered under the Plan, and may include:

Your eligible spouse, including:

- The spouse of an eligible employee.
- The surviving spouse, who has not remarried, of a deceased eligible employee.

All references to spouse, to a married person or to a marriage shall refer to spouses as follows:

- A person to whom you are legally married at the relevant time and which marriage is effective under the laws of the state in which the marriage was contracted, including a person legally separated but not under a decree of divorce.
- Your common law spouse, if common law marriage is recognized in the state of which you are a legal resident. You must submit the applicable paperwork required for your state of residence for review and approval by CITGO before coverage will begin.

Individuals who enter into any civil union, domestic partnership or similar arrangement with an eligible employee are not entitled to benefits under the Plan as a Spouse.

Your child or children including:

- The child of an eligible employee.
- The child, whose surviving parent has not remarried, of a deceased eligible employee.

An eligible dependent child under the age of 26 and defined as follows:

- Your biological child;
- Your adopted child or a child placed in your guardianship for adoption;
- Your stepchild; or
- A child for whom you or your current spouse has been awarded legal guardianship or legal custody by a court of law.

CITGO Benefits

Your eligible dependent child must be under the age of 26 and can be enrolled, even if the child is:

- Not enrolled in school.
- Married.
- Not financially dependent on you for the majority of their support.
- Not residing with you in your home.
- Your disabled dependent child who meets the eligibility criteria. You must complete and submit a disabled dependent application along with supporting documentation for review and approval.

Proof of eligibility is required, and you will be asked to provide documentation, such as a marriage certificate, birth certificate, adoption papers or court documents in order for coverage to become effective or to continue.

Contributions

Both you and CITGO may contribute to the cost of medical, dental, vision and life insurance coverage. Most of your contributions are made through payroll deductions with “pre-tax” dollars. This means that your contributions are deducted from your paycheck before taxes are calculated. Thus, you pay no federal income and/or Social Security taxes, and in most states, no state income taxes on your monthly contributions. The monthly contribution rates are subject to change.

Special Enrollment Rights Under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)

If you are declining enrollment for you and your dependents (including your spouse), because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other

coverage or if the employer stops contributing toward your or your dependents’ other coverage. However, you must request enrollment within **31 days** after your or your dependents’ other coverage ends or after the employer stops contributing toward the other coverage. 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. However, you must request enrollment within **31 days** after the marriage, birth, adoption, or placement for adoption. Special Enrollment Rights related to qualification for premium assistance under CHIP or Medicaid must be requested within 60 days. To request special enrollment or obtain more information, contact the Benefits HelpLine at 1-888-443-5707.

Voluntary Programs

During your new hire enrollment period or Annual Election, CITGO active employees may enroll for the following voluntary benefits with premiums to be paid in full by the employee through payroll deductions:

- **Critical Illness** insurance offered by TransAmerica and managed by Mercer.
- **Accident Insurance** offered by TransAmerica and managed by Mercer.
- **Pre-paid Legal Services** offered by MetLife Legal and managed by Mercer.

Additional information is available on Benefit Connections at www.hr.CITGO.com.

To enroll in a voluntary benefit plan visit <https://citgo.e.paylogix.com/Login.aspx>.

Eligibility

Status Changes Outside of Annual Election

In order for you to make election and contribution changes for health and life benefits outside of the Annual Enrollment period and after payroll deductions have begun for the current plan year, you must experience an IRS Qualified Status Change. Qualified Status Changes include certain changes in family or work status. Any of the following conditions will constitute an eligible status change that may allow you to make a change to your elections and corresponding contributions during the Plan Year within **31 days** of the qualifying event date:

- Marriage.
- Divorce, legal separation or annulment.
- Death of your spouse or eligible dependent child.
- Birth, adoption or placement for adoption of an eligible dependent child.
- You, your spouse or dependent child begin or end employment.
- You, your spouse or dependent child change residence or worksite.
- You, your spouse's or dependent child's work schedule changes such as a reduction in work hours, increase in hours, strike or lockout, unpaid leave of absence – beginning or end, including beginning or ending a military leave.
- You, your spouse or dependent child change from part-time to full-time employment or vice versa.
- You acquire an eligible dependent that was not eligible for coverage during the previous Annual Election and later becomes eligible during the Plan Year.
- Your spouse or dependent children are no longer eligible as a dependent under the terms of the Plan (see "Dependent Eligibility" in the Summary Plan Description).
- You or your eligible dependent(s) lose health coverage from your spouse's employer.
- A major change in a spouse's benefits: an adverse change (such as major increases in out-of-pocket premium costs, deductible, co-pays or out-of-pocket maximums), including your spouse's Annual Election changes when the Annual Election period of your spouse is on a different Plan Year.
- Court order resulting from a divorce, legal separation, annulment or change in legal custody that requires health coverage for your dependent child.
- Medicare, Medicaid or CHIP entitlement or loss of such entitlement.
- Any event as determined by the CITGO Benefit Plans Committee that is not inconsistent with laws and regulations applicable to the Plan.

If you have an eligible status change, you may be eligible to make a corresponding change in your current coverage elections subject to IRS limitations and application of consistency provisions. Examples of eligible changes may include:

- You may begin participation.
- You may end participation.
- You may add or drop eligible dependents.
- You may increase your contributions to your flexible spending account(s).
- You may decrease your contributions to your flexible spending account(s).
- You can discontinue all future contributions to your flexible spending account(s) to the extent that contributions exceed reimbursements.

CITGO Benefits

Consistency Rule Requirements

Under the IRS rules, employees can make mid-year election changes only if they are “on account of and corresponding with” a qualified change in status. In general, the IRS permits no exceptions to these consistency rules. There are two parts to determining if a change in election should be permitted. First, you must experience a change in status or other qualified event. Second, your requested change must be consistent with the event. The Summary Plan Description will include more information regarding other qualified changes, consistency requirements, required documentation and exceptions that may apply.

Proof of eligibility will be required, and you may be asked to provide documentation in the form of a birth certificate, adoption papers or court documents at any time in order for coverage to become effective or to continue.

Retiree Post-65 Coverage

As a CITGO employee eligible for retiree health, if you retire from active employment during the plan year and you or your spouse are at least age 65 and eligible for Medicare, your health care coverage will change. Upon your Medicare eligibility date, your retiree health care coverage is available only through UnitedHealthcare Medicare Supplement and Advantage Plans (AARP). CITGO assists by subsidizing the cost of individual coverage purchased from UnitedHealthcare Medicare Solutions. We are pleased to continue to have UnitedHealthcare Medicare Solutions provide more coverage choices to our post-65 retirees and post-65 spouses of CITGO retirees. For additional information refer to the Summary Plan Description located at www.hr.CITGO.com.

Annual Election

Once each year there is a specific time during which you may make new benefit elections for the next Plan Year (January 1 - December 31) for the Medical, Dental, Vision and Life Insurance plans. This period is the Annual Election Period. Annual Election is an important process that provides flexibility for CITGO to introduce benefit changes and for you to review and, if necessary, change your elections for the upcoming year.

For the 2024 Plan Year, Annual Election begins October 23, 2023 and ends on November 3, 2023.

When Plan Eligibility Ends

Eligibility for the Plan ends:

- When an employee ceases to be an eligible employee under the Plan.
- When a participant fails to make the required contributions for the medical, dental, vision and/or life insurance plan.
- For a spouse following a divorce.
- For a surviving spouse and children and/or stepchildren upon remarriage.
- For children when they reach the limiting age of 26.
- For children and/or stepchildren upon the remarriage of the surviving parent.



Invest in your well-being

Health & Wellness

Health & Wellness

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Medical Plan Highlights

Your Medical Plan Options

CITGO offers a variety of medical options administered by UnitedHealthcare. Options vary whether or not your home zip code falls within an area covered by the UnitedHealthcare network. In 2024, CITGO will continue to offer four medical plan options.

The four plan options are as follows:

- 1 SDHP**
Self-Directed Health Plan
- 2 PPO**
Preferred Provider Option
- 3 EPO**
Exclusive Provider Option
- 4 Non-Network**

Information about participating providers in the UnitedHealthcare Choice network may be obtained through the CITGO Intranet, via the web at www.myuhc.com or by calling UnitedHealthcare's customer service center at 1-866-317-6359.

Contributions

Both you and the company share in the cost of your medical benefits and you pay your contributions with "pre-tax dollars" through payroll deduction.

Each Plan Option Has Something to Offer

There are important features that are the same in all four of your medical plan options, and overall they are similar in how the benefits are paid.

Each option covers In-Network Preventive Care at 100% which means the deductible and coinsurance do not apply.

Each option offers you a choice on the amount of your annual deductible before paying benefits and how much you will have to meet. The exception is the prescription drug benefits in the Self Directed Health Plan, which requires that you must meet the deductible.

After you meet the deductible, all of the options feature coinsurance or cost-sharing between you and the plan.

Once you meet the out-of-pocket maximum, the plan pays 100% for eligible covered expenses.

The differences among the options have to do with:

- The amount of your monthly contribution.
- The amount of the deductible.
- The amount of the annual out-of-pocket maximum.
- Whether you have access to a special account for qualified health care expenses and the features of that account. For example, this may include the amount of your maximum contributions and whether or not the funds roll over from year to year.
- How prescription drug coverage works.
- If out-of-network services are available and your coinsurance percentage.

The UnitedHealthcare Preferred Provider Network

The UnitedHealthcare Choice network will continue to be the preferred provider network offered for the SDHP, PPO and EPO medical options. The Choice network provides you access to a large, nationwide network of physicians, diagnostic providers, outpatient clinics, urgent care facilities and hospitals. You have two convenient ways to select providers or verify if the providers you currently use are in the Choice provider network. You can review the online provider directory by using the provider search tool located at www.myuhc.com/groups/CITGO, or by calling UnitedHealthcare's Customer Service Center at 1-866-317-6359.

Please note, when you are enrolled in the SDHP, the PPO, or the EPO and want to access network benefits, it is your responsibility to confirm that a physician, facility or provider participates in the Choice provider network. You should regularly check the online provider directory available at www.myuhc.com to confirm that your provider is still a part of the network.

Hearing Aid Discount Program

UnitedHealthcare Hearing offers discounts on a full range of hearing health services and custom-programmed hearing aids that provide exceptional value, choice, and a positive experience for you and your family.

UnitedHealthcare Hearing will offer:

- Discounted hearing aids ranging from \$649 to \$2,399, depending on the model chosen
- Hundreds of name brand and private-labeled hearing aids from major manufacturers, including Phonak, Starkey®, Oticon, Signia, Resound, Widex® and Unitron™
- Access to the largest accredited network of hearing providers with more than 5,000 locations in all 50 states
- Customized hearing evaluation, including a hearing test and hearing aid recommendation
- Convenient ordering options with hearing aids available in-person through a hearing provider or through home delivery with hearing aids delivered right to your home in five to 10 business days

All hearing aids come with a three-year extended warranty that covers repair, damage, and one-time loss. A professional fee may apply to loss and damage of hearing aid.

You can take advantage of discounted pricing by calling UnitedHealthcare Hearing at 1-855-523-9355 or online at www.UHChearing.com. A hearing counselor will help you register, submit hearing test results or identify a UnitedHealthcare Hearing provider in your area.

Medical Plan Highlights

Get More From Your Health Care

The UnitedHealthcare member website, www.myuhc.com is an online resource that will answer your benefit questions, provide physician locations quickly and easily, give you updates on claims payments, let you ask questions of health professionals online, and provide you with tools to help you get the most from your health benefits. You will find everything from hospital cost and quality rankings to information on staying healthy. Registration is easy. Just visit www.myuhc.com and select "Register" on the homepage. Follow the simple prompts. You're just a few clicks away from enjoying immediate access to all types of health care information.

Advocate4me

Employees and eligible dependents can easily connect with a UnitedHealthcare advocate toll-free at 1-866-317-6359 or online at www.myuhc.com for help with:

- Benefits and claims inquiries
- Finding doctors and hospitals that meet quality and efficiency of care criteria
- Well-being and emotional health support
- Clinical and complex health care support
- Taking medication effectively and safely

Virtual Visits

A virtual visit lets you see and speak with a doctor from your mobile device or computer without an appointment. Most visits take about 10-15 minutes and doctors can write a prescription*, if needed, that can be filled at your local pharmacy.

Non-Emergency medical conditions commonly treated through a virtual visit include:

- Cold/Flu
- Fever
- Migraine/Headaches
- Pink eye
- Rash
- Sinus Problems
- Stomach ache

To access and set up a virtual visit log in to www.myuhc.com and choose from provider sites where you can register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs according to your medical plan.

*Access to virtual visits and prescription services may not be available in all states. Contact UnitedHealthcare at www.myuhc.com for more information.

CITGO Benefits

Health & Wellness

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Medical Plan Options

SDHP

Self-Directed Health Plan

Plan Highlights

- A Self-Directed Health Plan (SDHP) is also called a High Deductible Health Plan, an HSA-Qualified High Deductible Health Plan, and a Consumer Directed Health Plan.
- All your In-Network preventive care is covered at 100%, including preventive medications (as defined by the IRS list).
- After you reach your deductible, the plan pays the applicable percentage of your medical and prescription drug costs. The out-of-pocket maximum serves as a built-in cap on annual health care expenses and your deductible and prescription drug costs also apply to the maximum.
- You make decisions about what medical services you want and who you want to provide these services. You control how your health funds are spent.

- **One key to the SDHP is that, under the IRS rules, if you are under the age of 65 and are not eligible for Medicare, enrollment in this plan option qualifies you to contribute to a Health Savings Account (HSA) as described on page 26.**



- The SDHP offers an annual enrollment incentive just for enrolling in the SDHP option.
 - Employee-only coverage - \$500 deposit to HSA.
 - Employee plus Dependent/Family coverage- \$1,000 deposit to HSA.

Reminder: Include this amount in your calculations towards the annual HSA limit.

 - **For those employees enrolling during Annual Election, the enrollment incentive will be deposited during normal payroll processing in January. However, Fidelity cannot accept contributions to your HSA until you have opened your account. See Setting Up Your Fidelity HSA on page 28.**

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Self-Directed Health Plan	In-Network	Out-of-Network
Lifetime Max Benefit	Unlimited	Unlimited
Annual Deductible	\$1,600/EE only \$3,200/EE + Dep	\$1,600/EE only \$3,200/EE + Dep
Annual Out-Of-Pocket Maximum (Includes deductible and prescription drug costs)	\$3,425/EE only \$6,850/EE + Dep	\$3,425/EE only \$6,850/EE + Dep
	You Pay:	You Pay:
Office Visit	20% After deductible	40% after deductible*
Lab/X-Ray (Outpatient)	20% After deductible	40% after deductible*
Preventive Care	0%, Not subject to deductible	Not Covered
Emergency Care	20% After deductible	20% After deductible*
Urgent Care	20% After deductible	40% After deductible*
Hospital Service (Inpatient)	20% After deductible	40% After deductible*
Hospital Service (Outpatient)	20% After deductible	40% After deductible*
Hospital Service (Physician)	20% After deductible	40% After deductible*
Maternity and Pregnancy Physician's Office**	20% After deductible	40% After deductible*
Mental Health and Substance Abuse		
Inpatient	20% After deductible	40% After deductible*
Outpatient	20% After deductible	40% After deductible*
Rehabilitation Services Including: Physical, Occupational, Speech and Hearing		
60 Visit Maximum Per Therapy, Per Year	20% After deductible	40% After deductible*
Chiropractic Care and Spinal Treatment		
60 Visit Maximum Per Year	20% After deductible	40% After deductible*

***For Out-of-Network benefits, you will pay your percentage of the cost based on reasonable and customary (R&C) charges; you will pay R&C percentage plus 100% of any excess amount above R&C. If Medicare is the primary payer, this provision does not apply.**

****Refer to page 43 of the Summary Plan Description located at www.hr.CITGO.com for further information related to maternity coverage limits applicable to dependents.**

Medical Plan Options

PPO

Preferred Provider Option

Plan Highlights

- You can choose to visit any provider you want; however, the choice you make determines how much you pay in out-of-pocket expenses.
- When you choose a network doctor, laboratory or hospital, you will pay less because network providers offer services at pre-negotiated rates, and the Plan will cover more of the cost of eligible expenses. If you go to an Out-of-Network provider, your fees will be higher and the plan will cover less of the cost. The choice is yours.
- Your co-pays and deductibles apply to the annual out-of-pocket maximum.
- Includes the Prescription Drug Program (see [page 32](#) for details).
- Preventive care will be covered at 100% with no office visit co-pay for In-Network physicians and labs only.
- You can choose to see a specialist without a referral.
- This option is not available if you are eligible for Medicare by reason of disability.
- The PPO option is best suited for individuals who want freedom of choice and the ability to have benefit coverage for both In- and Out-of-Network services.

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PPO	In-Network	Out-of-Network
Lifetime Max Benefit	Unlimited	Unlimited
Annual Deductible	\$350/Person \$1,050/Family	\$1,050/Person \$3,050/Family
Annual Out-of-Pocket Maximum	\$4,350 (medical + deductible per person) + separate \$1,000 Rx \$9,050 (medical + deductible per family) + separate \$2,000 Rx	\$13,050 (medical + deductible per person) + separate \$1,000 Rx \$27,050 (medical + deductible per family) + separate \$2,000 Rx
	You Pay:	You Pay:
Office Visit	\$25 PCP Co-pay \$40 Specialist Co-pay	40% After deductible
Lab/X-Ray (Outpatient)	0%	40% After deductible
Preventive Care	0%, No Co-pay, Not subject to deductible	Not Covered
Emergency Care	\$150 Co-pay per visit, plus 20%	\$150 Co-pay per visit, plus 20%
Urgent Care	\$50 Co-pay	40% After deductible*
Hospital Service (Inpatient)	\$250 Co-pay per admission plus 20% after deductible	\$250 Co-pay plus 40% after deductible*
Hospital Service (Outpatient)	\$200 Co-pay plus 20% after deductible	\$250 Co-pay plus 40% after deductible*
Hospital (Physician)	20% after deductible	40% after deductible*
Maternity and Pregnancy Physician's Office**	\$40 Co-pay (no co-pay for prenatal care after first visit)	40% After deductible*
Mental Health and Substance Abuse		
Inpatient	\$250 Co-pay per admission; plus 20% After deductible	\$250 Co-pay per admission; plus 40% After deductible*
Outpatient	\$25 Co-pay	40% After deductible*
Rehabilitation Services Including: Physical, Occupational, Speech and Hearing		
60 Visit Maximum Per Therapy, Per Year	20% After deductible	40% After deductible*
Chiropractic Care and Spinal Treatment		
60 Visit Maximum Per Year	20% After deductible	40% After deductible*

*For Out-of-Network benefits, you will pay your percentage of the cost based on reasonable and customary (R&C) charges; you will pay R&C percentage plus 100% of any excess amount above R&C. If Medicare is the primary payer, this provision does not apply.

**Refer to page 43 of the Summary Plan Description located at www.hr.CITGO.com for further information related to maternity coverage limits applicable to dependents.

Medical Plan Options

EPO

Exclusive Provider Option

Plan Highlights

- Participants must choose an In-Network provider. **Out-of-Network benefits are not covered**, except in the case of a life-threatening emergency when notification requirements outlined in the plan are followed.
- Includes the Prescription Drug Program (see [page 32](#) for details).
- Preventive care will be covered at 100% with no office visit co-pay for In-Network physicians and labs only.
- Your co-pays apply to the annual out-of-pocket maximum.
- You do not designate a Primary Care Physician (PCP), however, you are still encouraged to use a network PCP for all non-specialty care. PCPs include Family Practitioners, General Practitioners, Internists and Pediatricians.
- **Only In-Network doctors, hospitals and labs are covered.**
- You can choose to see a specialist without a referral; however, this only applies to In-Network specialists.
- The EPO option is best suited for participants who do not mind paying more up front in contributions for a higher coinsurance and no annual deductible.
- This plan option is not available if you are eligible for Medicare by reason of disability.

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EPO	In-Network Only
Lifetime Max Benefit	Unlimited
Annual Deductible	N/A
Annual Out-of-Pocket Max	\$5,350 medical + separate \$1,250 Rx per person \$10,700 medical + separate \$2,500 Rx per family maximum
	You Pay:
Office Visit	\$25 PCP Co-pay \$40 Specialist Co-pay
Lab/X-Ray (Outpatient)	0%
Preventive Care	0%, No Co-pay
Emergency Care	\$150 Co-pay per visit, plus 15%
Urgent Care	\$50 Co-pay
Hospital Service (Inpatient)	\$250 Co-pay per admission, plus 15%
Hospital Service (Outpatient)	\$200 Co-pay plus 15%
Hospital Service (Physician)	15%
Maternity and Pregnancy Physician's Office*	\$40 Co-pay (no co-pay for prenatal care after first visit)
Mental Health and Substance Abuse	
Inpatient	\$250 Co-pay per admission, plus 15%
Outpatient	\$25 Co-pay
Rehabilitation Services Including: Physical, Occupational, Speech and Hearing	
60 Visit Maximum per Therapy, per Year	15%
Chiropractic Care and Spinal Treatment	
60 Visit Maximum per Year	15%

*Refer to [page 43](#) of the Summary Plan Description located at www.hr.CITGO.com for further information related to maternity coverage limits applicable to dependents.

Medical Plan Options

Non-Network

Available to participants living outside of the network or eligible for Medicare by virtue of disability.

Plan Highlights

- The Non-Network option is available only for those participants residing outside of the provider network area. However, if you are willing to travel to obtain your care within the network, you may choose a network option (EPO, PPO or SDHP).
- The Non-Network option becomes your only plan option available when you are retired from active employment and are eligible for Medicare by reason of disability.
- Your deductibles apply to the annual out-of-pocket maximum.
- It is a traditional medical option with most care subject to an annual deductible and coinsurance.
- Includes an unlimited preventive care benefit that is not subject to coinsurance after Medicare pays their portion of the benefits.
- Preventive care includes routine check-ups or physicals, well-baby care and many types of immunizations.
- Includes the Prescription Drug Program (see [page 32](#) for details).

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Non-Network

Lifetime Max Benefit	Unlimited
Annual Deductible	\$600/Person \$1,800/Family
Annual Out-Of-Pocket Maximum	\$5,600 (medical + deductible per person) + separate \$1,000 Rx \$11,200 (medical + deductible per family) + separate \$2,000 Rx
	You Pay:
Office Visit	20% After deductible*
Lab/X-Ray (Outpatient)	20% After deductible*
Preventive Care	0%, Not subject to deductible
Emergency Care	20% After deductible*
Urgent Care	20% After deductible*
Hospital Service (Inpatient)	20% After deductible*
Hospital Service (Outpatient)	20% After deductible*
Hospital Service (Physician)	20% After deductible*
Maternity and Pregnancy Physician's Office**	20% After deductible*
Mental Health and Substance Abuse	
Inpatient	20% After deductible*
Outpatient	20% After deductible*
Rehabilitation Services Including: Physical, Occupational, Speech and Hearing	
60 Visit Maximum Per Therapy, Per Year	20% After deductible
Chiropractic Care and Spinal Treatment	
60 Visit Maximum Per Year	20% After deductible

***For Out-of-Network benefits, you will pay your percentage of the cost based on reasonable and customary (R&C) charges; you will pay R&C percentage plus 100% of any excess amount above R&C. If Medicare is the primary payer, this provision does not apply.**

****Refer to page 43 of the Summary Plan Description located at www.hr.CITGO.com for further information related to maternity coverage limits applicable to dependents.**

Health Savings Account

Health Savings Account (HSA) for Eligible SDHP Participants

To be eligible to participate in an HSA, you must:

- **Be enrolled in an HSA-eligible SDHP.**
- **Not be entitled to benefits under Medicare (Part A, Part B, Part C or Part D).**
- **Not be enrolled in a Health Care Flexible Spending Account program (other than a Limited Health Care Flexible Spending Account).**
- **Not be enrolled at the same time in a non-SDHP plan.**



Are you eligible for Medicare or Social Security Benefits or will become eligible in the near future? Please contact CMS at 1-800-633-4227 or [cms.gov](https://www.cms.gov) for additional information related to HSA eligibility.

HSA Features

- Your Fidelity Health Savings Account (HSA) is a tax-advantaged medical savings account available to you and your eligible covered dependents, who are enrolled in the Self-Directed Health Plan (SDHP).
- Unlike an FSA, your HSA funds roll over and accumulate year to year, if not spent.
- HSAs are owned by you and not CITGO.
- Each participant will receive a debit card to use for qualified medical expenses.
- Triple tax advantage:
 - Payroll deposits are made on a pre-tax basis.
 - Growth of HSA is tax-free.
 - Funds withdrawn are tax-free for qualified medical expenses.
- You will have investment choices to grow your HSA funds if you choose to do so.

How Does an HSA Work?

- An HSA works much like a medical Flexible Spending Account (FSA) but if you do not use any or all of your HSA dollars, they rollover to the next year and can accumulate over time for greater protection.
- Both you and CITGO can contribute to the HSA.
- Remember your SDHP plan will not begin paying benefits other than your preventive care until your deductible is met.
- You may use HSA funds to pay for:
 - Expenses that must be met before your deductible.
 - Services not covered by your health plan such as alternative therapies or your portion of Out-of-Network care.
 - Insurance coverage during periods of unemployment.

Contributions to Your HSA

Contributions may be made via:

- The convenience of payroll deduction when you complete the enrollment section on the Salaried Benefits Enrollment Form provided in your new hire packet or through SAP Employee Self Service (ESS).
- Directly to your Fidelity HSA by check or bank debit on a post-tax basis.
- **You may continue contributing to your HSA as long as you remain in a qualified HSA eligible health plan (the SDHP) and are not eligible for Medicare.**
- Once you retire or leave CITGO for any reason, your Fidelity HSA account is yours to keep, and all the federal tax benefits continue.

For 2024, IRS HSA maximums are:

- \$4,150 – EE only
- \$8,300 – EE + Dep

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- Also, if you are 55 and older, “catch-up” contributions of \$1,000 per year are available above these limits.
- **When calculating your contributions to your HSA, it is very important to include the amount of the SDHP annual enrollment incentive plus the amount of Healthy Rewards incentives you plan to earn in your calculations. Once the IRS maximum annual HSA contribution limit is reached, all contributions, deductions and incentives will cease.**
- The SDHP Plan offers an annual enrollment incentive just for enrolling in the SDHP option.
 - Employee-only coverage - \$500 deposit to HSA.
 - Employee plus Dependent/Family coverage - \$1,000 deposit to HSA.
 - **For those employees enrolling during Annual Election, the enrollment incentive will be deposited during normal payroll processing in January. However, Fidelity cannot accept contributions to your HSA until you have opened your account. See Setting Up Your Fidelity HSA on page 28.**

NOTE: If you want to make the maximum contribution to your HSA for Single Coverage in 2024 and plan to earn Healthy Rewards incentives totaling \$500, your total annual contribution to your HSA will be \$3,150 for the plan year.

Example:

\$500 SDHP annual enrollment incentive +
\$500 CITGO Healthy Rewards
incentives contribution +
\$3,150 Individual annual payroll contribution
= \$4,150 HSA annual limit

- You may make changes to the amount you contribute via payroll deduction through the Employee Self-Service Portal (ESS) or by contacting the Benefits HelpLine at 1-888-443-5707 or benefits@CITGO.com. Changes become effective within 1-2 pay periods.
- HSA deductions are taken from all pay periods (24 pay periods per year).

Eligible HSA Expenses

- Your HSA funds can be withdrawn by debit card, check or a withdrawal request.
- Checks and debits do not have to be made payable to the provider.
- Funds can be withdrawn for any reason, but withdrawals that are not for documented qualified medical expenses are subject to income taxes and a 20% penalty.
- The 20% tax penalty is waived for persons who have reached the age of 65 or have become disabled at the time of the withdrawal.
- Funds can be used to pay for:
 - Future Medicare Premiums.
 - COBRA Premiums.
 - Long Term Care Premiums.

More information about qualified Health Savings Account expenditures and eligibility can be found by accessing:



IRS Publication 502:
www.irs.gov/pub/irs-pdf/p502.pdf



IRS Publication 969:
www.irs.gov/pub/irs-pdf/p969.pdf



Center for Medicare & Medicaid:
www.cms.gov



Fidelity:
www.netbenefits.com

Health Savings Account

Setting Up Your Fidelity HSA

If you elect to enroll in the SDHP Plan, you are eligible to establish a Fidelity HSA® (Health Savings Account). To open your Fidelity HSA, please:

- As a new participant, you must allow 10-14 business days from your effective date of coverage, to set up your Fidelity account.
- Go to NetBenefits or [401k.com](https://www.fidelity.com).
- After you log on, click the “Open” link next to your Health Savings Account.
- Please complete and submit the Fidelity HSA online application so Fidelity can open your account and accept contributions.
Fidelity cannot accept contributions to your HSA until you have opened your account.

You may also request a Fidelity HSA debit card with your application. After your Fidelity HSA is open, you may transfer assets from other Health Savings Accounts to your Fidelity HSA by submitting a Transfer of Assets request to Fidelity. If you don't have Internet access, or if you have further questions, simply call 1-800-544-3716 for personal assistance in setting up your Fidelity HSA. It is important to remember that you may set up your HSA with your own HSA provider. However, **Fidelity is the only HSA provider where CITGO will sponsor the monthly administrative fee or deposit payroll deductions and Healthy Rewards Incentives.**

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Medical Plan Features

Highlights of the Medical Plans

Plan Features	SDHP		Non-Network
	In-Network	Out-of-Network	
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited
Annual deductible	\$1,600/Employee only coverage \$3,200/Employee plus dependent coverage		\$600/Person \$1,800/Family
Annual out-of-pocket maximum**	\$3,425/Employee only coverage \$6,850/Employee plus dependent coverage (Includes deductible and Rx costs)		\$5,600 (medical + deductible per person) + separate \$1,000 Rx \$11,200 (medical + deductible per family) + separate \$2,000 Rx
	You pay:	You pay:	You pay:
Office visit	20% after deductible	40% after deductible*	20% after deductible*
Lab/X-Ray (Outpatient)	20% after deductible	40% after deductible*	20% after deductible*
Preventive Care	0%, Not subject to deductible	Not covered	0%, Not subject to deductible
Emergency care (Co-pay waived if admitted)	20% after deductible	20% after deductible*	20% after deductible*
Urgent care	20% after deductible	40% after deductible*	20% after deductible*
Hospital service			
Inpatient	20% after deductible	40% after deductible*	20% after deductible*
Outpatient	20% after deductible	40% after deductible*	20% after deductible*
Physician	20% after deductible	40% after deductible*	20% after deductible*
Maternity and Pregnancy Physician's Office***	20% after deductible	40% after deductible*	20% after deductible*
Mental Health & Substance Abuse			
Inpatient	20% after deductible*	40% after deductible*	20% after deductible*
Outpatient	20% after deductible*	40% after deductible*	20% after deductible*
Rehabilitation Services including: Physical, Occupational, Speech and Hearing			
60 visit maximum per therapy, per year	20% after deductible	40% after deductible*	20% after deductible*
Chiropractic Care and Spinal Treatment			
60 visit maximum per year	20% after deductible	40% after deductible*	20% after deductible*

*For Out-of-Network benefits, you will pay your percentage of the cost based on reasonable and customary (R&C) charges; you will pay R&C percentage plus 100% of any excess amount above R&C. If Medicare is the primary payer, this provision does not apply.

**Your deductible now applies to the annual out-of-pocket maximum.

***Refer to [page 43](#) of the Summary Plan Description located at www.hr.CITGO.com for further information related to maternity coverage limits applicable to dependents.

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Highlights of the Medical Plans

Plan Features	PPO		EPO
	In-Network	Out-of-Network	In-Network Only
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited
Annual deductible	\$350/Person \$1,050/Family	\$1,050/Person \$3,050/Family	N/A
Annual Out-of-Pocket maximum**	\$4,350 (medical + deductible per person) + separate \$1,000 Rx \$9,050 (medical + deductible per family) + separate \$2,000 Rx	\$13,050 (medical + deductible per person) + separate \$1,000 Rx \$27,050 (medical + deductible per family) + separate \$2,000 Rx	\$5,350 medical + separate \$1,250 Rx per person \$10,700 medical + separate \$2,500 Rx per family maximum
	You pay:	You pay:	You pay:
Office visit	\$25 PCP Co-pay \$40 Specialist Co-pay	40% after deductible*	\$25 PCP Co-pay \$40 Specialist Co-pay
Lab/X-Ray (Outpatient)	0%	40% after deductible *	0%
Preventive Care	0%, No Co-pay, Not subject to deductible	Not covered	0%, No Co-pay
Emergency care (Co-pay waived if admitted)	\$150 co-pay per visit plus 20%	\$150 co-pay per visit plus 20%	\$150 co-pay per visit plus 15%
Urgent care	\$50 co-pay	40% after deductible*	\$50 co-pay
Hospital service			
Inpatient	\$250 co-pay plus 20% after deductible	\$250 co-pay plus 40% after deductible*	\$250 co-pay per admission plus 15%
Outpatient	\$200 co-pay plus 20% after deductible	\$250 co-pay plus 40% after deductible*	\$200 co-pay plus 15%
Physician	20% after deductible	40% after deductible*	15%
Maternity and Pregnancy Physician's Office***	\$40 co-pay (no co-pay for prenatal care after first visit)	40% after deductible*	\$40 co-pay (no co-pay for prenatal care after first visit)
Mental Health & Substance Abuse	\$250 co-pay per admission; plus 20% after deductible and co-pay	\$250 co-pay per admission; plus 40% after deductible and co-pay*	\$250 co-pay per admission; plus 15% after co-pay
Inpatient			
Outpatient	\$25 co-pay	40% after deductible*	\$25 co-pay
Rehabilitation Services including: Physical, Occupational, Speech and Hearing			
60 visit maximum per therapy, per year	20% after deductible	40% after deductible*	15%
Chiropractic Care and Spinal Treatment			
60 visit maximum per year	20% after deductible	40% after deductible*	15%

*For Out-of-Network benefits, you will pay your percentage of the cost based on reasonable and customary (R&C) charges; you will pay R&C percentage plus 100% of any excess amount above R&C. If Medicare is the primary payer, this provision does not apply.

**Your deductible now applies to the annual out-of-pocket maximum.

***Refer to page 43 of the Summary Plan Description located at www.hr.CITGO.com for further information related to maternity coverage limits applicable to dependents.

Prescription Drug Benefits

Prescription Drug Plan Highlights

- Three tier levels of prescription drugs:
 - Generic
 - Mainly-Preferred Brand
 - Non-Preferred Brand
- Automatic participation when enrolled in any CITGO medical plan option.
- Prescription expenses are not subject to a deductible, except for SDHP plan.
- Mandatory generic provision (see [page 35](#)).
- Prescription Mail-Order Program.

Optum Rx Mail Service Member Select Program

Mail Service Member Select is a prescription mail order program that makes it easy for you to receive your ongoing maintenance medication by mail. Some of the benefits include:

- Convenient home delivery
- Cost Savings (refer to [page 33](#))
- Helps you better manage the medication you take regularly

The program allows you two retail pharmacy refills of your maintenance medication. You will be notified after each refill to enroll in the program by using one of the following methods:

Tip: Be sure to have your medical plan ID card and medications on hand at the time of enrollment.

- **Simple Online Registration** by visiting www.myuhc.com. You can manage your medication online, including filling new prescriptions and transferring other medication to home delivery.
- **By Phone:** Optum Rx at 1-866-317-6359

- **By Mail:** Ask your doctor for a new prescription for up to a three-month supply, plus refills for up to one year. Then go to myuhc.com and download the new prescription form. Once complete, mail to the address provided on the bottom of the form.
- **By Fax/ePrescribe:** Ask your doctor to call 1-800-791-7658 for assistance with faxing your prescription directly to OptumRX. Your doctor may also send an electronic prescription to Optum Rx.
- You can receive up to a 90-day supply, as prescribed by your doctor, plus refills. Prescriptions filled by the Mail Order pharmacy that are less than a 46-day supply will be processed at the retail coinsurance level.
- When the actual cost of the drug is less than the minimum mail order co-pay, you will pay the actual cost.

To Opt-out of the Mail Service Member Select program at any time contact OptumRx at 1-866-317-6359 or visit www.myuhc.com to manage your home delivery options under My Account.

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The following chart summarizes the Prescription Drug Program provisions.

Prescription Drug Program at a Glance				
Annual Rx Out-of-Pocket Maximum	SDHP	PPO	EPO	Non-Network
	Prescription Drug out-of-pocket costs apply to the SDHP Annual Deductible and out-of-pocket maximum	\$1,000 per individual \$2,000 per family	\$1,250 per individual \$2,500 per family	\$1,000 per individual \$2,000 per family
Preventive drugs on the approved Preventive Drug List (See Annual Election Resources at www.hr.CITGO.com for a list of preventive drugs)	Prescription Drug Program pays 100% with no deductible. All other covered drugs you pay 100% of the discounted amount until the annual deductible is met when you use a network retail or mail order pharmacy.	Not applicable	Not applicable	Not applicable
Retail: Up to a 30-Day Supply – MANDATORY GENERIC PROVISION APPLIES				
Tier 1 Mainly Generic Per Prescription You Pay	25% coinsurance* \$10 minimum up to \$150 maximum after deductible	25% coinsurance \$10 minimum up to \$150 maximum	25% coinsurance \$10 minimum up to \$150 maximum	25% coinsurance \$10 minimum up to \$150 maximum
Tier 2 Mainly Preferred Brand	30% coinsurance* \$20 minimum up to \$150 maximum after deductible	30% coinsurance \$20 minimum up to \$150 maximum	30% coinsurance \$20 minimum up to \$150 maximum	30% coinsurance \$20 minimum up to \$150 maximum
Tier 3 Mainly Non-Preferred Brand	30% coinsurance* \$30 minimum up to \$150 maximum after deductible	30% coinsurance \$30 minimum up to \$150 maximum	30% coinsurance \$30 minimum up to \$150 maximum	30% coinsurance \$30 minimum up to \$150 maximum
Mail Order: Up to a 90-Day Supply – Prescriptions filled at Mail Order with a supply of 46 days or less will be processed at the Retail benefit level; Mandatory Generic Provision Applies.				
Tier 1 Mainly Generic	25% coinsurance* \$25 minimum up to \$150 maximum after deductible	25% coinsurance \$25 minimum up to \$150 maximum	25% coinsurance \$25 minimum up to \$150 maximum	25% coinsurance \$25 minimum up to \$150 maximum
Tier 2 Mainly Preferred Brand	30% coinsurance* \$50 minimum up to \$150 maximum after deductible	30% coinsurance \$50 minimum up to \$150 maximum	30% coinsurance \$50 minimum up to \$150 maximum	30% coinsurance \$50 minimum up to \$150 maximum
Tier 3 Mainly Non-Preferred Brand	30% coinsurance* \$75 minimum up to \$150 maximum after deductible	30% coinsurance \$75 minimum up to \$150 maximum	30% coinsurance \$75 minimum up to \$150 maximum	30% coinsurance \$75 minimum up to \$150 maximum

To find a participating pharmacy near you, visit www.myuhc.com and then access the pharmacy link, or call Optum Rx at 1-866-317-6359.

*SDHP participants pay 100% of the cost of the prescription until the annual deductible has been met. Then they pay the coinsurance amounts shown.

Prescription Drug Benefits

Prescription Drug List

The Optum Rx Prescription Drug List is a list of generic and brand-name prescription medicines that have been approved by the U.S. Food and Drug Administration (FDA). The Optum Rx Pharmacy and Therapeutics Committee and a team of physicians and pharmacists meet regularly to review and update the list. They take into account the following factors:

- Therapeutic advantages or limitations of a drug.
- Side effects different from other drugs in the same therapeutic class.
- Impact on health care costs.
- Patient outcome.

The Prescription Drug List is available on Benefits Connections, www.myuhc.com, or by calling 1-866-317-6359. **The list does not restrict what your physician can prescribe or what a pharmacist can dispense.** Physicians are encouraged to follow the Prescription Drug List when prescribing medicines for CITGO plan participants and can verify plan coverage with Optum Rx. However, you and your physician will have the choice in what is prescribed.

Prescription Drug Benefit for SDHP

Unlike the other medical plan options, the SDHP has a combined medical and prescription drug deductible. You must pay the full price of any prescription drug until your deductible is met, except for medications approved by the IRS as preventive prescription drugs covered under the SDHP. The full price is the discounted cost. You will use your combined medical and prescription ID card at the pharmacy to obtain the discount. In addition, the cost of your prescription drugs will be applied to your annual out-of-pocket maximum.

100% SDHP Preventive Prescription Drug Coverage

The IRS guidelines for the SDHP with an HSA permit certain prescription drugs to be eligible for coverage as Preventive Prescription Drugs, which are not subject to the Annual Deductible.

Preventive Drugs are medications that Optum Rx in conjunction with its Pharmacy & Therapeutics Committee, has determined may prevent the onset of a disease or condition when taken by a person who has developed risk factors for a disease or condition that has not yet manifested itself or has not become clinically apparent (asymptomatic), or may prevent the recurrence of a disease or condition from which a person has recovered. Some examples include cholesterol lowering drugs to prevent heart disease and ACE inhibitors to reduce the risk of a participant having a recurrence of a stroke. Preventive medications do not include drugs used to treat an existing illness, injury or symptomatic conditions.

The Preventive Prescription Drug coverage under the SDHP balances the importance of helping you take full advantage of the SDHP option, while being able to focus on healthy living.

Preventive Prescription Drugs eligible under the SDHP will be covered at 100% with no co-pay. This benefit is still subject to plan provisions and future changes in the IRS guidelines. The Preventive Prescription Drug List for the SDHP option is available on Benefit Connections at www.hr.CITGO.com. You can also contact UnitedHealthcare customer service at 1-866-317-6359.

Benefit After Meeting SDHP Deductible

Once your SDHP deductible has been met for the Plan Year, the prescription drug coinsurance schedule is the same as the one for the EPO, PPO and Non-Network plan options. Please refer to the Prescription Drug chart on [page 33](#) for information about what you pay after the SDHP deductible is met.

Mandatory Generic

The prescription drug program includes a mandatory generic provision for prescription drugs. You may pay more for a brand-name drug if:

- Your physician writes a prescription that does not include "dispense as written" (DAW);
- A generic is available; and
- You request the brand name.

For retail prescription drugs, your cost will be the covered percentage on the brand (30 or 40 percent depending on the tier) plus the difference between the cost of the brand and the generic drug. For mail order prescriptions, your cost will be the co-payment **PLUS** the difference between the cost of the brand and the generic drug. When a preferred brand drug is less expensive (in a lower tier) than its generic equivalent, the mandatory generic provision is waived and no penalty will apply.

Healthy Rewards Program

Healthy Rewards Program

There is a strong correlation between high stress/emotional issues and poor lifestyle choices. To be effective, our health improvement programs must and will focus on your emotional and physical well-being. CITGO will continue to partner with a recognized wellness provider to bring our employees and their eligible covered spouse healthy living resources, on-line, and telephonic coaching. Having an independent healthy living provider assures confidentiality of your information.

Prevention is the key to better health and regular preventive care helps:

- Detect health problems early.
- Reduce risk of disease.
- Protect you from higher costs down the road.
- SAVE YOUR LIFE.

CITGO is excited to continue the Healthy Rewards Program in 2024 with Rally. Rally is a personalized, interactive health experience designed to help you create positive habits that may improve your health and well-being. When you sign up with Rally, the first thing you discover is your Rally Health Age, which tells you how your body is feeling right now. Then you can start exploring all the great digital tools that may help you make healthier choices based on your life, schedule and needs.

All active CITGO employees enrolled in one of the CITGO eligible medical plan options can participate in the Healthy Rewards Program and access Rally. An employee's spouse who is enrolled in one of the medical plan options may also participate through Rally and earn rewards. Even enrolled dependents over age 13 can access Rally. Your spouse and dependents will need to create and use their own separate log-in to myuhc.com in order to reach the Rally site.

To start your participation in the 2024 Healthy Rewards Program, go to www.myuhc.com and click on the Rally icon or Health & Wellness tab. Please note, the first time you visit the site you will need to create a Rally username and password. If you participated in the Rally last year, your information will carryover but after January 1, you will be prompted to complete the Rally health Survey again to begin earning your rewards for 2024.

IMPORTANT NOTE

For 2024, all healthy reward activities must be completed and reported to Rally by September 30, 2024.

- Incentives are processed via payroll and paid only to active employees enrolled in a CITGO medical plan within the plan year in which they are earned. Activities completed under a medical plan outside of CITGO will not be accepted.
- Biometric screening form must be submitted to Rally and received by September 30, 2024.
- Incentives are normally deposited on a monthly basis for activities earned in the prior month. Results are processed by Rally and incentives earned are reported to CITGO for funding through the normal payroll process. You must be actively employed to receive the incentive deposit.
- Please allow at least 30 days for processing of all completed rewarded activities.
- Exceptions are not permitted.

Start your Rally Experience by Visiting
www.myuhc.com

All active CITGO employees enrolled in one of the CITGO medical plan options are eligible to participate in the Healthy Rewards Program and access Rally. An employee's spouse who is also enrolled in one of the medical plan options may also participate through Rally and earn rewards.

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Additionally, the SDHP offers an annual enrollment incentive just for enrolling in the SDHP option:

- Employee-only coverage \$500 deposit to HSA.
- Employee plus Dependent/Family coverage - \$1,000 deposit to HSA.
- **For those employees enrolling during Annual Election, the enrollment incentive will be deposited during normal payroll processing in January. However, Fidelity cannot accept contributions to your HSA until you have opened your account. See Setting Up Your Fidelity HSA on page 28.**
- When calculating your contributions to your HSA, it is very important to include the amount of the SDHP annual enrollment incentive plus the amount of Healthy Rewards incentives you plan to earn in your calculations. Once the IRS maximum annual HSA contribution limit is reached, all contributions, deductions and incentives will cease.



Preventive Annual Exam Activity

Annual preventive exams and screenings can help you and your physician identify illness or disease early. Take part in maintaining your health by completing one of the following annual exams and earn an incentive as part of the Rally Healthy Rewards Program.

1. Annual Physical
2. Mammogram
3. Cervical Cancer Screening
4. Colon Cancer Screening
 - a. Colonoscopy screening
 - b. Fecal Occult Screening
 - c. Flexible Sigmoidoscopy Screening
5. Prenatal Exam

Earn CITGO Healthy Rewards Program Incentives through Rally

ACTIVITY to be completed by enrolled Employee OR enrolled Spouse by September 30, 2024	SDHP	PPO	EPO
COMPLETE online Rally Health Survey between 1/1/2024 AND 9/30/2024	\$50 – Employee \$50 – Spouse	\$25 – Employee \$25 – Spouse	\$25 – Employee \$25 – Spouse
COMPLETE three personalized online Rally Missions between 1/1/2024 AND 9/30/2024	\$50 – Employee \$50 – Spouse	\$25 – Employee \$25 – Spouse	\$25 – Employee \$25 – Spouse
COMPLETE Biometric Screening and submit to Rally between 1/1/2024 AND 9/30/2024	\$225 – Employee \$225 – Spouse	\$50 – Employee \$50 – Spouse	\$50 – Employee \$50 – Spouse
Complete a Preventive Annual Exam between 1/1/2024 AND 9/30/2024	\$175 – Employee \$175 – Spouse	\$50 – Employee \$50 – Spouse	\$50 – Employee \$50 – Spouse
TOTAL 2024 Healthy Rewards Incentives Available	\$500 – Employee \$500 – Spouse	\$150 – Employee \$150 – Spouse	\$150 – Employee \$150 – Spouse
Deposited to Employee’s Account	HSA	FSA	FSA

Dental Benefits

Dental Plan Highlights

- The dental plan is a stand alone plan administered by MetLife and not part of the medical plan.
- Benefits include examinations, cleanings, basic and major restorative services.
- **MetLife does not issue ID cards** – simply advise your dentist that your coverage is through MetLife and provide your social security number.
- MetLife provides access to a nationwide network of private-practice dental providers.
- You benefit from lower costs when you receive your care from a network dentist and there are no claims to file. However, Out-of-Network benefits are available.
- There are two convenient ways to find a MetLife network dentist:
 - Online at <http://www.metlife.com/mybenefits>
 - Call MetLife’s customer service at 1-800-942-0854

CITGO Dental Basic Option

features the following In-Network plan coverage:

- 100% of preventive care covering your preventive exam, cleaning and X-rays with no deductible.
- 80% for minor restorative services such as fillings and periodontal care.
- 50% major services such as crowns and bridges.
- A \$50 annual deductible per person (applicable to minor restorative and major services).
- An annual maximum benefit of \$1,500.

CITGO Dental Plus Option

features the following enhanced In-Network coverage:

- 100% for preventive care covering your preventive exam, cleaning and X-rays with no deductible.
- 90% for minor restorative such as fillings and periodontal care.
- 60% for major restorative services such as crowns and bridges.
- A \$50 annual deductible per person (applicable to minor restorative and major services).
- An annual maximum benefit of \$3,000 (In-Network) or \$1,500 (Out-of-Network). The annual maximum limits cannot be combined.
- 60% coverage for In-Network orthodontia services after deductible, up to a \$3,000 lifetime maximum (In-Network) or up to \$1,500 lifetime maximum (Out-of-Network).
- 60% coverage for implants after deductible, up to \$3,000 annual maximum (In-Network) or \$1,500 annual maximum (Out-of-Network).

About the MetLife Preferred Dentist Program (PDP) Network

The dental benefits plan offers the MetLife Preferred Dentist Program (PDP). Dentists participating in the dental PDP agree to accept negotiated fees as “payment in full” for services rendered to plan participants when they are covered under the plan up to the benefit plan maximum for the option you choose. The MetLife dental network offers over 142,000 network dentist locations including over 29,000 specialist locations. When you see a MetLife In-Network (PDP) dentist, you’re assured of getting care from a dentist who has met MetLife’s credentialing standards. MetLife reviews its In-Network (PDP) dentists’ credentials on a regular basis.

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Finding a MetLife network dentist is easy. You have two convenient ways to find a MetLife dentist:

- You can get a list of these participating PDP dentists online at www.metlife.com/mybenefits; or
- Call the MetLife customer service center at 1-800-942-0854 to have a list faxed or mailed to you.

You benefit from lower costs when you receive your care from a Network dentist.

Your out-of-pocket expenses may be lower if you see a network dentist, since In-Network PDP dentists agree to accept MetLife’s negotiated fees as payment in full.

Typically, these fees are as much as 15-45% less than the average fees charged by dentists in the same community. Keep in mind: those negotiated fees even apply to non-covered services like cosmetic dentistry and extra cleanings, so you can save even more.

There are no claim forms to file when you use a network dentist. Any MetLife provider you choose will submit your claims for you. Your dentist can also get a pre-treatment estimate while you’re in the dental office.

What if Your Dentist isn’t in the MetLife Network?

With both the Dental Basic and Dental Plus options, you can go to the dentist you’re most comfortable with and still receive benefits. You will pay a higher percentage of the costs for all services except preventive (which are covered 100%). You also may be responsible for fees above reasonable and customary amounts.

Your Contributions

You and the company share in the cost of your dental benefits, and you pay your contributions with “pre-tax” dollars through payroll deductions.

The chart below provides a high level overview of the CITGO dual choice dental plan options and also compares the In-Network and Out-of-Network coverage levels available under the plan.

Dental Benefit	Dental Basic Pays:		Dental Plus Pays:	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Reimbursement Method In/Out	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive & Diagnostic	100%	100%	100%	100%
Minor Restorative	80%	60%	90%	60%
Oral Surgery	80%	60%	90%	60%
Major Services	50%	40%	60%	40%
Implants	Not Covered		60%	40%
Orthodontia (Child & Adult Coverage)	Not Covered		60%	40%
Deductible	\$50 Per Person Per Year		\$50 Per Person Per Year	
Waived for Preventive & Diagnostic	Yes		Yes	
Annual Maximum	\$1,500		\$3,000	\$1,500
Ortho Lifetime Maximum	Not Covered		\$3,000	\$1,500

Vision Benefits

Vision Plan Highlights

CITGO will continue to offer a dual choice vision plan that will be administered through UnitedHealthcare Vision. You will have the ability to choose the Vision Basic option or the Vision Plus option. Both options will offer In-Network and Out-of-Network benefit coverage.

Vision Plan Highlights

- The Vision Plan is a stand alone plan and not part of the Medical Plan.
- Benefits include examinations and glasses (frames and lenses) or contact lenses.
- Most services are covered under the applicable co-pay.
- When network providers are used, the frame benefit covers more than 60% of all frames in-full after the applicable co-pay.
- When network providers are used, the contact lens benefit covers fitting/evaluation fees, contact lenses and up to two follow-up visits for most contacts (after the co-pay).
- The Vision Plan offers access to a nationwide network of private-practice optometrists and ophthalmologists as well as retail chain providers.
- The Vision Plan offers access to discounted laser vision correction through the Laser Vision Network of America.
- Out-of-Network benefits are available.
- **ID cards are not issued for the Vision Plan.** Simply advise your provider your coverage is through UnitedHealthcare Vision and provide your social security number.
- Additional vision benefits available for enrolled participants receiving maternity care and enrolled children under the age of 13. Visit www.myuhcvision.com for more information.

CITGO Vision Basic Option

features the following In-Network plan coverage:

- Lower contributions.
- \$130 frame allowance once every two years.
- \$10 exam co-pay.
- \$25 materials co-pay.
- Progressive lenses, polycarbonate lenses and lens coatings are available at a discount.
- Contact lenses covered as an alternate to eyeglasses.

CITGO Vision Plus Option

features the following enhanced In-Network coverage:

- \$250 frame allowance once per calendar year.
- \$10 exam co-pay.
- \$25 materials co-pay.
- Progressive lenses, polycarbonate lenses and lens coatings are covered in full.
- Contact lenses covered as an alternate to eyeglasses.
- Second eye exam benefit available for diabetics. \$10 exam co-pay applies.

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Using Your Vision Benefit

Through UHC Vision’s provider network, you will receive a complete examination as well as glasses (frames and lenses) or contact lenses. You will receive most services at no additional cost beyond applicable co-pays. Once you locate a network provider, simply call the provider directly to schedule your appointment. Identify yourself as having UHC Vision coverage. The network provider will perform a complete eye examination, examination for eye pathology and abnormalities, visual analysis (refraction), diagnosis and prescription, and visual skill testing.

If prescription eyewear is necessary, your UHC Vision provider will assist with your selection and order your prescription. Contact lenses are covered as well, including disposable lenses (up to 6 boxes depending on the prescription).

If you elect vision coverage and use an Out-of-Network provider, you will still receive a benefit. You will be reimbursed up to the Non-Network maximums. A generous benefit amount is provided toward the fitting/evaluation fee and purchase of contact lenses at a Non-Network provider. **However, you will need to file a claim with UHC Vision and include the itemized paid receipt(s) to be reimbursed for Non-Network provider services.**

You may contact UHC Vision at 1-800-638-3120 or www.myuhcvision.com

Your Contributions

You pay the full cost of your vision premium with “pre-tax” dollars through payroll deductions.

The chart below provides a high level overview of the CITGO dual choice vision options and also compares the In-Network and Out-of-Network coverage levels available under the plan.

Vision Benefits	Vision Basic		Vision Plus	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam	Once Per Calendar Year		Once Per Calendar Year	
Eyeglass Lenses or Contact Lenses	Once Per Calendar Year		Once Per Calendar Year	
Frames	Once Every Two Years		Once Per Calendar Year	
Vision Exam by a Licensed Optometrist or Ophthalmologist	\$10 Exam Copay	Up to \$50	\$10 Exam Copay	Up to \$50
Frames	\$25 Materials Copay with up to \$130 retail frame allowance at a UHC Vision network provider	Up to \$45	\$25 Materials Copay with up to \$250 retail frame allowance at a UHC Vision network provider	Up to \$45
Single, Bifocal, Trifocal and Lenticular Lenses*	*Covered in full, (Progressive lens and lens coatings covered at a discount only)	Up to \$80, varies by lens type	*Covered in full, (Progressive lenses, scratch coating and anti-reflective coating are covered in full)	Up to \$80, varies by lens type
Elective Contact Lenses in Lieu of Eyeglasses	Covered-in-full elective contact lenses, fitting/evaluation fees, up to 6 boxes**	Up to \$150	Covered-in-full elective contact lenses, fitting/evaluation fees, up to 6 boxes**	Up to \$150

Medically necessary contact lenses are determined by your vision provider for both In-Network and Out-of-Network coverage. If your provider considers your contacts medically necessary, your provider should contact UHC Vision concerning coverage.

*** The network provider co-pay will apply once if frames and lenses are purchased at the same time.**

****Refer to the UnitedHealthcare Vision Contact Lens Selection List for more information. If you select contact lenses outside of this formulary, an allowance of \$150 is applied towards your contact lens purchase. Additional Information regarding vision coverage is available on www.hr.CITGO.com.**

Coordination of Benefits

Coordination of Benefits for Medical and Dental Benefits When You Have Other Health Care Coverage

Remember, the benefits you receive from a CITGO Plan option may affect the benefits you receive from another group health plan, and vice versa. It is very important to let your health care providers and claims administrator know if you or a family member is enrolled in more than one health plan (for example, if your spouse is enrolled in a CITGO Plan and his or her employer's plan). When this happens, the CITGO Plan will apply a "carve-out" of benefits provision to coordinate payments with the other plan. This provision ensures that payments from the other plan, plus any payments from the CITGO medical plan, do not exceed the amount CITGO would have paid if there were no other coverage. To calculate benefits, it is necessary to determine which plan is the primary plan and which is the secondary plan. The primary plan pays benefits first. The secondary plan pays benefits after the primary plan has paid. The CITGO medical plan is always secondary to any automobile insurance coverage, including, but not limited to, no-fault coverage and uninsured motorist coverage, and to any medical payment provision under homeowner's or renter's insurance. The order in which benefits are paid generally depends on whether the coverage is in an active plan or a retiree plan, and whether you are Medicare eligible. If you are covered under another plan, you should contact the other plan's administrator for the coordination of benefit rules for the other plan.

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Medical, Dental and Vision Monthly Contributions

Level Of Coverage	Medical				Dental		Vision	
	SDHP	PPO	EPO	Non-Network	Basic	Plus	Basic	Plus
Employee Only	\$8.00	\$102.00	\$129.00	\$102.00	\$10.00	\$17.00	\$6.38	\$16.16
Employee and Spouse	\$23.00	\$260.00	\$329.00	\$260.00	\$17.00	\$30.00	\$12.24	\$30.94
Employee and Child(ren)	\$21.00	\$242.00	\$308.00	\$242.00	\$18.00	\$33.00	\$12.78	\$32.32
Employee and Family	\$36.00	\$401.00	\$509.00	\$401.00	\$28.00	\$35.00	\$19.72	\$49.86



Flexible Spending Account

Flexible Spending Account Program

The CITGO Flexible Spending Account (FSA) program offers employees a way to save money on certain health care and dependent care expenses by setting aside part of your pay on a pre-tax basis through your payroll deductions. Employee tax savings include federal income tax, and in most jurisdictions, state and local income taxes.

For 2024, the period for incurring eligible expenses under all FSA Accounts will be January 1, 2024, through December 31, 2024. The deadline for filing eligible claims under the 2024 FSA Program will be March 31, 2025.

Advantages of Participating in a Flexible Spending Account

A flexible spending account is a valuable employee benefit that allows you and other CITGO employees to have pre-tax dollars withheld from their salaries to pay for medical expenses such as co-pays and deductibles and dependent care expenses, such as babysitting or elder care. Pre-tax means you pay no Federal Income, Social Security (FICA) or Medicare tax and, in most states, no state income taxes on your spending account contributions. Your reimbursements for eligible expenses are also not subject to any taxes. You can reduce your taxable income and use the income reduction to pay for expenses that would otherwise be paid for with after tax dollars. By using flexible spending accounts, you pay less tax; therefore, you have more take-home pay.

Important Elements of the CITGO Flexible Spending Account

UnitedHealthcare is the administrator of both the FSA and the company medical plan. You are eligible to participate in the CITGO Flexible Spending Account program if you are a regular full-time or regular part-time employee.

Features of the FSA program include:

- **Effective January 2024 enrolled participants will receive an FSA debit card to pay for eligible expenses. Access and manage your FSA account online at www.myuhc.com.**
- You make a separate election for each type of FSA account each year.
- You may not transfer money from one spending account to the other.
- Online account access available at myuhc.com.
- Quarterly participant account statements mailed to your home or available online.
- Claims filing by available online, mail or fax.
- Automatic Claim Rollover for eligible medical, prescription drug, vision and dental expenses is available.
- Direct deposit of your FSA reimbursements is available.

The Use-It-or-Lose-It Rule

The “use-it-or-lose-it” rule is a provision in the IRS regulations that requires that all money contributed to your FSA must be used to reimburse qualified expenses incurred during that Plan Year. Money not used to reimburse eligible expenses is forfeited. The unused portion of your health care or dependent care FSA may not be paid to you in cash or other benefits, including transferring money between FSAs. To reduce the risk of forfeiture, it is critical that you carefully estimate your expenses when choosing your Annual Election amount each year.

Health Care Flexible Spending Account

The Health Care Spending Account allows you to be reimbursed for certain out-of-pocket medical, prescription drug, dental and vision care expenses not paid by any other plan. The maximum amount you can contribute to your Health Care Spending Account is \$3,050 annually. When you enroll in the SDHP option you are not eligible to enroll in the regular Health Care FSA.

Your Contributions

Contributions that begin after January 1 are subject to monthly maximum and minimums, not the annual maximum. There is a \$10 minimum up to \$254.16 maximum per month not to exceed \$3,050.00 per Plan Year.

Eligible Health Care FSA Expenses

Expenses may be for you, your spouse or your eligible dependents. Generally, allowable items are the same as those allowable for the medical tax deduction, **as outlined in IRS publication 502, available at www.irs.gov**. These include products or services purchased for the diagnosis, cure, mitigation, treatment, or prevention of disease. Examples include:

- Coinsurance, co-payments and annual deductibles.
- Dental expenses including cleanings, fillings, caps, bridges, root canals.
- Eyeglasses including exam, frames and lenses, contact lens fitting fees, laser eye surgery.
- Hearing exams, hearing aids and batteries.
- Physical therapy.
- Prescription drugs not covered by any health plan.

- Certain over the counter medications are now considered eligible health care expenses (a prescription is no longer required).
- Smoking cessation expenses when prescribed by a physician.
- Weight loss program fees when your physician writes a prescription for the care in conjunction with another specific medical condition such as obesity or hypertension.
- Feminine menstrual care products.

Health Care FSA Exclusions

The following is a partial listing of expenses that are NOT eligible for reimbursement under the Health Care Flexible Spending Account program. Examples include:

- Amounts covered under another health plan, health insurance premiums or long-term care expenses.
- Cosmetics such as face creams, hand or body lotion, lip balm, soap and sunscreen.
- Cosmetic surgery, hair removal, hair growth procedures or treatments, non-medical dermatology procedures, deodorants, feminine hygiene products.
- Diaper rash ointments, mouthwash, toothpaste.
- Dietary supplements, exercise equipment or programs.
- Massage therapy for general health or to relieve stress.
- Non-prescription hormone therapy, non-prescription birth control or vitamins including prenatal vitamins, sleep aids and fiber supplements.

Flexible Spending Account

Limited Health Care Flexible Spending Account

CITGO will continue to offer a Limited Health Care Flexible Spending Account (FSA) which is specifically designed to coordinate with your Health Savings Account (HSA) when you enroll in the Self-Directed Health Plan option. The maximum amount you can contribute to your Limited Health Care FSA is \$3,050 annually.

The Limited FSA is restricted to covering dental and vision out-of-pocket expenses not covered under any other health plan. The benefit to you is that this will help you grow your HSA dollars for the future and still have the tax savings benefits of an FSA just for non-medical expenses. However, this Limited FSA Account does not roll over like your HSA and operates under the "use-it-or-lose-it" rule.

Dependent Care Flexible Spending Account

Participation in the Dependent Care Flexible Spending Account allows you to be reimbursed for qualified day care expenses for eligible dependents so that you, or, if you are married, your spouse can work or look for work.

Your Contributions

The maximum amount you can contribute to this account is the smallest of the following amounts:

- Your pay.
- Your spouse's pay.
- \$10 minimum up to \$417 maximum per month not to exceed the plan maximum of \$5,000 per year.

- Up to \$200 per month for one child or \$400 per month for two or more children for each month that your spouse is a full-time student or disabled.
- \$2,500 annually if you are married and file separate income tax returns.
- \$5,000 per household annually if you are filing as a single taxpayer or married with you and your spouse filing jointly.

Eligible Dependent Care FSA Expenses

Generally, allowable expenses are the same as those allowable for the dependent care and elder care tax deduction, as outlined in IRS publication 503.

- Nursery, as well as before and after school care expenses and babysitting services. for children under the age of 13.
- Adult elder care for a qualifying parent or relative.
- Licensed day care center or nursery school that meets federal and state requirements.
- Summer day camp (not overnight camp) so long as no significant educational services are provided.

Note: The dependent care income tax credit and the dependent care FSA interact with various other tax laws concerning income, losses, deductions and credits. **For more information log on to www.irs.gov and refer to IRS Publication 503 or consult a tax adviser regarding your individual tax situation.**

Health Care FSA Claim Submission and Reimbursement

All health care expenses submitted for reimbursement must be for services provided during the period in which you were an active participant in the spending account. Each Plan Year, the full amount of your annual contribution amount is available on January 1. This means if you incur an unexpected health care expense you may not have planned for, the funds are available to assist you in covering any eligible costs even though all the deductions will not be completed until December 31. **The minimum claim reimbursement amount is \$25, except for any final payment to clear your account.**

Automatic Claim Rollover of Eligible Health Care FSA Expenses

UnitedHealthcare is the administrator of both the FSA and the company medical Plan. The Flexible Spending Account program offers convenient Automatic Claim Rollover. This means you will automatically be reimbursed for your out-of-pocket medical, prescription drug, vision and dental expenses, as these charges are automatically filed electronically to the FSA claims unit. Automatic Claim Rollover is set up at the beginning of each Plan Year for each employee enrolled in a Health Care FSA. To opt out of Automatic Claim Rollover you can submit your request online at www.myuhc.com, or by calling UnitedHealthcare at 1-866-317-6359.

Dependent Care FSA Claim Submission and Reimbursement

The dependent care provider will need to complete the Dependent Care Provider Certification section of the Flexible Spending Account Claim Form. The receipt must include the care provider's name, dates of service, amount paid, the care provider's address and tax identification number or Social Security number.

You will be reimbursed for dependent care expenses incurred during the Plan Year. The date an expense is incurred is the date you (or your family member) received the dependent care service. The date you are billed for a dependent care service or the date you paid for a dependent care service is not the date an expense is incurred. You will be reimbursed for incurred dependent care expenses up to the total amount of money credited to your account.

Where to File Your Claims

Didn't use your debit card to pay for expenses? Once an expense has been incurred, you can submit a claim for reimbursement directly to the Claims Administrator, UnitedHealthcare, online, by mail or fax. You must submit a completed Flexible Spending Account Claim Form with proper documentation to UnitedHealthcare. You can access a copy of the form on Benefit Connections.

UnitedHealthcare

Health Care Account Service Center
Attn: Flexible Spending UnitedHealthcare
P.O. Box 981506
El Paso, TX 79998-1506
Customer Service: 1-800-331-0480
Fax: 1-915-231-1709
Toll-free Fax: 1-866-262-6354

Direct Deposit for FSA Reimbursements

You may elect to have your FSA reimbursements deposited directly into your bank account by enrolling in direct deposit online at www.myuhc.com. This will give you easier access to your money. Once enrolled for direct deposits, you will not need to enroll again each year. You may deactivate direct deposit by visiting www.myuhc.com or by calling 1-877-311-7849.

Life & Accident Insurance

Life & Accident Insurance

The Life Insurance plan is designed to provide valuable protection for you and your family 24 hours a day, while on the job, commuting, traveling and at home.

Life Insurance benefits are administered by Securian Financial. To update your beneficiary information, please visit, www.hr.CITGO.com. From the top menu, select Benefit Resources and Benefit Forms. You may also contact the CITGO Benefits HelpLine for assistance at 1-888-443-5707.

Basic Life Insurance

The company provides you with life insurance in an amount equal to two times your annual base salary.

Occupational Accidental Death Benefit

As an active employee you are automatically covered by a \$500,000 death benefit payable to your beneficiary in the event death occurs as a result of an occupational related accident.

Personal Accident Insurance

Personal Accident Insurance provides coverage for you and your family. Full benefits are paid if there is a death solely as a result of an accident. Full or partial benefits are paid in certain cases if seriously injured in an accident. You may enroll in up to ten times your annual base pay, in multiples of \$5,000. The minimum coverage you can elect is \$10,000 and the maximum is \$750,000.

Personal Accident Rate Schedule

(Monthly Premium is for each \$1,000 of coverage)

Employee Only	\$.014/\$1,000
Family	\$.030/\$1,000

Optional Life Insurance

Please note the rate schedule below and review your current election.

Optional Life Insurance coverage provides group term life insurance protection during your active employment. You may elect from one to eight times your annual base pay in Optional Life Insurance, which is payable in the event of your death from any cause. Your cost will change on January 1 in the year you enter a new age bracket in accordance with the following schedule.

Optional Life Insurance Rate Schedule

(Monthly premium is for each \$1,000 of coverage)

Age	Optional Insurance
Under 30	\$.090
30-34	\$.107
35-39	\$.143
40-44	\$.179
45-49	\$.269
50-54	\$.376
55-59	\$.769
60-64	\$1.127
65-69	\$1.985
70 and over	\$3.218

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Spousal Life Insurance

You may elect to cover your spouse for a minimum of \$10,000 up to a maximum of \$250,000, in \$10,000 increments; however, your spousal life insurance cannot equal more than 50 percent of the amount of life insurance you have for yourself (Basic plus Optional Life). Your cost for spousal life insurance will be based on your spouse's age as of January 1 of each year.

Spousal Life Insurance Rate Schedule

(Monthly premium is for each \$1,000 of coverage)

Age	Optional Insurance
Under 30	\$.063
30-34	\$.075
35-39	\$.100
40-44	\$.125
45-49	\$.188
50-54	\$.263
55-59	\$.538
60-64	\$.788
65-69	\$ 1.388
70 and over	\$ 2.250

Dependent Life Insurance

You may elect to cover your eligible children at either a \$5,000 or \$10,000 level. Your monthly cost for dependent child life insurance regardless of the number of eligible children is:

For:	Your monthly cost is:
\$5,000 of coverage	\$0.68
\$10,000 of coverage	\$1.36

Statement of Health

If you enroll in Optional Life or Spousal Life Insurance within 31 days of first becoming eligible, a Statement of Health will be required if your coverage exceeds:

- Five times your annual base pay for optional life insurance.
- Employee basic plus optional is greater than \$1,500,000.
- \$30,000 for spousal life insurance.

If you do not enroll in Optional or Spousal Insurance within 31 days of first becoming eligible and later decide to participate, a Statement of Health will be required. Any new or additional coverage requiring a Statement of Health will not begin until approved by the insurance company.



Save for your future

Retirement Planning

Retirement Planning

▲ 401(k)

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401(k)

CITGO 401(k) Retirement & Savings Plan (RASP)

The purpose of CITGO RASP is to assist you in providing for retirement and to encourage you to save. Fidelity Investments is the recordkeeper of the RASP. You can access your RASP account online through Fidelity NetBenefits at www.401k.com or call 1-800-256-4015.

Eligibility

You are eligible to begin contributing to the RASP Plan on your first day actively at work. After 12 months of service, you will be eligible to begin receiving company contributions.

Your Contributions

Through automatic payroll deduction, you may contribute from 3% up to 50% (subject to IRS limits) of your eligible compensation to the RASP Plan as before-tax, Roth, or after-tax contributions, or a combination of the three.

If you are age 50, or will reach age 50 during the calendar year, you are eligible to make before-tax and/or Roth contributions in excess of the annual IRS limit. These contributions are referred to as "catch-up contributions." Catch-up contributions are not eligible for company Matching.

For 2024, the IRS 401(k) participant contribution limit is \$23,000. The catchup contribution limit is \$7,500.

Company Basic (Non-Matching) Contributions

After you become eligible for company contributions, the company will automatically contribute an amount equal to 3% of your eligible compensation (base pay, overtime and bonus) into the plan for you whether or not you make contributions yourself.

Company Matching Contributions

You will be eligible to receive company Matching contributions after one year of service. The company matches \$2.00 for every \$1.00 you contribute to the RASP Plan as before-tax or Roth contributions up to 3% of your eligible compensation. After-tax and Catch-up contributions are not eligible for company Matching.

With the company Basic and company Matching contributions, the company contributes a total of 9% of your eligible compensation provided you have 12 months of service and are contributing at least the minimum 3% of your eligible compensation.

Vesting

You are always 100% vested in your own contributions. You will be 100% vested in the company contributions after one year of service. If you leave the company before you are vested, you forfeit the unvested portion of your account.

Auto Enrollment

Auto Enrollment is a feature which allows you to begin participating without having to go through an enrollment process. Although you are eligible to enroll in the RASP on your first day actively at work, if you do not make an election to either participate or to decline participation in the Plan within 45 days from your date of hire, you will automatically be enrolled in the Plan at a 3% before-tax contribution rate. Additionally, if you do not elect any investment options, your contributions will be invested in the Default Investment Option, which is an age appropriate target-date retirement fund. For more information on the Default Investment Option, see below or log on to Fidelity NetBenefits at www.401k.com.

Investment Options

You choose how you want your account invested. The Plan offers many investment options with different objectives to provide you flexibility in working towards your investment goals.

Default Investment Option

If you do not elect any investment option(s), your contributions will be invested in the Default Investment Option which is an age appropriate target-date retirement fund, also known as an age based lifecycle or Target Date fund. These funds offer a diverse blend of stocks, bonds and short-term investments within a single fund. The asset mix is based on your anticipated retirement date. Over time, the asset allocation to equities will decline making the fund more conservative as you approach your retirement.

Target-date funds are designed for investors who want a simple approach to investing for retirement. They are designed for investors expecting to retire around the year indicated in each fund's name. The investment risk of each target-date fund changes over time as each fund's asset allocation changes. The funds are subject to the volatility of the financial markets. Principal invested is not guaranteed at any time, including at or after the fund's target date.

For a complete description of the Plan's investment options, including their performance and fees, and/or for a prospectus or fact sheet for any of the funds available in the Plan, please visit Fidelity NetBenefits at www.401k.com.

Online Beneficiary

Identifying a beneficiary and keeping this information up-to-date and complete is important. Reviewing and updating your records ensures that your RASP benefit will be paid in accordance with your wishes in the event of your death. You can review, designate and/or update your beneficiary election online by logging on to Fidelity NetBenefits at www.401k.com, click Profile, then select Beneficiaries.

Loans/Withdrawals

Although your RASP account is intended for the future, you may borrow or make withdrawals from your account. To learn more about loans/withdrawals, log on to Fidelity NetBenefits at www.401k.com.

Rollover

You are permitted to "roll over" eligible savings from a previous employer into this Plan. You can rollover your vested account balance to another plan if you leave the company. Contact Fidelity for assistance with rollovers at 1-800-256-4015 or by logging onto Fidelity NetBenefits at www.401k.com.

Pension

Your Pension Plan

The Salaried Pension Plan is a company provided benefit at no cost to you. The purpose of the pension plan is to provide a source of income for you in retirement that is in addition to your CITGO 401(k) plan, Social Security and your own personal savings.

Eligibility

As an eligible salaried employee of the company, you begin to participate in the plan once you complete 12 months of service and are at least 21 years of age.

Pension Formula

Final Average Pay Formula

Benefits under the Final Average Pay Formula were frozen effective December 31, 2020.

Cash Balance Formula

Effective January 1, 2021, eligible participants in the Salaried Pension Plan will accrue benefits under a cash balance formula. Participants will receive compensation credits and interest credits at the end of each year.

Compensation Credits - For each year you earn benefits with CITGO, you will receive compensation credits, equal to a percentage of your base pay, based on your age and years of service as of December 31.

Points (Age + Years of Service as of December 31)	Credit Rate on Base Pay
44 or fewer points	4.5%
45 to 64 points	5.5%
65 or more points	7.0%

Interest Credits - The interest credit is the Interest Credit Rate multiplied by your cash balance account at the end of the previous year. The Interest Credit Rate equals the average annual yield on 30-Year U.S. Treasury Bonds for September of the prior year, or, if greater, 1.5%.

Transition Credits - As a result of the pension formula change effective January 1, 2021, the company will make additional transition credits for up to five years, if you meet these eligibility requirements: age 40 or older and also have 10 or more years of service as of December 31, 2020. You will earn an additional transition credit for each year you work for CITGO as a salaried employee until December 31, 2025.

Vesting

Your benefit will vest over a three year period.





Balance your work-life dynamic

Additional Benefits

Additional Benefits

▲ Time-Off

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▲ Other Benefits

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Time-Off

Vacation

HR will determine a new employee's years of service for the purpose of his/her vacation entitlement based on his/her prior job-related experience. A new employee's (including rehires) initial annual vacation will be reduced as follows, unless otherwise required by state or local law or regulation:

- (1) by 25% who commence employment on or after April 1st;
- (2) by 50% who commence employment on or after July 1st;
- (3) by 100% who commence employment on or after October 1st

CITGO will allow current and new employees to take paid vacation based on the number of years of credited service/experience, as follows:

Full Years of Service	Vacation per Calendar Year
1-4	80 hours (2 weeks)
5-9	120 hours (3 weeks)
10-14	160 hours (4 weeks)
15-19	180 hours (4.5 weeks)
20-24	200 hours (5 weeks)
25-29	220 hours (5.5 weeks)
30+	240 hours (6 weeks)

Vacation renews annually on January 1 and can be used on the first day in that Calendar Year.

Caregiver Leave

Eligible employees may receive a maximum of 80 hours of Caregiver Leave to be taken within a 12-month period to care for the employee's newborn child or make arrangements for the welfare of a child to be adopted or fostered by the employee. Caregiver Leave may also be used to care for an employee's covered family member (i.e., Spouse, Parent or Child) with a serious health condition. An employee must have at least one year of service to be eligible for Caregiver Leave.

Holidays

There are paid holidays each year. The specific days of observance are published at the beginning of each calendar year.

Recreation Incentive

The recreation incentive is a one-time per year payment that eligible employees will receive in addition to regular compensation, with the intent to help with expenses incurred during vacation. This unique incentive has been designed to help employees afford and enjoy their well-deserved vacation. Refer to the Recreation Incentive Procedure on the Intranet for eligibility and application requirements.

Sick Leave Benefit

The purpose of sick leave is to provide full or partial continuation of pay to eligible employees who are absent from work because of disability, illness or accident. The amount of sick leave pay for which you are eligible depends upon your length of service with the company. Contact your local HR department for further information or review the Time-Off Procedure on the Intranet.

Long Term Disability (LTD)

The LTD program provided by CITGO is designed to provide income protection in the event you become disabled. You must complete six months of continuous employment to be eligible for coverage under the LTD Program. If you are unable to work for more than six months due to a disability and are eligible for LTD benefit payments, your monthly benefit will equal 65% of your monthly base salary.

Other Benefits

Student Scholarship Program

The company makes available a limited number of scholarships to the children of employees with at least one-year of service. These scholarships are awarded on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, and an outside appraisal. Financial need is not considered.

Awards may be renewed for up to 3 additional years or until a bachelor's degree is earned as long as the parent remains a CITGO employee or retiree. Information on the Student Scholarship Program is normally distributed in mid-January of each year.

Educational Reimbursement

CITGO will reimburse you for 100% of eligible educational expenses including tuition, required fees, and required text books in connection with approved academic courses which are successfully completed up to a program (e.g., bachelor's, master's degree) limit of \$50,000.00. Reimbursements in excess of \$5,250 per year will be treated as wages to the employee and will be subject to all applicable payroll tax withholdings. The Educational Assistance Steering Committee will review all applications during the fourth quarter of each year and then select and approve a limited number of participants to be added to the Educational Assistance Program for the following year. You must be a regular, full-time employee and have completed 12 consecutive months of employment on or before the date the application process begins for the current program period.

Matching Gifts Program

The Matching Gifts Program gives you the opportunity to direct company contributions to civic/community, cultural, artistic, education, health/human services and public broadcasting organizations. CITGO will match, dollar for dollar, contributions made by an eligible employee or retiree. For additional information refer to the policy on Benefit Connections.

Service Recognition Awards

CITGO employees are periodically recognized for their years of service and the contributions they make toward the success of the company.

CITGO Benefits

Change in Control Severance Benefits

As part of the CITGO Total Rewards program, the company has added a Change in Control severance benefit for employees, whose employment would be affected if there was a change in the company's ownership. This enhancement better aligns our benefits to those of other refining companies in the US who also offer similar programs.

The following is a summary of this new program:

Eligibility: All regular, full-time salaried (non-union) employees.

Payment Event: Severance benefits are payable if you are involuntarily terminated within 12 months after a "Change in Control" (or within 24 months if you are in Band 5 or above).

- "Change in Control" means the acquisition of a majority of the voting securities of CITGO, or its U.S. parent companies, or an acquisition of substantially all of the CITGO assets.
- Benefits are not payable if you are terminated for gross negligence, willful misconduct, embezzlement, fraud, misappropriation, breach of contract involving a restrictive covenant, or conviction of, or plea of no contest to, a felony.

Payment Amount: Severance benefits are based on your band and years of service:

Band	Severance Pay Per Year of Service	Minimum Severance Pay	Maximum Severance Pay
Band 2 and Below	2 weeks of base pay	26 weeks	52 weeks
Band 3	2 weeks of base pay	35 weeks	52 weeks
Band 4	3 weeks of base pay	52 weeks	78 weeks
Band 5 and above	4 weeks of base pay	52 weeks	104 weeks

Severance will also include six months of premiums for COBRA or retiree healthcare coverage, as applicable. Employees will remain eligible for a prorated Performance Incentive for the year in which they separate, if any..

CITGO will pay the severance benefits within 60 days following separation and timely execution of a general waiver and release. The Benefit Plans Committee is the plan administrator, responsible for processing claims and interpreting the plan. Any dispute must be brought within 12 months of the later of the termination date or claim denial.

This severance benefit is a component of the CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried Employees.

Any questions regarding the program can be emailed to CITGO Benefits HelpLine at benefits@CITGO.com.

Emotional Wellbeing Solutions

Emotional Wellbeing Solutions (EWS)

Effective January 1, 2024, the Employee Assistance Program (EAP) will change to **Emotional Wellbeing Solutions (EWS)**. As a participant of the program, you will continue to have access to confidential support for your everyday challenges as well as any serious problems you may experience. Assistance is available around the clock - anytime you need it.

Connect online at www.liveandworkwell.com or via phone at 1-888-231-4886 or 1-800-842-9489 TDD/TTY.

Eligible plan participants can use access code 42920 to access program benefits. EWS offers assistance and support for all these concerns and more.

- Depression, anxiety, and stress
- Substance abuse
- Relationship problems
- Workplace conflicts
- Parenting and family issues
- Living with chronic conditions
- Child and elder care

This benefit is a stand-alone program and available to all CITGO employees and their eligible dependents even if they do not participate in the medical plan. There is no charge for referrals, and you receive up to five free visits with a clinician in the UBH network. There is also no cost for an initial consultation with financial or legal experts, or mediators. Subsequent legal assistance is available at a 25% discount.

Talkspace

Get the extra support you need in a way that works for you. With Talkspace, you can reach out to a licensed, in-network EWS Provider, 24/7. It is private, secure, confidential, and convenient.

- Access Talkspace anytime, anywhere
- Find an EWS provider with an online matching tool
- Start therapy within hours of choosing your EWS provider
- Message your EWS provider whenever — no appointments necessary
- Choose real-time face-to-face video visits by appointment, when needed

To get started, call the EWS program at 1-866-317-6359 to obtain an authorization code prior to registering (first visit only), choose a provider, and message anywhere, anytime at www.talkspace.com/connect.



Benefits Resources

CITGO continues to take pride in providing extra tools to help our employees manage their benefits. These services are available to you and in most cases, your covered family members.

SAP Employee Self Service Portal

As an active employee of CITGO you can view your current benefits coverage and payroll deductions in the Employee Self Service Portal (ESS) all year long. You can also change your HSA contribution election in ESS. When we reduce print volume, cost of envelopes, sorting fees and postage we can support conservation of both the environment and valuable CITGO resources. Accessing is easy when you follow these steps:

- Go to the CITGO Intranet home page, select "Services" and then "SAP Employee Self Service."
- Click on the quick link called "Benefits and Payment," which takes you to "Benefits Participation."
- Click on the "Participation Overview" link and then select "Print Confirmation Form: All Plans." Your benefits confirmation statement will be shown.
- You can click on the save icon to save the statement in a PDF format to your desktop.
- You can email the statement to your personal email address or click on the printer icon to print the statement.
- Be sure to log-off after you are finished.

If you have problems accessing ESS, please call the Help Desk at 832-486-4357, Option 2. If you have questions regarding your benefits confirmation statement, please call the Benefits HelpLine at 1-888-443-5707.

Benefit Connections

www.hr.CITGO.com

The CITGO Benefit Connections website (www.hr.CITGO.com) for CITGO Employees and Retirees is your resource for benefits information and is available 24-hours-a-day, 7-days-a-week. Benefit Connections brings a wealth of benefits information right to your fingertips with the convenience of having access to the site while you are traveling on business or from your home computer. On the site you will find:

- A snapshot of your benefit programs.
- Contacts and direct links to claims administrators and providers.
- A forms and documents library with the most frequently used forms as well as the Summary Plan Descriptions (SPDs).
- Frequently asked questions.

Medical – UnitedHealthcare

www.myuhc.com

You can manage your health care and set your healthy lifestyle goals.

- Find out about alternative medicine providers, extra no-cost programs and member discounts.
- Find a health care provider or facility, locate a pharmacy, look up your benefits and estimate your health care costs.
- View your claims history, benefits statements and FSA account balances, set up direct deposit, access claim forms and print an ID card.

CITGO Benefits

Hearing Aid Discount Program

www.UHChearing.com

UnitedHealthcare Hearing offers discounts on a full range of hearing health services and custom-programmed hearing aids that provide exceptional value, choice, and a positive experience for you and your family.

UnitedHealthcare Hearing will offer:

- Discounted hearing aids ranging from \$649 to \$2,399, depending on the model chosen.
- Hundreds of name brand and private-labeled hearing aids from major manufacturers, including Phonak, Starkey®, Oticon, Signia, Resound, Widex® and Unitron.™
- Access to the largest accredited network of hearing providers with more than 5,000 locations in all 50 states.
- Customized hearing evaluation, including a hearing test and hearing aid recommendation.
- Convenient ordering options with hearing aids available in-person through a hearing provider or through home delivery with hearing aids delivered right to your home in five to 10 business days.

All hearing aids come with a three-year extended warranty that covers repair, damage, and one-time loss. A professional fee may apply to loss and damage of hearing aid. You can take advantage of discounted pricing by calling UnitedHealthcare Hearing at 1-855-523-9355 or online at www.UHChearing.com. A hearing counselor will help you register, submit hearing test results or identify a UnitedHealthcare Hearing provider in your area.

Prescription Drugs – Optum Rx

www.myuhc.com

- Manage and order prescriptions.
- Enroll or opt-out of the mail order program.
- Obtain additional information regarding the plan and the benefits available.
- Find easy ways to help save money on your prescriptions.
- Learn more information about medicines and health conditions.

Dental – MetLife

[www.metlife.com/
mybenefits](http://www.metlife.com/mybenefits)

Perform key tasks related to your dental and life insurance plans, such as:

- View your plan benefits, deductibles and maximums.
- View your dental claim statements and estimate your dental care cost.
- See a list of frequently asked dental questions.
- Download forms and printing ID cards.

Benefits Resources

Healthy Rewards Program

You can access additional information regarding the Healthy Rewards program online by visiting Benefit Connections and selecting the "Healthy Rewards Program" tab.

401(k) – Fidelity Investments

www.401k.com

Fidelity's website, www.netbenefits.com and www.401k.com, allows you to manage your 401(k) and HSA account(s) online. You can also reach Fidelity by phone at 1-800-256-4015.

Contact Fidelity directly to:

- Change your investment elections.
- Request withdrawals or distributions.
- Designate or change a beneficiary.
- View your account balance and plan statements.
- Utilize Fidelity's many online savings and guidance tools.
- Research investment performance, view fund prospectus', etc.
- Utilize the HSA services.

Vision – UnitedHealthcare

www.myuhcvision.com

CITGO offers a dual choice vision plan that is administered through UnitedHealthcare Vision. You have the ability to choose the Vision Basic option or the Vision Plus option. Both options offer In-Network and Out-of-Network benefit coverage.

Additional Contacts & Helpful Information

Contact the CITGO Benefits HelpLine at Benefits@CITGO.com or (888) 443-5707 for:

- General inquiries.
- Address changes.
- To start a new pension benefit.

Additional helpful information can be found on the CITGO Benefits Connection Website at www.hr.CITGO.com.



Annual Disclosures

Required Notices

Each year, CITGO is required to provide certain annual notifications to all eligible participants of the Plan to ensure awareness of the availability of benefits that are provided under certain legislative acts. The CITGO Petroleum Corporation Medical Plan provisions include the benefits described below in the Medical, Dental, Vision and Life Insurance Program Summary Plan descriptions for Salaried Employees (Plan Number 515). To review your additional rights under ERISA, please refer to your Summary Plan Description (SPD) available online at www.hr.CITGO.com.

HIPAA Privacy and Security Notice

On April 14, 2003, privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) went into effect. The privacy notice, including information about your privacy rights, is available online via the CITGO Intranet and www.hr.CITGO.com, or by requesting the notice from the HIPAA Services Contact, using one of the following means:

- email HIPAARequest@CITGO.com
- by phone at 1-888-443-5707 or
- regular mail addressed to:

HIPAA Services Contact
CITGO Petroleum Corporation
Benefits Department N5063
P.O. Box 4689
Houston, TX 77210-4689

Important Notice About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with CITGO Petroleum Corporation and prescription drug coverage under Medicare Part D for people eligible for Medicare. This information can help you decide whether or not to enroll in a Medicare prescription drug plan.

1. Medicare prescription drug coverage became available in 2006 to everyone eligible for Medicare under Medicare Part D. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. CITGO Petroleum Corporation has determined that the prescription drug coverage offered by the CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried and Hourly Employees is, on average for all participants, expected to pay out at least as much as the standard Medicare prescription drug coverage pays and is considered Creditable Coverage.
3. Read this notice carefully. This information tells you about where to find more information to help you make decisions about your prescription drug coverage.

If You Drop Your Current Coverage With the CITGO Program

If you decide to enroll in a Medicare prescription drug plan and drop your CITGO medical and prescription drug coverage, be aware that you may not be able to get this coverage back. If you drop your coverage with CITGO and enroll in Medicare prescription drug coverage, you and your covered eligible dependents may not be able to get this coverage back until the next CITGO Annual Election period, or, in the case of nonpayment of your contributions, you can never re-enroll.

When Will You Pay a Higher Premium (Penalty) To Join A Medicare Drug Plan?

Because your existing CITGO coverage is, on average, at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay a higher premium (a penalty), if you later decide to enroll in Medicare prescription drug coverage. If you lose, through no fault of your own, or decide to leave CITGO coverage, you will be eligible to enroll in Medicare Part D coverage at that time using a 2-month Employer Group Special Enrollment Period. You should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area.

If You Delay Enrolling in Medicare Part D After Current Coverage Ends

You can enroll in a Medicare drug plan when you first become eligible for Medicare and each year from October 15 through December 7. It is important for you to know that if you drop or lose coverage with CITGO and do not enroll in a Medicare prescription drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (penalty) to enroll in Medicare prescription drug coverage at a later time. Medicare rules as of May 15, 2006, state that if you go 63 continuous days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium may go up at least 1% of the base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without coverage, your premium may consistently be at least 19% higher than the base beneficiary premium. You may pay more than what most other people pay. You'll have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact the CITGO Benefits HelpLine at 1-888-443-5707 or by email at Benefits@CITGO.com. Note: You may receive this notice at other times in the future from CITGO Petroleum Corporation, including before the next period you can enroll in Medicare prescription drug coverage and if this coverage changes. You also may request another copy of this notice from us.

Annual Disclosures

For More Information About Your Options Under Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage is available in the "Medicare & You 2024" Handbook. You will receive a copy of the handbook in the mail from Medicare every year. You may also be contacted directly by Medicare prescription drug plans. You can also get more information about Medicare prescription drug plans from these sources:

- Visit Medicare online at www.medicare.gov, or the Centers for Medicare and Medicaid Services (CMS) at www.cms.hhs.gov.
- Call your State Health Insurance Assistance Program for personalized help, (see the inside back cover of your copy of the Medicare & You 2024 handbook for their telephone number)
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- For people with limited income and resources, extra help paying for Medicare prescription drug coverage is available. Information about this extra help is available from the Social Security Administration (SSA).

For more information about this extra help, visit SSA online at www.socialsecurity.gov or call them at 1-800-772-1213 (TTY 1-800-325-0778). On **page 33** is a simplified chart explaining the current CITGO Prescription Drug Program provisions.

Remember: Keep this Creditable Coverage notice. If you enroll in one of the plans approved by Medicare that offers Medicare Part D Prescription Drug coverage after you initially become eligible for Medicare, you may need to send a copy of this notice with your Medicare enrollment to confirm you have maintained creditable coverage.

Date: January 1, 2024

Plan Name: CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried Employees

Name of Entity: CITGO Petroleum Corporation

Contact: Benefits Plans Committee

Address: 1293 Eldridge Parkway
Houston, Texas 77077

Phone Number: 1-888-443-5707

Email: Benefits@CITGO.com

Women’s Health and Cancer Rights Act

As required by the Women’s Health and Cancer Rights Act of 1998, medically necessary mastectomy-related benefits received under our health coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses; and
- Treatment of physical complications of all stages of the mastectomy, including lymph edemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

Newborns’ and Mothers’ Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother’s or newborn’s attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).





Contact Information

CITGO Benefits HelpLine

- Phone: 1-888-443-5707 (toll-free)
- Email: Benefits@CITGO.com
- Web: www.hr.CITGO.com

COBRA & HIPAA

- UnitedHealthcare
1-866-747-0048
- HIPAA Certificate of Coverage
1-866-747-0048

Dental

- MetLife
1-800-942-0854
www.metlife.com/mybenefits
- MetLife Retiree Full Service Plan Dental
1-800-438-6388 (1-800-GET-MET-8)
- UH One Dental Plan 1-800-816-4790

Employee Assistance Program

- United Behavioral Health
1-888-231-4886
www.liveandworkwell.com
Access code: 42920

Flexible Spending Accounts (FSA)

- UHC Health Care Accounts
1-800-331-0480
915-231-1709 (fax)
866-262-6354 (toll-free fax)
www.myuhc.com

401(k) and Thrift Plans

- Fidelity
1-800-256-4015 (CITGO)
1-800-587-5282 (General - Spanish language)
1-877-833-9900 (International toll-free)
1-800-847-0348 (TDD number)
www.401k.com

Health Savings Accounts (HSA)

- Fidelity
1-800-544-3716
www.netbenefits.com or www.401k.com

Healthy Rewards

- Customer Service - 1-877-818-5826
www.werally.com
www.myuhc.com

Hearing Aid Discount Program

- UHC Hearing
www.UHChearing.com
1-855-523-9355

UnitedHealthcare

- Customer Service Center
1-866-317-6359
- Pre-determinations and Pre-certifications
www.myuhc.com
- Medicare Solutions
www.myuhcplans.com/CITGO
1-877-753-5150
- Find A Doctor
www.myuhc.com

Bariatric Resource Services

- 1-888-936-7246

Cancer & Transplant Resource Services

- www.myoptumhealthcomplexmedical.com
1-866-317-6359

Life & Disability Inquiries

- CITGO Benefits HelpLine
1-888-443-5707
Email: Benefits@CITGO.com

Mental Health Hospitalization

- 1-888-231-4886

Prescription Drug

- Optum Rx
1-866-317-6359
www.myuhc.com

Vision

- UnitedHealthcare Vision
1-800-638-3120
www.myuhcvision.com



CITGO Benefits

