



2023

BENEFITS
for Retirees



2023 BENEFITS for Retirees

Remember

This year's enrollment period is:

October
31 thru **November**
11

To make changes to your 2023 Benefits, call or email beginning **Monday, October 31, 2022**



Benefits@CITGO.com

or



1-888-443-5707

All benefit changes must be submitted by Friday, November 11, 2022

If no changes are made during the Annual Election period, your current elections will rollover to the next plan year.

About This Material

This brochure provides an overview of options for eligible retirees under the CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Programs for Salaried Employees and the CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Programs for Hourly Employees (Plan number 515 and Plan number 518) (the "Plan"). It serves as your 2023 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. The Summary Plan Descriptions are available at www.hr.CITGO.com.

A summary of benefits and coverage for each 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

If you have any questions about your benefit choices, please contact the Benefits HelpLine at 1-888-443-5707, or email Benefits@CITGO.com. Answers to frequently asked questions are also available at www.hr.CITGO.com.

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What's New

What's New for 2023

The following changes take effect **January 1, 2023**:

Health Savings Accounts

Health Savings Account (HSA) annual maximums for 2023 will be as follows:

- \$3,850 – Single/Employee/Retiree Only IRS Limit
- \$7,750 – Family/Employee/Retiree + One or more IRS limit

Your Benefit Choices

For 2023, your benefit choices include:

Medical Coverage to meet your health care needs.

Dental Coverage that provides preventive, general, prosthetic and orthodontic care.

Vision Coverage that provides comprehensive vision exams, eyeglasses and contact lenses.

Life Insurance to protect you and/or your family. This applies only to those who are currently enrolled in a grandfathered life insurance program.

Eligibility & Enrollment in CITGO Medical Coverage

There are two conditions for eligibility for the Plan. To be eligible, you must:

- Be eligible for Retiree Medical (Refer to the Summary Plan Description for eligibility rules), or
- Be an eligible dependent of an eligible CITGO retiree.

The type of coverage available depends on Medicare eligibility:

- If you or your spouse are eligible for Medicare due to age (generally if you are at least age 65 and do not have medical coverage from active employment), then you are eligible for a CITGO contribution to a Retiree Reimbursement Account (RRA) if you enroll in a Medicare Supplement Plan or Medicare Advantage Plan through UnitedHealthcare Medicare Solutions (AARP). RRA contributions can then be used to pay some or all of the premiums for that plan or to pay eligible medical expenses.

Eligible family members who are not eligible for Medicare continue to be eligible for the regular CITGO medical plan options.

- If you and your spouse are not eligible for Medicare due to age, you continue to be eligible for the regular CITGO medical plan options.
- If you are eligible for Medicare due to disability, you continue to be eligible for the CITGO Non-Network medical plan option.

IMPORTANT NOTE:

You cease to be eligible for retiree medical coverage (including the RRA plan) for you and your dependents if you fail to pay plan contributions for:

- Supplemental or Advantage Medicare plans purchased through UnitedHealthcare.
and/or
- CITGO Medical, Dental, Vision and Life Insurance plans for you and/or eligible dependents.
- **Furthermore, if the CITGO retiree waives coverage (CITGO Health plan and/or RRA plan), then dependents are not eligible to remain enrolled.**

CITGO Benefits

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

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.

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

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

An eligible dependent child must be your biological child, adopted child or a child placed in your guardianship for adoption, your stepchild or a child for whom you or your current spouse have been awarded legal guardianship or legal custody by a court of law.

Your eligible dependent children must be under the age of 26 and can be enrolled even if they are:

- Not enrolled in school.
- Married.
- Not financially dependent on you for the majority of their support.
- Not residing with you in your home.

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.



Coverage for you and your family

Eligibility

Eligibility

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Eligibility

Status Changes Outside of Annual Enrollment

In order for you to make election and contribution changes for health and life benefits outside of the Annual Enrollment Period, 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 a 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 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, or 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 eligible dependents.
- You may drop eligible dependents.

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.

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

If you are declining enrollment for yourself or 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 you 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.

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. Retirees and dependents who are Medicare eligible need to evaluate carefully the medical and prescription drug benefits offered by CITGO for their eligible dependents.

For the 2023 plan year, Annual Election begins October 31, 2022 and ends on November 11, 2022.

Please note: If you or your spouse are Medicare eligible due to age, the election period for that individual’s coverage through UnitedHealthcare Medicare Solutions (AARP) is different. However, elections must be made during the 2023 CITGO Annual Election for any family member whose coverage will be in the CITGO medical plans.

Eligibility

When Plan Eligibility Ends

Eligibility for the Plan ends:

- When a retiree or the spouse of a retiree turns 65 years of age.
- 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.

Retiree Coverage When You Are Medicare Eligible by Reason of Age (Age 65 or Older)

CITGO provides the Retiree Reimbursement Account (RRA) plan to Medicare eligible retirees. The RRA option provides the opportunity for most retirees to select and enroll in Medicare supplemental insurance coverage, including Medicare Supplement, or Medicare Advantage available through UnitedHealthcare Medicare Solutions (AARP) which also include AARP plans.

CITGO will continue to help pay for medical coverage through individual Retiree Reimbursement Accounts (RRAs). An RRA is a tax-advantaged account that will be credited monthly. The amount of the RRA contribution for 2023 will be \$202.00 per eligible retiree and eligible spouse funded on a monthly basis. Your RRA can be used to reimburse your Medicare Part B, Part D and Medicare supplement premiums. RRA funds can also be used for out-of-pocket expenses such as co-pays or deductibles.

When you become eligible for this option you will receive a customized enrollment kit from Optum Financial Services. Below are some of the highlights:

- The CITGO contributions to your RRA will be added to your RRA account monthly only when you and/or your spouse enroll in Medicare supplemental insurance through UnitedHealthcare Medicare Solutions (AARP).
- Any remaining balance in your RRA at the end of the year will rollover to be used in future years.
- If you have a spouse who is Medicare eligible, they will also receive a CITGO contribution to reimburse them for the cost of their individual coverage. Separate individual accounts will hold the CITGO contribution for you and for your Medicare-eligible spouse.
- Individual dental and vision plans are also available for purchase directly through UnitedHealthcare and Metlife.
 - UnitedHealthcare
1-800-816-4790
 - Metlife
1-800-438-6388



Medicare Eligibility

Enrolling in Medicare

If you are receiving Social Security benefits, your Social Security office should contact you with information about Medicare before your 65th birthday. If you are not receiving Social Security benefits, or if you have not been contacted by Social Security and are nearing your 65th birthday, contact your local Social Security office. To receive maximum benefits from the CITGO Plans and when you become eligible for Medicare, you must enroll in both Part A and Part B.

- Part A covers hospital care and care in a skilled-nursing facility. There is no premium for most Part A participants.
- Part B covers physician bills and some out-of-hospital expenses. A premium for Part B is deducted from your Social Security check. Contact Medicare for current premium information.

Enrolling in Medicare Advantage (Part C) or Medicare Part D

Participants enrolled in the CITGO Non-Network Plan, who choose to enroll in a Medicare Advantage (Part C) plan which provides a Medicare prescription drug benefit or Medicare Part D Prescription Drug Plan, will no longer be eligible for coverage. Coverage will end at the end of the month in which Medicare Part C or Medicare Part D took effect.

Important Notice About Becoming Medicare-Eligible

Retirees, survivors or family members of a retiree or survivor who become Medicare eligible due to age or Social Security disability status, are no longer eligible to participate in the CITGO EPO, PPO or SDHP medical options. Medicare-eligible participants are required by the Plan to enroll in Medicare Parts A and B.

If you become Medicare eligible due to disability you must be enrolled in the CITGO Non-Network Plan option. You will be responsible for any claim expenses you incur from the date of your Medicare eligibility if you choose not to enroll in Medicare Parts A and B or later drop Medicare Parts A and/or B. You will receive no reimbursement for claim expenses that should have been covered by Medicare.

Upon turning age 65, retirees and spouses age 65 and above (Post-65 retirees) will no longer be eligible for CITGO group retiree medical, dental and vision plan coverage. Coverage through the CITGO group retiree coverage plan(s) will end upon the Medicare eligibility date. However, Post-65 retirees have the option of purchasing a health care plan from UnitedHealthcare Medicare Solutions (AARP). CITGO continues to subsidize the Medicare coverage for eligible Post-65 retirees and Post-65 spouses of retirees through a "Retirement Reimbursement Account" (RRA). Retirees must be enrolled in a UnitedHealthcare Medicare Advantage or Medicare Supplement plan to be eligible for the RRA subsidy.

If you have a spouse under the age of 65, then that spouse and any eligible dependent children (split dependents) will be eligible to continue their coverage through the CITGO active health care plans. Details regarding premiums for retiree participants and/or dependents are listed on [page 51](#).

Don't Be Without Coverage!

Notify the CITGO Benefits HelpLine as soon as you or your family members receive notice of eligibility for Medicare Parts A and B due to either age or disability.

Questions About Medicare?



Contact the Social Security Administration:



1-800-772-1213 (Toll-free)



www.socialsecurity.gov



Retiree Reimbursement Account

Retiree Post-65 Coverage

If you (or your spouse) are currently participating in a CITGO retiree health plan or if you retire from active employment during the plan year and you (or your spouse) are eligible for Medicare by reason of age, your health care coverage will change. Upon your Medicare eligibility date, your retiree health coverage is available only through UnitedHealthcare Medicare Supplement and Medicare Advantage Plans.

CITGO assists by subsidizing the cost of individual coverage purchased from UnitedHealthcare Medicare Solutions (AARP). We are pleased to have UnitedHealthcare Medicare Solutions continue providing an array of coverage choices to our post-65 retirees and post-65 spouses of CITGO retirees.

Retiree Reimbursement Account Program

- Each eligible, post-65 retiree and their eligible spouse participating in the Retiree Reimbursement Account (RRA) Program will have an individual retiree reimbursement account.
- Each retiree and eligible spouse will have their own identification number which is their Social Security number and recognized by Medicare.
- RRA Program year periods will be distinct annual periods (January 1 - December 31 each year).
- Expenses must be incurred within the plan year's start-end dates to be eligible for reimbursement and received by UnitedHealthcare 90 days after the end of the plan year (March 31, except on leap years) to be reimbursed.

RRA Claims Submission Rules:

Event	Date
Beginning of Plan Year	January 1
End of Plan Year (Final day to incur expenses for the current plan year)	December 31
Final filing date during next Plan Year for claims incurred in the prior Plan Year	90 days after the end of the Plan Year (March 31, except in Leap Years) (claims must be received by UHC on or before this date)
Date when unused funds (if any) roll over and are available in the account	Mid-April of the next Plan Year (approximately 10 business days after the final filing date at the end of March)

CITGO Benefits

- For each month of eligibility of a Retiree or eligible spouse, benefit dollars in the amount of \$202.00 per month are credited.
- Each eligible retiree must purchase a Medicare Supplement or Medicare Advantage medical plan through UnitedHealthcare.
- **You cannot receive the subsidy if you only purchase a Medicare Part D Prescription Drug policy. You must enroll in a UnitedHealthcare Medicare Supplement or Medicare Advantage Plan.**
- Retirees who move to the RRA plan when they turn 65 during the plan year have 63 days from the date group health plan coverage ended to enroll.
- **An eligible spouse who is not yet age 65, will remain on the regular CITGO health plans provided the retiree remains enrolled in a qualifying plan. If the CITGO retiree waives or terminates their enrollment in a UnitedHealthcare Medicare Supplement or UnitedHealthcare Medicare Advantage plan, then dependents are not eligible to remain enrolled in CITGO plans.**
- In the event that your spouse turns 65 before you, your spouse will move to the RRA program. However, if at any time you waive or opt out of coverage under the CITGO regular plan, then your spouse will not be eligible for the RRA program.

You cease to be eligible for retiree medical coverage (including the RRA plan) for you and your dependents if you fail to pay plan contributions for:

- Supplemental or Advantage Medicare plans purchased through UnitedHealthcare.
and/or
- CITGO Medical, Dental, Vision and Life Insurance plans for you and/or eligible dependents.
- **Furthermore, if the CITGO retiree waives coverage (CITGO Health plan and/or RRA plan), then dependents are not eligible to remain enrolled.**





Invest in your well-being

Health & Wellness

Health & Wellness

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Medical Plan Highlights

In 2023, CITGO will continue to offer four medical plan options for retirees under the age of 65. All plan options are administered by UnitedHealthcare. Your options vary depending upon whether or not you are eligible for Medicare as a CITGO Retiree.

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

There are three very important points to remember when you are electing your plan option.

1. When you are a CITGO retiree, surviving spouse or dependent of a CITGO retiree and you are NOT eligible for Medicare; your plan option eligibility is determined by your home ZIP code. If your home ZIP code is located within an area covered by the UnitedHealthcare network, your plan options include the SDHP, PPO or EPO. If you are a CITGO retiree, but are not eligible for Medicare, and you live in a non-network area and are willing to travel into the network area to receive your care, you may opt into the SDHP, PPO or the EPO option.
2. If you are a CITGO Disability retiree and are eligible for coverage under Medicare due to disability, you must enroll in Medicare Parts A and B and Medicare is your primary coverage. Your only CITGO medical option is the Non-Network plan option.
3. If you are a CITGO retiree or spouse of a retiree eligible for Medicare due to age, you are no longer eligible for any of the CITGO medical health plan options. You have the option of purchasing a new health care plan from UnitedHealthcare Medicare Solutions (AARP) and receiving an RRA contribution.

Note: It is important for you to review the additional information about coordination of benefits under the CITGO plans when you have other coverage or Medicare. This information can be found under the Coordination of Benefits section on [page 48](#).

The UnitedHealthcare Preferred Provider Network

The UnitedHealthcare Choice network will continue to be the preferred provider network offered for the EPO, PPO and SDHP 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/groups/CITGO, or by calling UnitedHealthcare's Customer Service Center at 1-866-317-6359.

Please note, when you are enrolled in the EPO, the PPO, or the SDHP 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.UCHearing.com. A hearing counselor will help you register, submit hearing test results or identify a UnitedHealthcare Hearing provider in your area.

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 you 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.*

2023 Plan Overview



Each Plan Option Has Something to Offer

Following is an overview of the 2023 plan changes and highlights of each medical plan option. There is also a summary chart providing a more detailed overview of the benefits available for each option, beginning on [page 34](#).

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).
- When you have non-preventive medical and prescription costs, they apply to your Annual Deductible.
- 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 healthcare 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 36](#).



CITGO Benefits

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Self-Directed Health Plan	In-Network	Out-of-Network
Lifetime Max Benefit	Unlimited	Unlimited
Annual Deductible	\$1,500/Retiree only \$3,000/Retiree + Dep	\$1,500/Retiree only \$3,000/Retiree + Dep
Annual Out-Of-Pocket Maximum (Includes deductible and prescription drug costs)	\$3,425/Retiree only \$6,850/Retiree + Dep	\$3,425/Retiree only \$6,850/Retiree + 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 41 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 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.
- Includes the Prescription Drug Program (see [page 38](#) 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.

CITGO Benefits

Health & Wellness

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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 41 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 38](#) for details).
- Preventive care will be covered at 100% with no office visit co-pay for In-Network physicians and labs only.
- 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.
- 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 41 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, retirees not eligible for Medicare may still opt into one of the network options if they choose to do so.
- **The Non-Network option becomes your only plan option available when you are eligible for Medicare by reason of disability.**
- 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 the Annual Deductible and co-insurance 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 38](#) for details).

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 41 of the Summary Plan Description located at www.hr.citgo.com for further information related to maternity coverage limits applicable to dependents.**

Medical Plan Features

Highlights of the 2023 Medical Plans

Plan Features	SDHP		Non-Network
	In-Network	Out-of-Network	
Lifetime maximum benefit	Unlimited	Unlimited	Unlimited
Annual deductible	\$1,500/Retiree only coverage \$3,000/Retiree plus dependent coverage		\$600/Person \$1,800/Family
Annual out-of-pocket maximum**	\$3,425/Retiree only coverage \$6,850/Retiree 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 41 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 2023 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 41 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 enrolled in the Health Care Flexible Spending Account program (other than a limited FSA).**
- **Not be enrolled at the same time in a non-SDHP plan.**
- **Not be entitled to benefits under Medicare.**

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:
 - Deposits are tax deductible.
 - Growth of HSA is tax-free.
 - Funds withdrawn are tax-free for qualified medical expenses.
- You will have sound Fidelity investment.
- Choices to grow your HSA funds if you choose to do so.

How Does an HSA Work?

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.
- 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 roll over to the next year and can accumulate over time for greater protection.
- Remember, the SDHP plan will not begin paying benefits other than your preventive care until your deductible is met.

Contributions to Your HSA

Once you retire or leave CITGO for any reason, your Fidelity HSA account is yours to keep, and all the federal tax benefits continue. You may continue contributing to your HSA as long you remain in a qualified HSA eligible health plan and are not eligible for Medicare. Contributions may be made directly to your Fidelity HSA by check or bank debit on a post-tax basis.

For 2023, IRS HSA maximums are:

- \$3,850 – Single/Employee/Retiree Only IRS Limit
- \$7,750 – Family/Employee/Retiree + One or more IRS limit
- Also, if you are 55 and older, “catch-up” contributions of \$1,000 per year are available above these limits.

Eligible HSA Expenses

- Your HSA funds can be withdrawn by debit card, check or 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 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



Fidelity:

www.netbenefits.com

For participants who become eligible for Medicare, please contact cms.gov or 1-800-633-4227 for additional information related to HSA eligibility.



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 41](#)).
- Voluntary Optum RX Mail Order Service Program.

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 at 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 verify plan coverage with the administrator. However, you and your physician do have the choice in what is prescribed.

Retail Prescription Drug Benefit for EPO, PPO and Non-Network

By presenting your combined medical and prescription drug identification card at one of more than 64,000 participating pharmacies, you will pay the discounted price of the medication for up to a 31-day supply per prescription. When the actual cost of the drug is less than the minimum coinsurance, you will only be required to pay the actual cost of the drug. There are no claim forms to file. To find a participating pharmacy near you, visit www.myuhc.com and access the pharmacy link, or call an Optum Rx Health Advocate at 1-866-317-6359.

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 40](#)).
- 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.

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.

Prescription Drug Benefits

The following chart summarizes the Prescription Drug Program provisions.

Prescription Drug Program at a Glance				
	SDHP	PPO	EPO	Non-Network
Annual Rx Out-of-Pocket Maximum	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 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.

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 40](#) for information about what you pay after the SDHP deductible is met.

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 Optum Rx customer service at 1-866-317-6359.

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.

Dental Benefits

Dental Plan Highlights

- The Dental Plan is a stand-alone plan 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 offers 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 www.metlife.com/dental
 - Call MetLife’s customer service at 1-800-942-0854
- 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 or \$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 Dental Preferred Provider (PDP) Network

The dental plan offers the MetLife Preferred Dentist Program (PDP). Dentists participating in the 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 PDP network offers more than 142,000 network dentist locations, including more than 29,000 specialist locations. When you see a MetLife dentist, you’re assured of getting care from a dentist who has met MetLife’s credentialing standards. MetLife reviews PDP dentists’ credentials on a regular basis.

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% for 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% of preventive care covering your preventive exam, cleaning and X-rays with no deductible.
- 90% for minor restorative services such as fillings and periodontal care.
- 60% for major services such as crowns and bridges.

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Dental Benefits

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 some benefits. Finding a MetLife network dentist is easy.

You have two convenient ways to find a MetLife dentist:

- You can get a list of participating PDP dentists online at www.metlife.com/dental or
- Call your MetLife customer service center at 1-800-942-0854, Mon.- Fri. from 7 a.m.–11 p.m. CST to have a list faxed or mailed to you.

You have lower costs when you use 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 even get a pre-treatment estimate while you're in the dental office.

Retiree Coverage When You Are Medicare Eligible by Reason of Age (Age 65 or Older)

You or your eligible spouse will no longer be eligible to participate in the CITGO Dental Plan when either of you are Medicare eligible by reason of age. You will have the opportunity to purchase an individual dental plan offered through UnitedHealthcare Medicare Solutions (AARP) or MetLife Retiree Dental. Detailed information regarding dental plans available will be included in your enrollment kits provided by UnitedHealthcare Medicare Solutions (AARP) and MetLife.

Or you may contact the provider(s) directly at:

- UH One: 1-800-816-4790
or
- MetLife FSP: 1-800-438-6388

Your Contributions

You pay the full cost of your dental contributions through your monthly benefits billing process. If you are currently enrolled in dental plan, eligible to continue participating and do not make an election, your current coverage will rollover for the 2023 plan year.

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

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.

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.

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 and lens coatings 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.

Your Contributions

You pay the full cost of your vision contributions through your monthly benefits billing process. If you are currently enrolled in vision plan, eligible to continue participating and do not make an election, your current coverage will rollover for the 2023 plan year.

Retiree Coverage When You Are Medicare Eligible by Reason of Age (Age 65 or Older)

You or your eligible spouse will no longer be eligible to participate in the CITGO Vision Plan when either of you are Medicare eligible by reason of age. You will have the opportunity to purchase an individual vision plan offered through UnitedHealthcare Medicare Solutions (AARP). Detailed information regarding vision plans or discounted programs available will be included in your enrollment kits provided by UnitedHealthcare Medicare Solutions (AARP) and MetLife.

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 copays. 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. You will need to file a claim with UHC Vision and include the itemized paid receipt(s) to be reimbursed. You may contact UHC Vision at 1-800-638-3120 or www.myuhcvision.com

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 Co-pay	up to \$50	\$10 Exam Co-pay	up to \$50
Frames	\$25 Materials Co-pay with up to \$130 retail frame allowance at a UHC Vision network provider	up to \$45	\$25 Materials Co-pay 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 Retiree Medical 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 non-duplication of 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.

Life Insurance

Retiree Life Insurance

In addition to the medical, dental and vision coverage, you may have life insurance coverage available to you. Life insurance coverage provides protection for you and your family. If you have some form of Company-sponsored retiree life insurance, that coverage will continue unless you cancel it during the Annual Election period.

If you are not currently enrolled in life insurance, you are not eligible to elect it at this time. Please refer to the life insurance summary plan description located at www.hr.citgo.com for more information about any life insurance you may have or if you want to make any changes to your coverage, or call the Benefits HelpLine at 1-888-443-5707.

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 benefits@citgo.com or 1-888-443-5707.

Submit completed beneficiary forms via mail to:
CITGO Petroleum Corporation
Attn: Benefits Planning & Administration
P.O. Box 4689
Houston, TX 77210-4689




Your Contributions


Benefit Plan Contributions

Both you and CITGO may contribute to the cost of medical, dental, vision and life insurance coverage. Contributions can be made via check, money order or automatic electronic funds transfer (EFT) withdrawal.

To request an EFT enrollment form, please contact the Benefits HelpLine:

 1-888-443-5707 (toll-free)

 Benefits@CITGO.com

 www.hr.CITGO.com

CITGO Benefits

Retiree Medical, Dental and Vision Monthly Contributions

Level Of Coverage	Medical				Dental		Vision	
	SDHP	PPO	EPO	Non-Network	Basic	Plus	Basic	Plus
Retiree/Surviving Spouse Not Eligible For Medicare								
Retiree Only or Surviving Spouse Only or Surviving Child Only	\$66.00	\$232.00	\$339.00	\$232.00	\$45.00	\$49.00	\$6.38	\$16.16
Retiree and Spouse	\$129.00	\$462.00	\$680.00	\$462.00	\$78.00	\$91.00	\$12.24	\$30.94
Retiree and Child(ren) or Surviving Spouse and Child(ren) or Surviving Children Only	\$109.00	\$394.00	\$580.00	\$394.00	\$79.00	\$92.00	\$12.78	\$32.32
Retiree and Family	\$151.00	\$554.00	\$816.00	\$554.00	\$114.00	\$127.00	\$19.72	\$49.86
Disability Retiree Eligible For Medicare								
Retiree on Medicare Only or Surviving Spouse on Medicare Only	N/A	N/A	N/A	\$148.00	\$45.00	\$49.00	\$6.38	\$16.16
Retiree on Medicare and Spouse	N/A	N/A	N/A	\$240.00	\$78.00	\$91.00	\$12.24	\$30.94
Retiree on Medicare and Child(ren) or Surviving Spouse on Medicare and Child(ren)	N/A	N/A	N/A	\$229.00	\$79.00	\$92.00	\$12.78	\$32.32
Retiree on Medicare and Family	N/A	N/A	N/A	\$321.00	\$114.00	\$127.00	\$19.72	\$49.86
RRA Connector Model Retiree/Dependents Not Eligible For Medicare (Split Dependents)								
Retiree Only or Spouse Only	\$52.00	\$246.00	\$295.00	\$246.00	\$45.00	\$49.00	\$6.38	\$16.16
Child(ren) Only	\$36.00	\$126.00	\$142.00	\$126.00	\$34.00	\$43.00	\$6.38	\$16.16
Retiree and Child(ren) or Spouse and Child(ren)	\$87.00	\$376.00	\$436.00	\$376.00	\$79.00	\$92.00	\$12.78	\$32.32

Benefits Resources

CITGO takes pride in providing extra tools to help our employees and retirees live a healthy life. These services are available to you and your covered family members.

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.

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.

For more information scan the QR code below with your smartphone or tablet:



Medical – UnitedHealthcare

www.myuhc.com

You can manage your healthcare and set your healthy lifestyle goals.

- Find out about alternative medicine providers, extra no-cost programs and member discounts.
- Find a healthcare 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.

Alternative Medicine

You have access to a 20% discount for complimentary and alternative medicine providers such as:

- Dietician
- Nutritionist
- Acupuncturist
- Massage Therapist
- Naturopathy

Members simply show their medical ID card to receive a 20% discount for eligible services. To locate complimentary and alternative medicine providers follow these simple steps:

1. Log in to **www.myuhc.com**. Registering is easy.
2. Click the “Physicians and Facilities” tab.
3. Select the box “Find Discount Providers” then select “Alternative Medicine.”
4. Complete the search for the provider type to find locations in your area.

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.
- 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 Insurance – MetLife

www.metlife.com/mybenefits

Perform key tasks related to your dental insurance plan, 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.

Benefits Resources

Additional Contacts & Helpful Information

Contact the CITGO Benefits HelpLine at Benefits@CITGO.com or 1-888-443-5707 for:

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

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

401(k) and HSA Accounts– Fidelity Investments

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.

Pension Plan Benefits

Retirees receiving pension benefits from CITGO Petroleum Corporation can contact BOK Financial directly at 1-800-876-9557 to:

- Enroll in direct deposit or make changes to an existing direct deposit.
- Make tax withholding changes.
- Request tax forms.
- Inquire about late pension check/payments.

Retiree Reimbursement Accounts (RRA)

www.UHCRetireeAccounts.com

Once you enroll, you can access your RRA online via www.UHCRetireeAccounts.com where you can view your RRA summary, contributions, available balance, claims and obtain forms or by calling UnitedHealthcare Retiree Accounts at 1-877-298-2305.

Requesting Reimbursement from Your RRA

Once you have paid for your Eligible Premium Expense or other Eligible Healthcare Expense with cash, check or credit card, you have the following three reimbursement options.

Three ways to file your claim:

- **Online**
www.UHCRetireeAccounts.com
Follow the claim submission link through your login. Further instructions for claim submission are provided at the web location.
- **Fax**
1-855-244-5016
Claims may be faxed to UnitedHealthcare with documentation. Faxed claims received by UnitedHealthcare after 1:00 PM Central time will be considered as received on the following business day.
- **Mail**
P.O. Box 30516
Salt Lake City, UT 84130-0516.
Claims should be sent to UnitedHealthcare Attention: EV Team.

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 Hourly Employees (Plan Number 518) and 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 CITGO 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 Petroleum Corporation 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 two 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.

Annual Disclosures

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.

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 2023" 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 2023") 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 40](#) 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, 2023
Plan Name:	CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Salaried Employees; and CITGO Petroleum Corporation Medical, Dental, Vision and Life Insurance Program for Hourly 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
- Prosthesis 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

- **United Healthcare**
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

Disability Inquiry

- **CITGO Benefits HelpLine**
1-888-443-5707
E-Mail: Benefits@CITGO.com

401(K) RASP 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

Hearing Aid Discount Program

- **UHC Hearing**
www.UCHearing.com
1-855-523-9355

Life Insurance

- **CITGO Benefits HelpLine**
1-888-443-5707
E-Mail: Benefits@CITGO.com

Mental Health Hospitalization

- 1-888-231-4886

Pension

- **BOK Financial**
1-800-876-9557

Prescription Drug

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

UnitedHealthcare

- **Customer Service Center**
1-866-317-6359
- **Pre-determinations and Pre-certifications**
www.myuhc.com
- **Medicare Solutions**
www.myuhcplans.com/CITGO
1-800-392-7537
- **UHC RRA Customer Service**
(account balances, claim forms and etc.)
1-877-298-2305
- **Find A Doctor**
www.myuhc.com
- **Bariatric Resource Services**
1-888-936-7246
- **Cancer & Transplant Resource Services**
www.myoptumhealthcomplexmedical.com
1-866-317-6359

Vision

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



Notes

