



2020 Annual Benefits Election

October 2019

Dear CITGO Plan Participant:

At CITGO, we take great pride in our employees which is why our goal is to provide competitive benefits every year that help meet the healthcare needs of our employees and their families. The Annual Benefits Election period provides an opportunity for eligible employees to review their current benefit elections and make any necessary changes or updates for the upcoming plan year.

Annual Election will begin Monday, October 21, 2019 and will end Friday, November 01, 2019.

This letter contains valuable benefits plan information and should be read in its entirety. All changes are effective January 1, 2020, and it is the responsibility of each employee to make changes according to their individual and/or family needs.

ANNUAL BENEFITS ELECTION ENROLLMENT INFORMATION

Eligible active employees will be able to access the Annual Election materials, including the *2020 Benefits Brochure*, via the CITGO intranet and www.hr.citgo.com. Information will be posted online Monday, October 21, 2019.

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.

HOW CAN YOU MAKE YOUR ELECTIONS?

If you wish to make changes to your benefit elections for 2020, eligible active employees should utilize the Employee Self Service portal (ESS) accessible through the CITGO intranet. You may also contact the Benefits Helpline during Annual Election beginning on Monday, October 21, 2019 via email at benefits@citgo.com or call 1-888-443-5707. The voicemail system is available 24 hours / 7 days a week.

Need help using ESS? Check out the ESS Open Enrollment Tutorial available on the *Benefit Connections* website (www.hr.citgo.com) under the Benefit Resources tab.

VERIFICATION OF DEPENDENT ELIGIBILITY

If you are enrolling a spouse or child for 2020 who is not currently a covered dependent, you must also submit documentation of their eligibility to benefits@citgo.com. The Dependent Eligibility Verification Form can be found on the Benefit Connections website at www.hr.citgo.com under the Annual Election Resources tab.

2020 PLAN UPDATES AND HIGHLIGHTS

DENTAL PLAN CHANGES

The **MetLife Dental Plus** plan is changing. Effective January 1, 2020, enhanced coverage for in-network care will be available as follows:

- Minor restorative care increases to 90%
- Major restorative care increases to 60%
- Implants will be covered at 60%
- Orthodontia (Adult & Child Coverage) will be covered at 60%

JELLY VISION

Do you need extra help making those important benefit enrollment decisions? The CITGO Benefits department is excited to announce Alex, a new interactive virtual benefits counselor available to you just in time for the year's Annual Benefits Election period. Use Alex to review and compare health plans and costs. Alex is available anytime from any smartphone or device at www.myalex.com/citgo/2020/employees.

2020 HEALTHY REWARDS PROGRAM



The Healthy Rewards Program will continue in 2020. All active employees enrolled in one of the CITGO medical plan options are eligible to participate in the program and access Rally. An employee's spouse who is enrolled in one of the medical plan options may also participate and earn incentives. **All Healthy Reward activities must be completed by November 30th of each year.**

HEARING AID DISCOUNT PROGRAM

Beginning January 1, 2020, UnitedHealthcare Hearing will offer 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. You can take advantage of discounted pricing by calling UnitedHealthcare Hearing at 1-855-523-9355 or online at www.UHChearing.com.

FLEXIBLE SPENDING ACCOUNTS

*A new Flexible Spending Account (FSA) election **must** be made each year.* The limit for Health Care FSAs is per eligible employee, not household, and does not include employer contributions. FSA annual maximums for 2020 will be as follows:



- \$2,700 - Regular Health Care FSA 
- \$2,700 - Limited Health Care FSA 
- \$5,000 - Dependent Care FSA, per household, subject to certain other limitations related to spousal income and tax filing status

2020 PLAN UPDATES AND HIGHLIGHTS

HEALTH SAVINGS ACCOUNTS

You must elect the amount to be deducted from payroll every year. Elections can be made at any time through the Employee Self-Service Portal (ESS). For employees without access to ESS, elections can be made by email at Benefits@CITGO.com or by phone 1-888-443-5707.

Health Savings Account (HSA) annual maximums for 2020 will be as follow (includes employee and employer contributions):

- \$3,550 – Single/Employee Only IRS Limit 
- \$7,100 – Family/Employee + One or more IRS limit 

Also, if you are age 55 and older, “catch-up” contributions of \$1,000 per year are available above these annual limits.

SDHP MEDICAL PLAN PARTICIPANTS:

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.

For example, if you want to make the maximum contribution to your HSA for Single Coverage in 2020, and you plan to earn Healthy Rewards incentives totaling \$500, your total annual contribution to your HSA will be \$2,550 for the plan year.

\$500 SDHP annual enrollment incentive
+
\$500 CITGO Healthy Rewards incentives contribution
+
\$2,550 Individual annual payroll contribution
\$3,550 HSA annual limit

VOLUNTARY BENEFIT PROGRAMS

Active employees may enroll for the following voluntary benefits as of January 1, 2020 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 Hyatt/MetLaw and managed by Mercer

Additional information regarding enrollment in these voluntary benefits will be available on the company’s intranet. If you are already enrolled in these voluntary benefits, your coverage will continue in 2020 unless you cancel the coverage.

2020 MONTHLY CONTRIBUTIONS

We are pleased to announce the current premiums for the following plans will continue for 2020:

- UnitedHealthCare Medical Plans
- UnitedHealthcare Vision Plan
- Pre-Retirement and Post Retirement Life Insurance Plan for Hourly Employees
- Spousal and Dependent Life Insurance Plans
- Personal Accident Insurance Plans
- Voluntary Benefit Plans

Effective January 1, 2020, employee contributions are increasing for the MetLife Dental Plan and Salaried Optional Life Insurance. Review the Benefits Brochure available on www.hr.citgo.com for more information.

ADDITIONAL INFORMATION

YOUR 2020 FINAL CONFIRMATION STATEMENT

Any changes made during Annual Election will be reflected on your Confirmation Statement. Active eligible employees will be able to access their Confirmation Statement via the Employee Self Service portal (ESS), and a copy will also be mailed. **It is important to review your final Confirmation Statement for any administrative errors. CITGO administrative errors must be reported to the Benefits Helpline at 1-888-443-5707 within 31 days of the first payroll deduction or invoice issued.** It is highly recommended that all employees retain a copy of the final Confirmation Statement for their records and review their first 2020 payroll benefit deductions for accuracy.

CHANGES OUTSIDE OF ANNUAL ELECTION

In order to make changes to your benefits outside of the Annual Election period, you must experience an IRS Qualified Status Change including, but not limited to, the birth or adoption of a child, marriage, divorce or death. **Please contact the Benefits Helpline 1-888-443-5707 or benefits@citgo.com within 31 days of the qualifying event date.**

HAVE QUESTIONS?

Answers to frequently asked questions (FAQS) will be available via the Internet at www.hr.CITGO.com.

REQUIRED NOTICES

Each year, CITGO is required to provide certain annual notices to all eligible participants of the Plan to ensure you are aware of the availability of the benefits that are provided under certain legislative acts. The following notices relate to the group health plan provisions of the CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Hourly Employees (Plan number 518) and for Salaried Employees (Plan number 515):

- HIPAA Privacy Notice
- Women's Health and Cancer Rights Act
- Newborns' and Mothers' Health Protection Act
- Summary of Benefits and Coverage
- Important Notice About Your Prescription Drug Coverage and Medicare
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

HIPAA PRIVACY 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 via the CITGO intranet. You can also find the notice at www.hr.CITGO.com. You may request a copy of the notice by sending your request to HIPAARquest@CITGO.com or by regular mail addressed to:

HIPAA Services Contact
CITGO Petroleum Corporation
P.O. Box 4689
MS N5063
Houston, Texas 77210-4689
1-888-443-5707

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;
- Prostheses; and
- Treatment of physical complications of all stages of the mastectomy, including lymph-edema.

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

REQUIRED NOTICES

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.)

SUMMARY OF BENEFITS AND COVERAGE

A 2020 Summary of Benefits and Coverage for each medical plan which describes the benefits and coverage under the applicable plan will be available at www.hr.CITGO.com under Benefit Resources or at www.myuhc.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. The Glossary of defined terms will also be available at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or www.hr.CITGO.com.

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 you want to enroll in a Medicare prescription drug plan.

1. Medicare prescription drug coverage became available in 2006 to everyone with 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 under the two plans listed below ("CITGO coverage") is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage pays and is therefore considered creditable coverage.
 - CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Hourly Employees
 - CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried Employees

REQUIRED NOTICES

IF YOU DROP CURRENT COVERAGE WITH THE CITGO PROGRAM

If you decide to enroll in a Medicare prescription drug plan and drop your CITGO coverage, be aware that you may not be able to get this coverage back. If you drop your CITGO coverage and enroll in Medicare prescription drug coverage, you and your covered eligible dependents may not be able to get the CITGO coverage back until the next CITGO Annual Election period, or, in the case of non-payment 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 and is considered to be creditable 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 coverage, 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 two (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 YOUR CITGO 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 (a penalty) to enroll in Medicare prescription drug coverage at a later time.

Medicare rules state that if you go 63 continuous days or longer without creditable prescription drug coverage that is at least as good as Medicare's prescription drug coverage; your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go 19 months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may pay more than what most other people pay. You will 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 CITGO PRESCRIPTION DRUG PROGRAM

Contact the CITGO Benefits HelpLine at 1-888-443-5707 or email benefits@CITGO.com. You may also contact UnitedHealthcare directly at 1-866-317-6359, option 4 or visit <http://www.myuhc.com> and access the prescription drug link. Note: You may receive this notice at other times in the future through CITGO Petroleum Corporation such as before the next period in which you can enroll in Medicare prescription drug coverage or if this coverage changes. You also may request another copy of this notice from us.

REQUIRED NOTICES

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 2020” 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 2020” handbook for the 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 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this creditable coverage notice. If you enroll in one of the plans approved by Medicare that offer Medicare Part D Prescription Drug coverage after you initially become eligible for Medicare you may need to provide a copy of this notice with your Medicare enrollment to confirm you have maintained creditable coverage and whether or not you are required to pay a higher premium (a penalty).

Date	January 1, 2020
Employees and Plan Name	CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried Employees (Plan number 515) and Hourly Employees (Plan number 518)
Name of Entity	CITGO Petroleum Corporation
Contact	Benefit Plans Committee
Address	1293 Eldridge Parkway Houston, Texas 77077
Phone Number	1-888-443-5707
Email	benefits@CITGO.com

REQUIRED NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext. 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

<p align="center">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>	<p align="center">IOWA – Medicaid</p>
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563</p>
<p align="center">KANSAS – Medicaid</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p>
<p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p align="center">KENTUCKY – Medicaid</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p>
<p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">LOUISIANA – Medicaid</p>	<p align="center">NEW YORK – Medicaid</p>
<p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MAINE – Medicaid</p>	<p align="center">NORTH CAROLINA – Medicaid</p>
<p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p>	<p align="center">NORTH DAKOTA – Medicaid</p>
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MINNESOTA – Medicaid</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p>
<p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MISSOURI – Medicaid</p>	<p align="center">OREGON – Medicaid</p>
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>

MONTANA – Medicaid	PENNSYLVANIA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct Rite Share Line)
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/pi/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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