2019 Guide to Benefits

We encourage you to explore the resource materials in these pages to help you make decisions about your Anadarko Benefit Programs, including Medical, Dental and Vision Benefits, Group Life and AD&D Insurance, Flexible Spending Accounts, Retirement Plans and more.
## CHOOSING YOUR BENEFITS
- Eligibility
- Making Changes
- Begin and End By Benefit Chart

## MEDICAL BENEFITS
- High-Deductible Health Plans
- Health Savings Accounts
- On-Site Health Centers
- Carrier Features
- Real Appeal | Quit For Life
- Expatriate Benefits
- Wellness Incentives

## VOLUNTARY BENEFITS
- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance
- MetLaw

## DENTAL AND VISION
- Dental Plan
- Vision Plan

## FLEXIBLE SPENDING ACCOUNTS
- How the HCFSA Works
- How the DCFSA Works
- Filing Claims
- How Much To Contribute

## LIFE INSURANCE
- Basic Life Insurance
- Basic AD&D
- Business Travel Accident
- Supplemental Life Insurance
- Supplemental AD&D
- Will Preparation
- Funeral Planning Services

## TIME OFF AND DISABILITY
- Holidays
- Personal Time Off
- Extended Sick Leave & Disability
- Parental Leave
- Military Leave
- Bereavement
- Jury Duty

## OTHER BENEFIT PROGRAMS
- Employee Assistance Program
- Educational Assistance
- Professional Development
- Back-Up Care
- Adoption Assistance
- Life Lock

## RETIREMENT
- Personal Wealth Account
- 401(k) Plan
- Investment Services
- Traditional Pension Plan
- Transitioning to Retirement
- Survivor Benefits

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**Q&A | LEGAL NOTICES | SUMMARY PLAN DESCRIPTIONS | SUMMARY OF BENEFITS & COVERAGE**
CHOOSING YOUR BENEFITS

When selecting your benefits, it’s important to understand the length of these programs, the allotted time period to make changes to your elections, and guidelines on eligibility.

All benefits start on the first day of your employment with Anadarko. When they end is dependent on the type of benefit.

Eligibility
Dependents eligible for coverage under various benefits programs

Making Changes
Qualifications for a family status change

Begin & End By Benefit Chart
An outline of when your benefits begin and end
WHO IS ELIGIBLE

You are eligible for benefits if you are a regular full-time or part-time employee scheduled to work at least 20 hours per week (benefits-eligible employee).

All benefits-eligible employees pay the same rates for benefits. You also may enroll your eligible dependents in the following benefits:

- Medical Insurance
- Dental Insurance
- Vision Insurance
- Supplemental Dependent Life and AD&D Insurance

VERIFYING YOUR DEPENDENTS

The first time you enroll a dependent for coverage, you will be asked to provide documents to verify your relationship to your dependents, such as birth certificates, marriage licenses or court orders. You don’t have to present the documents to enroll; however, you must complete the verification process within 45 days of the date you enroll a dependent. If you fail to furnish the documentation on any dependent, coverage for that dependent will be canceled.

Instructions for completing the verification are provided at the time you enroll your dependent.

If you have questions about eligibility or the verification process, call Anadarko’s Benefits Center at (866)-472-4711, press option 1.

WHO IS AN ELIGIBLE DEPENDENT

DEFINITION OF ACCEPTABLE DOCUMENTS
Benefits are an important part of your total compensation. Anadarko is proud to offer you a comprehensive benefits package — one that protects you and your family. We pay the full cost of many benefit programs offered to you!

QUALIFYING FAMILY STATUS CHANGES

Generally, you can only change your benefit choices during the annual enrollment period, typically in early November.

However, you may change your applicable benefit plan elections outside of this period if you have a qualifying family status change, such as:

- Your marriage | domestic partnership begins
- Your divorce or legal separation | domestic partnership ends
- Birth, adoption or placement for adoption of an eligible child
- Death of your spouse | domestic partner or covered dependent child
- Change in the work status of you or your spouse | domestic partner that affects benefits eligibility (i.e. starting a new job, leaving a job, changing from part-time to full-time, a strike or lockout, starting or returning from an unpaid leave of absence)
- Change in residence or work site that affects your eligibility for coverage (i.e. moving out of a medical plan’s network area)
- A change in your dependent child’s eligibility for benefits
- Becoming eligible for Medicare or Medicaid during the year

If you have a family status change, visit www.anadarkoadvantage.ehr.com or call the Benefits Center at (866) 472-4711, Option 1, within 30 days of the effective date of the change.

Depending on the type of change, you may need to provide proof of the change. If you do not notify the Anadarko Benefits Center within 30 days, you must wait until the next annual enrollment period to make changes to your benefit choices, unless you have another qualifying family status change. Any changes you make to your benefit elections must be directly related to the qualifying family status change.
MEDICAL BENEFITS

Selecting the right medical plan for you and your family is an important process. Each person has different needs so you are encouraged to review the details of both the Point of Service (POS) or Preferred Provider Plan (PPO) and the High Deductible Health Plan (HDHP).

When paired with a Health Savings Account (HSA), the HDHP may save you money over time.
ABOUT YOUR MEDICAL PLANS

MEDICAL PLAN OPTIONS IN YOUR AREA

UnitedHealthcare (UHC) is the administrator for all of the medical plan options. For most employees the medical plan options will utilize the UnitedHealthcare Choice Plus provider network.

Employees in Utah will utilize the UnitedHealthcare Options PPO provider network.

If you live in Wyoming, or an area not covered by the UnitedHealthcare network, you will be covered under the Out-Of-Area Plan Options.

The plan features and benefits are the same regardless of the network or area in which you live. However, it is important for you to review the hospitals and doctors for your specific plan and network option.

PICK THE BEST MEDICAL OPTION FOR YOU

All of our U.S. domestic employees may choose the type of plan in which they wish to enroll.

You have two plan options.

- Point of Service (POS) Choice Plus Plan
- High Deductible Health Plan (HDHP) Choice Plus.
- For Utah Employees Option PPO Plan
  Option PPO HDHP plan
- For Out of Area employees Out of Area Plan
  Out of Area HDHP

The two plan options (HDHP or POS/PPO) in each area utilize the same network, offer you the option to visit any doctor you choose and cover preventive care at 100% when in-network.

HIGH-DEDUCTIBLE HEALTH PLAN

The Low Premium Plan meets IRS guidelines as a qualified HDHP. Therefore, you are eligible to contribute to a Health Savings Account (HSA) if you enroll in the Low Premium HDHP.

In selecting your medical plan, it is important to weigh all of the costs associated with the health plan you choose, including the monthly premiums you pay and the potential out-of-pocket health care costs you incur on a regular basis.

Reviewing annual medical costs may reveal that the Low Premium HDHP offers overall lower cost than the standard plan while providing important wellness benefits and protection against catastrophic medical claims.

ACTIVE EMPLOYEE RATES

ACTIVE EMPLOYEE RATES

PDF

PLAN COMPARISON CHART

PDF

The HDHP Choice Plus plan has higher deductible and total out-of-pocket expenses; however, the monthly premium is lower than the POS / PPO plan option.
Important features of the Low Premium HDHP include:

- 100% coverage for well care, not subject to the deductible
- Preventive (maintenance) prescription drugs are subject to the copay only, not the deductible
- $3 copay for generic drugs (all prescription drugs are subject to the annual deductible, except for specific preventive drugs)
- All other costs are subject to a deductible
- An out-of-pocket maximum provides a protective cap for total expenses
- The family deductible and out-of-pocket maximum in a qualified HDHP work differently than the deductible and out-of-pocket maximum in a standard plan. The IRS requires that if you cover anyone other than yourself under an HDHP, the full family deductible must be met before any claim is payable by the plan. Also, the family out-of-pocket maximum must be met before the plan pays 100% of future claims incurred that year. This applies to any coverage tier where you cover anyone other than yourself. An individual deductible and out-of-pocket maximum apply if you cover yourself only.

PRESCRIPTION DRUGS

Preventive (maintenance) prescription drugs are only subject to the copay and not the deductible. For example, some medications for high blood pressure, diabetes, or high cholesterol may be categorized as preventive.

Specific medications are considered to be preventive under the HDHP. Please review the list at www.anadarkoadvantage.ehr.com if you or any insured family member takes medications that may be covered as preventive.

HEALTH SAVINGS ACCOUNT

The HSA allows you to put aside money through payroll deductions, which is sent to Fidelity much like your 401(k) Employee Savings Plan contributions.

Contributions to an HSA are made on a pre-tax basis for FICA, federal and most state taxes.

Anadarko matches a portion of your contributions. Money saved in the account can be used toward all of your qualified out-of-pocket medical costs, including health care (copays and deductibles), dental and vision care.

The money can also be used to pay future retiree medical premiums, including Medicare.

If you insure a domestic partner on your HDHP plan, you are eligible to contribute to an HSA at the family maximum and receive the family level matching contribution from Anadarko.

However, medical expenses incurred by your domestic partner are not qualified to be paid with funds withdrawn from your HSA.
You can only claim medical expenses that were incurred after the “establishment” of your HSA account. The account is established by completing all of the following:

- Enroll in an HDHP medical option
- Open your account with Fidelity
- Deposit your first payroll-deducted contribution into your HSA account

NO “USE IT OR LOSE IT” RULES

Amounts contributed to your HSA, including Anadarko’s matching contribution, belong to you and are completely portable — you can roll the HSA funds into another HSA account. There is no “use-it-or-lose-it” rule.

MAXIMUM CONTRIBUTION LIMITS

The maximum dollar amount of contributions into your HSA is limited by the IRS. The maximum annual limit is based on your age and coverage tier (i.e., employee only or employee plus family), as well as when you enrolled in an HDHP. The maximum amounts allowed are inclusive of the Anadarko match.

If you are enrolled as of the first day of the plan year, the maximum contribution per year is based on the number of months an otherwise eligible individual is covered under the HDHP as of the first day of the month.

For all employee and employer contributions, amounts in excess of your maximum annual contributions will be included in your gross income and are subject to a 6% excise tax, unless the excess contributions and any earnings are withdrawn by the due date, including any extensions, for the filing of your federal tax return.

If you are enrolled after the first day of the plan year, you may contribute up to the statutory maximum annual contribution amount as long as you are an eligible individual in December of that tax year and remain an eligible individual for a full year following that month.

If you lose your eligibility during that time, the excluded contributions will be included in gross income and will be subject to a 10% penalty tax, except in certain circumstances.

You are no longer eligible to continue contributions to an HSA once you are enrolled in Medicare.

You may, of course, continue to take distributions for qualifying medical expenses if you have a balance in your HSA.

You should consult with your tax accountant to ensure that you do not take more tax credit than is allowable for a partial year of eligibility.

Active employees who waive out of Medicare may continue to contribute.

USING YOUR HSA DOLLARS

Funds withdrawn for medical expenses are not subject to federal tax (and most state taxes). You can easily access your funds with a Fidelity HSA Debit Card or a Fidelity HSA Checkbook.

You may make changes to your HSA contributions at any time during the year, for any reason. You do not need to wait for annual enrollment or a qualifying family status change.

SAVING FOR FUTURE MEDICAL COSTS

Monies not withdrawn for medical expenses stay in the HSA. Earnings are tax-free and unused funds remain available for later years. As long as the funds withdrawn are spent on qualifying medical expenses, they are never taxable. HSA owners between the ages of 55 and 65 are allowed to make additional catch-up contributions to their HSAs.
HOW TO ENROLL IN AN HSA

Step 1: Enroll in an HDHP and elect your annual contribution to the HSA through the Anadarko Benefits website, www.anadarkoadvantage.ehr.com.

Step 2 - Open your HSA at Fidelity’s website, www.401k.com.

Your payroll contributions cannot begin until you have opened your account with Fidelity.

Contributions will be deducted from your first paycheck after the first of the month in which you are covered under an HDHP and have opened your HSA at Fidelity.

When you open your HSA with Fidelity online, you must designate a beneficiary for your account. If you die and your surviving spouse assumes ownership of the HSA, the balance in the HSA will not be subject to income taxes as long as distributions from the account are used to pay qualified medical expenses.

FSA AND HSA RULES

If you enroll in an HSA, you cannot enroll in the Health Care Flexible Spending Account (HCFSA).

However, you can enroll in an HSA and Limited Health Care Flexible Spending Account (LHCFSA), which can help you cover out-of-pocket expenses with pre-tax dollars.

In a LHCFSA, you can be reimbursed for the following:

- Copays, deductibles, coinsurance and other out-of-pocket costs spent on qualifying dental and vision care expenses
- Post-deductible medical expenses
- Copays for preventive maintenance prescriptions
- Other preventive care costs

NOTE:

There will be a delay between enrolling in the HSA and being able to open your account on the Fidelity website. Allow 7-10 days for Fidelity to receive your enrollment confirmation from the Anadarko Benefits Center before enrolling on the Fidelity website. If you have any problems, contact the Anadarko Benefits Center at (866) 472-4711, option 1.
HEALTH CENTERS

WHAT’S THE HEALTH CENTER?

Anadarko Health Centers, provided through the health care plan, are located in The Woodlands, TX Allison Tower and in Denver, Colorado Granite Tower. Doctors, Nurse Practitioners and Nurse Physician Assistants provide primary care (minor illness) and wellness medical services to employees at no cost. Field visits to various Anadarko locations are regularly scheduled.

HEALTH CENTER AND HSA

If you are enrolled in one of the Low Premium High Deductible Health Plan (HDHP) medical options, and you contribute to a Health Savings Account (HSA), you may receive wellness and preventive care medical services from the clinic at no cost.

After your deductible in the HDHP has been met, you can submit any qualifying medical, dental or vision care expenses for reimbursement from your LHCFS. The maximum yearly contribution for your LHCFS is $2,600.

There is a charge for other medical care, such as treatment for minor illness.

According to IRS rules, receiving other medical benefits, including minor illness care, from an employer’s on-site clinic may disqualify a participant’s pre-tax HSA contributions if the participant does not pay the market price for that medical care.

If you were to receive free medical services, you could be liable for regular withholding tax along with additional excise tax on the amount of the disqualified contribution.

VIDEOS:

Click on the “Making the Choice” icon below to watch a video about how the PPO atnd HDHP plans compare in real life applications. Then, click on the “You Decide! and Cost Estimator + HSA Modeler” icons to compare the plans for your specific situation today and to see how an HSA may grow for your future.
Provider networks are designed to offer a selection of quality providers whose services are available at a discount, which helps savings to be passed to you.

All health care providers, including doctors, specialists, pharmacies and hospitals, that are in your plan’s network can help save you money, because they’ve agreed to charge discounted rates.

If you seek care outside the network, you may be responsible for a larger part of the charges and will not receive the lower network rates from health care providers who have agreed to participate in the UnitedHealthcare network.

In addition, you are responsible for charges that are billed above the reasonable and customary charge, which is based on the average cost in your area for the provided services.

After your coverage begins you can visit www.myuhc.com. Once you are logged in, click on the Physician & Facilities tab or the large Find a Doctor button located in the center of the page.

Click the Find a Provider button to search for providers in your network. You can then search for a doctor by name, facility, specialty, condition or any of the other available filter options.

You may have noticed the premium designation while searching myuhc.com for network providers. If you have the opportunity to see a Premium Tier 1 provider, you will pay less office copay ($10 for Primary Physician and $20 for a specialist on the PPO plan); or lower coinsurance (10%). See the Plan Comparison chart for more details.
VIRTUAL VISITS

A virtual visit lets you see and talk to a doctor from your mobile device or computer. Now, your virtual visits are covered by your Anadarko medical plan the same as a sick visit to your primary care doctor.

Log in to myuhc.com and choose from provider sites to register for a virtual visit. After registering and requesting a visit you will pay your portion of the service costs based on your medical plan.

During your visit you will be able to talk to a doctor about your health concerns, symptoms and treatment options. Most visits take about 10-15 minutes and doctors can write a prescription, if needed, for you to pick up at your local pharmacy.

PHARMACY BENEFITS

OptumRx is a UnitedHealthcare company that provides all of the services for your prescription drug benefits.

MANAGING YOUR PRESCRIPTIONS

OptumRx makes it easy to manage and track your prescriptions. Enjoy the advantages of managing your OptumRx account online.

- Sign up for text messaging so you never forget to take or refill your medications again
- Enjoy the convenience and potential savings of ordering your prescriptions via the OptumRx Mail Service Pharmacy
- Search for drug prices and their lower cost alternatives
- View the details and track the status of your orders

MORE INFORMATION:

Visit myuhc.com and click on Pharmacies & Prescriptions.

SPECIALTY MEDICATIONS THROUGH OPTUMRX

Specialty medications are generally prescribed to treat chronic, complex medical conditions such as cancer, rheumatoid arthritis and hemophilia.

They are generally given by injection or infusion, but some are taken by mouth. These drugs often require careful adherence to treatment plans and have special handling or storage requirements.

They are often costly and may not be available at a retail pharmacy. Specialty medications are dispensed 30 days at a time.

Personalized patient support is available at no charge from knowledgeable pharmacists and nurses. In addition, you’ll receive:

- Pharmacists available 24/7
- Support through clinical and adherence programs
- Any medication-related supplies at no additional cost
- Proactive refill reminders
- Timely delivery and shipping in confidential, temperature-sensitive packaging

If you attempt to fill a specialty medication at a retail pharmacy, the pharmacist will ask that you call the OptumRx Specialty Pharmacy to fill the prescription. The phone number will be given to you by the pharmacist and when you call, a pharmacist will provide assistance in transferring the prescription.

For specialty pharmacy questions, call (888) 739-5820.

24/7my NURSELINE

Not sure if you need a doctor, urgent care clinic or just some good health advice?

One call to myNurseLine can help you get information about the care and services you need. So, think of
myNurseLine as your one-stop resource to help you make smart health care decisions every day.

MORE INFORMATION:
To talk with a myNurseLine nurse, call the UnitedHealthcare Wellness number, (855) 583-3161, or visit www.myuhc.com.

myNurseLine can help you:
- Understand treatment options
- Ask medication questions
- Choose appropriate medical care
- Locate available local resources
- Find a doctor, hospital, or specialist

MYUHC.COM® AT-A-GLANCE

www.myuhc.com makes managing your personal health and benefits easy and convenient. When you log on to myuhc.com, you'll have immediate access to extensive resources that will allow you to look up your benefits information, see if a claim has been processed, find a doctor, and, best of all, find resources to help you stay on top of your health.

ALL ABOUT BENEFITS
- Check your claims status and history
- Review coverage and benefit information
- Find a physician or hospital

- Print a temporary ID card or request a replacement health plan ID card
- Review Flexible Spending Account information
- Order and renew prescriptions
- Get a personalized Health Assessment that will help you set goals and change health habits

Visit www.myuhc.com and click Register Now.

HEALTH ASSESSMENT
Take your first step towards a healthier life by taking a free, personalized health assessment at myuhc.com. By taking the online health assessment, you can identify your personal health needs, learn healthy habits and compare your “lifestyle score” to others of the same age and gender. The assessment takes approximately 15 minutes to complete and you will be provided with immediate feedback on your results.

HEALTH4ME APP
The UnitedHealthcare Health4Me™ app provides instant access to your family’s critical health information — anytime/anywhere.

Whether you want to find a physician near you, check the status of a claim, access a copy of your ID card or speak directly with a health care professional, Health4Me is your go-to resource.

MYHEALTHCARE COST ESTIMATOR
MyHealthcare Cost Estimator is an online tool to help you estimate the cost of care. The information is personalized to calculate estimated out-of-pocket expenses based on your plan and current benefit status.

myHealthcare Cost Estimator provides you with a wealth of information before you go to the doctor.

1. Procedure. Learn more about a procedure and compare treatment options
2. Provider. Select a quality provider for a procedure.
4. Place. Locate providers based on geographic search criteria, view maps and print directions.

To get started, visit myuhc.com, click Estimate Health Care Costs, enter the ZIP code where you are seeking treatment and then the treatment or condition.

TOTAL HEALTH AND WELLNESS SUPPORT
Through UnitedHealthcare you have 24-hour access to a wide range of...
health and wellness programs and services. All of the services are available to you at no extra cost as part of your benefits. You can access all of the health and wellness resources by calling 855-583-3161.

With UnitedHealthcare’s health and wellness program you will be connected to a dedicated team of registered nurses, health specialists and wellness coaches who can help you:

- Learn more about a new diagnosis and explore your treatment options
- Find a high-quality network doctor and schedule your annual preventive exam or screening
- Determine if your illness or injury needs urgent medical attention or where to seek care if your doctor’s office is closed
- Learn to live with an ongoing health condition, such as diabetes, heart disease, high cholesterol or back pain
- Develop a personalized wellness plan that works with your busy schedule and helps you achieve your health goals
- Better understand what your test results mean and what other tests or procedures you may need

You will also have access to new online health and wellness resources. Log on to www.myuhc.com and click the “Health and Wellness” tab.

You can learn more about your health risks and opportunities by taking the online health assessment and you can enroll in an online wellness program. Plus, there are interactive tools, videos, educational articles and more!

QUIT FOR LIFE

Enjoy a life without Tobacco. The Quit For Life® Program helps people learn to live without tobacco for all kinds of reasons. It can be hard to quit on your own. That’s why the program offers powerful tools and support every step of the way.

NICOTINE PATCHES OR GUM

Nicotine cravings and the urge to smoke can make quitting tough. That’s why a Quit Coach® will talk about which prescription or over-the-counter medication might be right for you. You may even qualify for nicotine patches or gum as part of the program.

ONE-ON-ONE COACHING

Having someone to talk to can really help you quit. The Quit Coach team understands what you’re going through. Best of all, they know what works. During a series of phone calls, they’ll help you map out a quit plan and give you quit tips to stay strong anywhere. Plus, you can call the Quit Coach team as much as you want for extra support.

PRINT AND ONLINE QUIT TOOLS

With the Quit For Life Program, you receive powerful print and online tools to help you live tobacco-free.

- Use the Quit Guide workbook to stay strong between coaching calls.
- Connect with other people trying to quit and track your progress on the members-only Web Coach® website.
- Get Text2QuitSM reminders and tips sent right to your mobile device.

Discover why so many people turn to the Quit For Life program when they’re finally ready to live without tobacco.

1.866.QUIT.4.LIFE (1.866.784.8454) www.quitnow.net

REAL APPEAL

We all have things we would like to improve about our health. To help you achieve your personal weight loss goals and healthiest self, we offer a convenient digital weight loss benefit called Real Appeal® at no additional cost.

1.866-REAL.4.HELP (1.866.735.5437) realappeal.com
Real Appeal helps you lose weight and reduce your risk of developing certain diseases like diabetes and cardiovascular disease as it’s based on decades of proven clinical research. Our approach combines simple steps with personalized tools and ongoing support, resulting in 4 out of 5 of our at-risk members who participate in the program losing an average of 10 lbs. after attending 4 online classes. When you enroll, you receive:

- Up to a year of support from your Transformation Coach who guides you through the program and develops a simple, customized plan that fits your needs, preferences and goals.
- 24/7 access to digital tools and dashboards that help you track your food, activity and weight.
- A success kit full of healthy weight management tools including fitness guides, a recipe book (with quick family meal ideas and fast-food eating tips), weight scale and more.
- Weekly online group sessions to learn healthy ideas from your coach and other members who share what's helped them achieve success.

Start your transformation story at anadarko.realappeal.com.

MORE INFORMATION:

Real Appeal will be available at no additional cost to employees with our UnitedHealthcare insurance plan, their covered spouses and dependents 18 or over with a BMI of 23 or higher, subject to eligibility.

INTERNATIONAL EXPATRIATE BENEFITS

UNITEDHEALTHCARE GLOBAL SOLUTIONS

If you are U.S. benefits-eligible employee assigned overseas for six months or longer, you will be enrolled in the UnitedHealthcare Global Solutions medical and dental plan. This plan gives you coverage with international providers as well as access to the UnitedHealthcare Choice Plus network in the U.S.

DIRECT PAY ARRANGEMENTS

UnitedHealthcare Global Solutions offers a cashless system that enables you to get the care you need – without the stress and uncertainty of up-front payment. It is a simplified direct payment process with global providers, where they bill UHC directly, and not you, up-front.

PAYMENT OPTIONS

To ensure maximum convenience for you and the providers who treat you, UnitedHealthcare Global Solutions can transfer funds to settle claims in nearly 135 currencies covering more than 180 countries. This ensures that you can quickly deposit the money into your local bank account with no charges for depositing a foreign currency. Alternatively, you can always request to be reimbursed in U.S. dollars.

SUBMITTING A CLAIM

UHC Global will make sure your claims are paid quickly and accurately, regardless of the country, coding, currency or language. Claim forms are available in 20 languages at myuhc.com.

GETTING YOUR PRESCRIPTIONS

You will have access to worldwide pharmacy benefits whether at home or abroad.
UHC Global offers an integrated medical/pharmacy ID card for convenience and to limit out-of-pocket payments. Outside the U.S., you may need to pay for your prescription and send UHC the bill with a claim form.

With the UnitedHealthcare Global Solutions plan, you might also find it convenient to receive up to one-year supply of prescription medication from any of our U.S. and international pharmacies.

The UnitedHealthcare customer service team is available for you 24 hours a day, seven days a week. You can reach them by phone using the following instructions:

- In the U.S. or Canada: toll-free at (877) UHI.0280 (877-844-0280)
- Outside the U.S. or Canada: Call the AT&T Direct Access number for the country from which you are calling (visit http://www.usa.att.com/traveler/index.jsp).

- When prompted for “the number you are calling” dial (877) 844-0280.
- If your country is not listed, simply call (763) 274-7362 collect.

WELLNESS INCENTIVES

Rally is an online wellness incentive program provided by UnitedHealthcare. It is a cost-saving measure designed to help you and Anadarko curtail future healthcare cost increases by incentivizing certain behaviors and activities that are proven to improve your quality of life, while decreasing claims expenses.

You can earn up to 2,000 Anadarko Advantage - Thanks! points for activities such as completing a health survey, getting an annual physical, biometric screening, mammogram or colon cancer screening.

The easiest way to access Rally is through www.myuhc.com. After logging in, you will see a link to Rally in the middle of the screen. Employees who are not covered by UHC can go to www.anadarko.werally.com Once there you will:

- Set up an account and create an online profile
- Answer a health survey that determines your Rally Age

Q&As are available to help you better understand Rally and fully take advantage of the program.

NOTE:

You can also reach UHC Global Solutions through secure e-mail by going to myuhc.com > Global Solutions > Contact Us. UHC Global will acknowledge receipt of your e-mail immediately, and will respond to you with an answer within 24 hours of receipt.

- Earn Rally Coins to enter in prize sweepstakes
- Complete simple health missions to help you reach your goals
- Earn Anadarko Advantage - Thanks! points
- Join online communities comprised of thousands of people all over the country, not just at Anadarko
Accidents happen.
Serious illness happens.
Hospital stays happen.
Life Happens.

**Accident Insurance**
Be better prepared when the unexpected happens

**MetLaw**
This new voluntary benefit provides legal services to you and your family.

**Critical Illness Insurance**
If you, or an eligible family member, experience a covered critical illness, this coverage helps you pay out-of-pocket expenses like deductibles, copays, travel and childcare

**Hospital Indemnity Insurance**
Hospital stays are expensive, but if you are a covered family member are hospitalized, this coverage will help
Because life doesn’t always go as planned, you have the ability to supplement your medical coverage with three separate insurance options – Accident Insurance, Critical Illness Insurance and Hospital Indemnity Insurance. You may choose one, two or all three for additional coverage should you need it, provided by MetLife.

Features for All Options

- **Deductions are after-tax**, so benefit payments are paid directly to you, TAX FREE.
- **You’re guaranteed to be accepted**, as long as you’re actively working. That means no medical exams and no hassle.
- **Pay via payroll deduction**, similar to your other benefit plans.
- **The plans are portable**, so you can take them with you if your employment status changes.

Accidents happen every 2 seconds at home and every 9 seconds on the road.¹ While accidents are always unexpected, even the best medical plans may leave you with expenses to pay out of your own pocket. To protect your budget, you may take advantage of Accident Insurance as an add-on to your existing medical coverage.

**WHAT IS COVERED**

Accident Insurance pays a lump-sum benefit should you or any covered member of your family experience any of more than 150 covered events, services or treatments, such as:

- Fractures and Dislocations²
- Eye injuries
- 2nd or 3rd degree burns
- Cuts and lacerations
- Concussions
- Impatient or outpatient surgery
- Ambulance rides
- Emergency care
- Medical tests (e.g. Xrays, MRIs or CT scans)
- Physical, occupational or speech therapy

**PAYMENTS**

Payments are made directly to you.

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² Chip Fractures and partial dislocations are paid at 25% of benefit.

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For complete details of this coverage review the **Accident Insurance Plan Summary**. You can enroll in Accident Insurance for yourself and eligible family members within 30 days of your hire date or during annual enrollment.
Even with good medical coverage, the costs of a critical illness can really add up.

**WHAT IS COVERED**

Critical Illness Insurance provides you with a lump-sum benefit of either $15,000 or $30,000, depending on the coverage you select, if you are diagnosed with any of the covered conditions, including:

- Full Benefit Cancer
- Kidney Failure
- Partial Benefit Cancer
- Coronary Artery Bypass Graft
- All Other Cancer

If you are diagnosed with another occurrence of a covered condition, you may be eligible for a Recurrence Benefit lump-sum payment. A Recurrence Benefit is available for the following conditions: Heart Attack, Stroke, Coronary Artery Bypass Graft, Full Benefit Cancer, Partial Benefit Cancer and All Other Cancer. The maximum benefit you can receive through this Critical Illness plan is three times the initial benefit amount you selected.

**PAYMENTS**

Payments will be made directly to you, not to the doctors, hospitals or other health-care providers. You will receive a check mailed directly to your home. The payment you receive is yours to spend as you see fit, in addition to any other insurance you may have.

The example on the left illustrates an employee who elected an Initial Benefit of $15,000 and has a Total Benefit of 3 times the Initial Benefit Amount, or $45,000.

<table>
<thead>
<tr>
<th>Illness - Covered Condition</th>
<th>Payment</th>
<th>Total Benefit Remaining</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Attack - first diagnosis</td>
<td>Initial Benefit payment of $15,000 or 100%</td>
<td>$30,000</td>
</tr>
<tr>
<td>Heart Attack - second diagnosis, two years later</td>
<td>Recurrence Benefit payment of $7,500 or 50%</td>
<td>$22,500</td>
</tr>
<tr>
<td>Kidney Failure - first diagnosis, three years later</td>
<td>Initial Benefit payment of $15,000 100%</td>
<td>$7,500</td>
</tr>
</tbody>
</table>

For complete details of this coverage, review the [Critical Illness Plan Summary](#). You can enroll in Critical Illness Insurance for yourself and eligible family members within 30 days of your hire date or during annual enrollment.
**Hospital Indemnity Plan Summary**

If you’ve ever endured a hospital stay, you know those costs can really add up. Enrolling in the Hospital Indemnity Insurance provides you with a lump-sum payment when you are admitted or confined to the hospital due to a sickness or accident.

When enrolling in this add-on option, you receive an extra benefit payment for having certain health screenings.

For complete details of this coverage, review the Hospital Indemnity Plan Summary. You can enroll in Hospital Indemnity Insurance for yourself and eligible family members within 30 days of your hire date or during annual enrollment.

**MetLaw**

This new voluntary benefits provides legal services to you and your family. You can choose the MetLaw option that covers you, your spouse and your children. Or, you can elect MetLaw Plus Parents to provide services that also include your parents and parents-in-law. You (and your parents) can save on attorney fees with no deductibles, no co-pays, no claim forms or usage limits when using Network Attorneys.

With more than 14,000 attorneys nationwide, it is easy to access the right attorney—online, by phone or in person. To learn about your legal plan, simply go to [https://info.legalplans.com/Home/](https://info.legalplans.com/Home/) and Enter access code 9900277 for MetLaw or 9900358 for MetLaw Plus Parents. To access legal services, members go to [https://members.legalplans.com/Home/](https://members.legalplans.com/Home/) and enter the last four digits of your SSN and your zip code. Or download the Hyatt Legal Plans mobile app to find attorneys. You can also call Hyatt Legal Plans toll free at (800) 821-6400 Monday through Friday from 8:00 a.m. to 8:00 p.m. EST. A representative will confirm your plan eligibility and give you a case number along with the address and phone number of the appropriate attorney(s) near you.

Your premiums of $16.50 per month for basic MetLaw plan or $22.50 for MetLaw Plus Parents will be paid through payroll deductions. The following services are provided by MetLaw—only those in bold font are included for MetLaw Plus Parents.

**MetLaw Documents**

- View PDF of services provided
- View PDF of Plan Summary
Maintaining your dental and vision health may be just as important to the quality of your health as your medical check ups.
DENTAL PLAN

You have the option to elect dental and vision coverage separately from your medical plans (unless you are on the Global plan). You may elect to cover the same family members as you cover on your medical plan or you may elect a different tier; i.e., family coverage for medical; employee + spouse/domestic partner for dental.

WHAT THE PLAN COVERS

The Anadarko Dental Plan provides a great value and covers four main types of dental expenses:

• Preventive and diagnostic care (routine exams and cleanings, fluoride treatments, bitewing x-rays)
• Basic treatment (full mouth x-rays, simple extractions, fillings)
• Major treatment (root canals, oral surgery, gum disease treatment, crowns, dentures)
• Orthodontia - adult and child

UNITEDHEALTHCARE DENTAL NETWORK AND DISCOUNTS

Benefit levels are the same in and out of the network, but UnitedHealthcare’s dental network has negotiated discounts with in-network providers.

Your out-of-pocket costs may be greater if your dentist is not in the UnitedHealthcare network. And, you will be responsible for charges that exceed UnitedHealthcare’s reasonable and customary amount.

You can find the names of UnitedHealthcare dental network providers on UnitedHealthcare’s website at www.myuhc.com.

VISION PLAN

Vision care is an employee benefit that serves the employer as well as the employee. Employees with healthy vision are more productive and perform better. Your vision is important to your health.

Whether your vision is 20/20 or less than perfect, everyone needs to receive regular vision care.

The Vision Plan is administered by Vision Service Plan (VSP) and includes benefits for:

• Eye examinations
• Lenses
• Frames
• Contact lenses

Visit www.vsp.com to find the names of VSP network providers near you.

For dental providers, choose the dental PPO/PDN category. If your dental provider is not in an UnitedHealthCare network, you can nominate them by calling UnitedHealthCare at (888)512-4093.
FLEXIBLE SPENDING ACCOUNTS

A health care flexible spending account, or HCFSA, lets you set aside money, before taxes, to pay or reimburse yourself for eligible medical, dental and vision expenses. You also have the option of enrolling in a dependent care FSA, where you can save even more by setting aside money to pay for eligible dependent care expenses.

How the HCFSA Works
Contributions made via payroll deduction on a pre-tax basis

How Much to Contribute
Maximum annual contributions and helpful worksheets

Dependent Care FSA (DCFSA)
Expenses incurred to provide day care for your dependent(s)

Filing Claims
Claim filing instructions for UHC Global members
HOW THE HCFSA WORKS

1. Estimate your expenses for the year. Then decide how much money you want to set aside when you enroll. You must re-enroll each year even if you are not making any changes.
2. Money will be set aside from each paycheck before federal, state or Social Security taxes are taken out. The amount you save in taxes depends on how much you set aside and the percentage you usually pay for taxes.
3. As you pay for eligible expenses, you can reimburse yourself from your FSA.

Use a health care FSA to pay for:

- Doctor’s office visit costs and procedures
- Eyeglasses, contact lenses and supplies and vision exams
- Dental treatments, including X-rays, cleanings, fillings and orthodontic treatment
- Prescription drugs
- Over-the-counter (OTC) supplies and equipment*

*Because of the health care reform law passed in 2010, OTC medicines and drugs may only be eligible for FSA reimbursement if you have a valid prescription.

DEPENDENT CARE FSA (DCFSA)

- If you enroll in a DCFSA you can pay for:
  - Day care services for dependent children under age 13
  - Care for other qualifying dependents unable to take care of themselves

FILING CLAIMS

SUBMIT CLAIMS FOR YOUR FSA ONLINE

At www.myuhc.com, you can submit FSA claims for multiple members of your family and view helpful information on the “Find a Form” link.

You can also have your claims paid automatically. If UnitedHealthcare receives a medical claim from a network doctor or hospital, and you paid for any eligible expenses out of your pocket, UHC will automatically reimburse you. Prescription drug claims, dental claims and Vision Service Plan claims will also be automatically submitted to your FSA. You can turn this feature off at any time if you do not want to be automatically reimbursed. You must still submit paper claim forms and receipts for non-network care and dependent care expenses.

If you are in the HDHP with an HSA and a limited health care FSA, your claims are not automatically processed for your limited health care FSA. You need to submit a claim form along with a copy of the explanation of benefits (EOB) for your claim to the FSA department. FSA claim forms can be printed from

- Expenses you pay for live-in help who care for a qualifying individual
- A list of common eligible FSA expenses can be found at www.anadarkoadvantage.ehr.com
If you are insured with UHC Global coverage and have a FSA you must submit a claim form. For complete instructions on the process, click on link below.

**DIRECT DEPOSIT**

When you turn on direct deposit, your FSA money is paid back directly into your personal checking or savings account. This saves you days of mail time, getting your money faster with no cost to you.

**MORE INFORMATION:**

To sign up for direct deposit, log in to www.myuhc.com, go to Account Settings and select Manage Direct Deposit to enroll.

**HOW MUCH TO CONTRIBUTE**

The key to using FSAs is figuring out how much to contribute each year. If you contribute less than the amount of your actual eligible expenses for the year, you miss out on some tax savings. If you contribute more than the amount of your actual eligible expenses, the IRS rules state that you forfeit the extra money. So, it’s best to estimate a little low when deciding how much to contribute - just to make sure you don’t forfeit funds.

The maximum yearly contributions for your FSAs are:

- **HCFSA Maximum** – $2,600
- **DCFSA Maximum** – $5,000
- **LHCFSA Maximum** – $2,600

The plan year to incur eligible expenses for FSAs runs from January 1st through December 31st. You have until March 15th of the following year to submit your claims.

**WORKSHEETS:**

- **Limited Health Care FSA**
  - Use this LHCFSA Worksheet to help you calculate your HCFSA contribution

- **Health Care FSA**
  - Use this HCFSA Worksheet to help calculate your HCFSA contribution

- **Dependent Care FSA**
  - Use this DCFSA Worksheet to help calculate your DCFSA contribution
LIFE INSURANCE AND AD&D

Anadarko’s Life and AD&D insurance covers you if you are in an accident or you die. These programs provide security for you and your family.

- **Basic Life Insurance**: How income taxes are affected by coverage
- **Basic AD&D**: Qualifying accidents for payout
- **Supplemental AD&D**: Additional coverage up to ten times your benefits salary
- **Will Preparation**: Details on MetLife’s free service
- **Business Travel Accident**: Coverage up to four times your benefits salary
- **Funeral Planning Services**: Funeral Discount and Planning Services provided through MetLife
- **Supplemental Life Insurance**: Additional coverage up to five times your benefits salary
**BASIC LIFE INSURANCE**

**ANADARKO PAYS 100%**

Anadarko provides you with life insurance valued at two times your benefit salary.

**LIFE INSURANCE & INCOME TAXES**

Because Anadarko pays for your Basic Life Insurance, the cost of any coverage of more than $50,000 is considered “income” by the IRS.

When you receive your W-2 form each January, the value of this benefit will be included in your taxable earnings. These earnings are called “imputed income.” This imputed income is taxed just like your regular pay. Anadarko calculates imputed income, and it is noted on your pay stub.

Your imputed income from your basic life insurance coverage is reduced by the premiums that you pay for supplemental life insurance, if any.

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**BASIC AD&D**

Anadarko provides you with Accidental Death and Dismemberment (AD&D) insurance valued at one times your benefit salary (up to a maximum of $1.5 million).

**WHAT IS AD&D INSURANCE?**

Accidental Death and Dismemberment (AD&D) insurance is similar to regular life insurance.

If you die in a covered accident, your beneficiary will receive the amount of your AD&D coverage in addition to your life insurance benefit.

AD&D insurance may also pay a benefit if you are dismembered in a covered accident.

Part of your benefit may be paid to you if you become physically disabled, lose a limb, suffer hearing loss or lose the ability to see as a result of an accidental injury.

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**BUSINESS TRAVEL ACCIDENT**

Anadarko provides Business Travel Accident (BTA) insurance in the amount of four times your salary (with a minimum benefit of $300,000 and a maximum benefit of $1 million).

BTA insurance is extra insurance coverage whenever you travel on Company business.

If you die from an injury in a covered accident while traveling on Company business, your beneficiary will receive payment from the BTA plan.

You may also receive a payment from the plan if you are seriously injured while traveling on Company business (for example: if you lose an arm or your hearing). The amount of the payment depends on:

- Your salary at the time of the accident
- The extent of your injuries
If you want additional financial protection for you and your family, you can purchase Supplemental Life Insurance up to five times your benefits salary.

**SUBMITTING EVIDENCE OF INSURABILITY FORM**

Evidence of Insurability (EOI) is a medical questionnaire to assess whether you are insurable for higher levels of life insurance exceeding the guaranteed issue amount.

If you elect a higher level of coverage, or if it is the first time you are electing four or five times your benefits salary, you must fill out an EOI form. Your increased level of coverage will not take effect until the EOI application has been approved by the carrier.

You will be insured at the next lower level of coverage that does not require EOI until the EOI application has been approved.

Spouse | domestic partner life & child life are also available as indicated on the supplemental life insurance chart.

Coverage also is available for your spouse | domestic partner and eligible dependent children. The amount varies according to your coverage.
Employees who elect Supplemental Life insurance are eligible to use MetLife’s free Will Preparation Service for yourself and your spouse/domestic partner.

Provided by attorneys in the network of Hyatt Legal Plans, Inc. (Hyatt), this benefit includes the following services:

- Telephone and office consultations to discuss the preparation or updating of the wills
- Preparation of the wills
- Updating of the wills
- Preparation of codicils
- Power of Attorney

The participating attorney’s fees for the preparation of a will for you and your spouse/domestic partner are fully covered, even for complex wills.

There is no limit on the number of times a will can be prepared or updated. Covered wills can name beneficiaries, alternate beneficiaries, an executor of the estate and guardians for children.

They can also include testamentary trusts, which are trusts set up in a will to take effect after death.

Preparation of documents for a living trust is not included in this service. Tax planning is also not included.

You may also choose to retain an attorney outside of Hyatt’s network of attorneys and receive reimbursement for the preparation of your will up to a set dollar limit ($150 for yourself only; $175 for yourself and your spouse/domestic partner).

Fees charged by the attorneys outside of the network above the reimbursement limits are your responsibility.

You must contact the Hyatt’s client Service Center to request authorization prior to receiving services out of the network. Fees will be reimbursed once a final bill has been prepared.

New funeral discounts and planning services are available at no additional cost through Dignity Memorial. Through this benefit you have access to:

- Discounts of up to 10% off for funeral, cremation and cemetery services.
- Expert assistance—available 24 hours 7 days a week, 365 days a year—to help guide you and your family in making confident decisions.
- Planning Services—online, over the phone, or by paper—to help make final wishes easier to manage.
- Bereavement Travel Services to assist with time-sensitive travel arrangements to be with loved ones.

To learn more, go to www.finalwishesplanning.com or call (866) 853-0954.

To find a participating network attorney or to take advantage of the out-of-network options, contact Hyatt’s Client Service Center at (800) 821-6400, Group Number 28323.
Anadarko understands the value of a solid work-life balance and provides benefits to help you fulfill your obligations.

**TIME OFF & DISABILITY**

- **Holidays**: Official days observed by Anadarko
- **Personal Time-Off (PTO)**: How PTO works, eligibility, carrying over PTO and termination policy
- **Extended Sick Leave**: Details on extended sick leave, short-term and long-term disability benefits
- **Military Service**: Pay benefits for training and leave
- **Bereavement**: Time off after the death of an immediate family member
- **Parental Leave**: Time off for new parents
- **Jury Duty**: Absence due to civil service
HOLIDAYS
Anadarko observes the following holidays:
- New Year’s Day
- President’s Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Eve
- Christmas Day

PERSONAL TIME OFF (PTO)
Anadarko recognizes that in order to do your work well, you also need time away from work to refresh and renew yourself.

HOW PAID TIME OFF WORKS
The Paid Time Off Program (PTO) recognizes the value of previous work/life experience. The PTO Program combines time off for vacation, personal and family illness, doctor/dentist visits and other personal time into a single bank of hours. PTO hours are available for personal use, contingent on a 30-day advance approval from the supervisor for planned absences.

ELIGIBLE EMPLOYEES
Regular U.S. full-time, part-time and expatriates who are regularly scheduled to work 20 hours or more per week are eligible to participate in the program.

AMOUNT OF PTO AWARDED
The amount of PTO you are awarded is based on your work schedule and your age as of December 31st of the award year, minus the age of 22 (age 20 for offshore employees).

NEW EMPLOYEES
There is no waiting period for PTO hours. Therefore, new employees receive immediate access to pro-rated PTO hours during the first year of employment at Anadarko. Pro-rated PTO is based on the number of months remaining in the year. For example, if you start to work March 25 you receive 10/12 of the annual award (March – December).

PART-TIME EMPLOYEES
Part-time employees who are scheduled to work 20-29 hours per week are awarded 50% of the PTO schedule for regular full-time employees.
Part-time employees who are scheduled to work 30-39 hours per week are awarded 75% of the PTO schedule for regular full-time employees.

**TRANSITIONING FROM PART-TIME TO FULL-TIME**

If you change from part-time to full-time you receive a pro-rated amount of PTO for the remainder of the calendar year that is equal to a full-time award on a pro-rated basis.

**TRANSITIONING FROM FULL-TIME TO PART-TIME**

If you change from full-time to part-time, you accrue PTO based on the appropriate part-time schedule from the effective date of the change to a part-time position through the end of the calendar year.

**HOW PTO IS AWARDED**

PTO is accrued on a monthly basis; however, you have access to use the total amount of your annual PTO at the beginning of the year.

**CARRYING OVER PTO**

Regular employees (excluding offshore and onshore hourly) and part-time employees may carry over a maximum of 120 hours and 60 hours, respectively, of unused PTO into the next year. Any unused PTO hours in excess of these limits are forfeited.

Offshore employees are required to take your PTO in half-hitch (42-hour) increments. Offshore hourly employees may carry over a maximum of 168 hours with automatic cash-out for excess PTO hours up to an additional 168 hours.

Onshore hourly employees are allowed to carry over a maximum of 120 hours and have automatic cash out of up to an additional 120 hours or 50% of your annual award, whichever is less. If you transfer to a Rotator position, your remaining unused annual PTO is cashed out.

**FMLA ELIGIBLE**

Prior to starting an unpaid FMLA eligible leave of absence, you are required to use any previous carryover PTO along with the amount of PTO accrued for the current year. If the unpaid leave is not an FMLA eligible event, you must use all of your PTO prior to using unpaid leave. The only exception is for military training, which falls under USERRA guidelines.

When you begin an unpaid leave of absence, the active employee premiums for medical, dental, vision, supplemental life and AD&D and the health care flexible spending account will be billed to you on a monthly basis up to a maximum of six months.

**PTO & TERMINATION**

Terminating employees who are not eligible to receive a severance benefit are paid for unused PTO based on the hours accrued up to the date of termination.

**EXAMPLE**

If your last day of employment is in June, you have accrued six months of annual PTO eligibility. If the annual PTO eligibility is 240 hours, and 70 hours of PTO have been taken, you will be paid for unused PTO of 50 hours.

240/12 x 6 = 120
120 - 70 hours = 50 hours to be paid out.
PTO hours will be deducted from the final paycheck if you have taken more PTO than accrued through the date of termination.

Using the same example, if your last day of employment is in June and you have used 130 hours of PTO, your final paycheck will be reduced by 10 PTO hours.

If you receive a severance benefit you are paid for the PTO you would have accrued had you worked the entire calendar year.

Payment of unused PTO is made at the regular hourly rate and is not considered eligible earnings for the Retirement Plans, 401(k) Employee Savings Plan or Bonus Plans.

PTO may not be used to extend the termination date. The last day actively at work is recorded as the date of termination.

Retiring employees are limited to taking a maximum of 80 hours PTO immediately prior to your retirement date. With supervisor approval, the termination date may be extended up to a maximum of 80 hours by using PTO. PTO earnings used prior to retirement are eligible for the Retirement Plans, 401(k) Employee Savings Plan and Bonus Plans.

Remaining unused PTO is paid out at the regular hourly rate and is not considered eligible earnings for the Retirement Plans, 401(k) Employee Saving Plan or Bonus Plans.

Employees participating in Anadarko's Educational Assistance or Relocation Programs are subject to the payback agreement in accordance with the policies outlined in the Educational Assistance Program, Supplemental Educational Assistance Program and Relocation Program.

If payback is applicable, any and all unused PTO may be used to offset monies owed to Anadarko.

ESL, STD AND LTD BENEFITS

Review the benefits offered in Anadarko's Integrated Sick Leave Program.

HOW ESL WORKS

ESL applies to each separate incident after the first 40 hours (42 offshore) of approved absence. Ongoing intermittent absences for the same illness (ex. cancer treatments) are considered the same occurrence.

NOTE: MANAGING PTO AND SICK LEAVE

It is important for you to manage your Paid Time Off (PTO) bank wisely to ensure a cushion for illness. For each incident of extended illness or off-the-job injury, the first 40 hours (42 offshore) of personal illness is deducted from your PTO bank based on your normal scheduled hours. If you do not have enough PTO for the first 40 hours (42 offshore), time off is unpaid.

EXTENDED SICK LEAVE

Anadarko provides an Integrated Sick Leave Program for all eligible employees who become ill or disabled and cannot work.

Anadarko's disability plans are:

- Extended Sick Leave (ESL)
- Short-term disability (STD)
- Long-term disability (LTD)

ESL, STD and LTD are all provided at no cost to you.
APPLYING FOR ESL

You are encouraged to apply for ESL benefits through Unum as soon as possible in order to prevent any delays in processing the claim and any interruptions in pay. You can even start your claim in advance of your estimated leave date, if it is for a scheduled surgery or pregnancy.

To apply for ESL, please call Unum at (866) 249-4793.

TIME OFF FOR HAVING A BABY

Eight weeks off (inclusive of PTO) following the birth of a baby is the approved recovery time without the requirement of a doctor’s statement.

FAMILY MEDICAL LEAVE ACT (FMLA)

The Family Medical Leave Act (FMLA) is a federal law that allows eligible individuals up to 12 weeks leave during a 12-month period based on medical necessity for self, child, spouse or parents, or to care for a newborn or newly adopted child.

Additional FMLA leave benefits may be available for you if you have a family member who has been called to active military duty, or if you are the caregiver of an immediate family member recovering from a serious illness or injury sustained in the line of duty while on active military duty.

You are eligible for FMLA if you have worked at Anadarko for at least 12 consecutive months and have at least 1,250 hours.

FMLA runs concurrently with our PTO, ESL and disability programs, if you are eligible. After FMLA is exhausted, the Company reserves the right to replace you.

Reasonable efforts will be taken by the Company to return you to the same position, or an equivalent position, held by you prior to your leave of absence, subject to the Company’s policy of at-will employment.

RIGHTS AND RESPONSIBILITIES

The notice of Rights and Responsibilities is located in the Guide To Leaves at www.anadarkoadvantage.ehr.com.

In the event no position can be found, you will not be eligible for severance benefits under the Company's severance plans.

HOW TO APPLY: ESL, STD, LTD OR FMLA

To apply for ESL, STD, LTD or FMLA, please call Unum at (866) 249-4793.

WHEN YOU BECOME “DISABLED”

You don’t have to be bedridden to be considered disabled. However, you do have to be receiving regular treatments under a doctor’s care, and your doctor must certify that you cannot perform your job at Anadarko.

If you are still disabled two years after LTD benefits start, the definition of “disabled” changes. After two years, you must be unable to perform the duties of any gainful occupation (given your education level, training or experience).

LTD benefits continue until one of the following occurs:

• You are no longer disabled
• The date that 80% of your current earnings exceed your indexed pre-disability earnings
• You turn 65 (unless you are age 62 or older at the date of disability)
• Your death

For more details on when you are considered disabled, refer to the Guide To Leaves, located at www.anadarkoadvantage.ehr.com.
PARENTAL LEAVE

All U.S.-based, full-time and part-time employees who have worked at least one day are eligible for paid Parental Leave. Eligible employees may take up to four weeks (160 hours or 168 hours for offshore) of Parental Leave per birth, adoption or placement for adoption of a child or children. If both parents are employees of Anadarko and meet the eligibility requirements, each is eligible for Parental Leave. A multiple birth, adoption or placement (e.g., birth of twins or adoption of siblings) does not increase the amount of available Parental Leave. Parental Leave may not be used for other reasons, such as elder care or to care for a sick child.

MILITARY LEAVE

Paid Military Leave is available to Anadarko’s active employees who are called to duty in the national armed forces.

The Company will pay 100% of your base pay, less your military base pay, military housing allowance and military subsistence allowance, for up to one year of military service.

MORE INFORMATION

For more details, refer to the Guide To Leaves on the Benefits website, www.anadarkoadvantage.ehr.com
Click Explore Your Benefits Information and Forms

BEREAVEMENT

Regular part-time (20 hours or more) and full-time employees are authorized to be absent for funeral services and bereavement in the event of the death of an immediate family member.

Immediate family members include the employee’s spouse/domestic partner, parents, children, brothers, sisters, grand-

JURY DUTY

Employees who are summoned to appear for jury duty are authorized to be absent during normal working hours.

When you receive a jury summons or notice, you must notify your supervisor of the dates of the absence to allow for proper staffing.

Upon returning to work, present your supervisor with evidence of your jury service.
In addition to benefits options for medical, life, dental, and vision Anadarko also provides other assistance programs. Whether it’s adopting a child, caring for a family member or pursuing higher education, Anadarko may provide assistance to you.
EAP for personal difficulties such as:
- Depression, stress and anxiety
- Parenting and family problems
- Domestic violence
- Childcare and elder-care
- Relationship difficulties
- Substance abuse and recovery
- Eating disorders
- Balancing work and life issues
- Financial and legal issues
- And more

EAP CONTACT INFORMATION
If you need assistance, call (866) 248-4096 and a specialist will help you identify the nature of your problem and the appropriate resources to address it.

If you need financial or legal services, they will refer you to an expert in that field. If you want to see a clinician, they’ll match you with one in our network who has the appropriate experience to help.

Any member of your household may access these online services, including dependents living away from home.

LIVEANDWORKWELL.COM
On the www.liveandworkwell.com site, you can:
- Review your mental health benefits coverage and claims
- Search for providers
- Use financial calculators and health tools
- Look up health facts and articles on a variety of topics
- Participate in customized self-improvement programs
- Access information about how to cope with chronic conditions
- Download kits for creating a will, power of attorney or advance directives
Anadarko encourages employees to look beyond their current job and take the steps necessary to advance their career.

To encourage you to build your professional knowledge and skills, Anadarko offers an Educational Assistance Program.

## REIMBURSEMENT

The Educational Assistance Program provides 100% reimbursement of tuition, required texts and materials, and registration fees up to a maximum non-taxable reimbursement of $5,250 in any calendar year.

You may also be eligible for an additional taxable reimbursement of $2,250 under Anadarko’s Supplemental Educational Assistance Program (total maximum reimbursement of $7,500 per calendar year).

## UNDERGRADUATE DEGREES AND MBAS

An undergraduate degree will be considered essential to your career development if obtaining such a degree will allow you to advance in the Company. In addition, the program will cover MBA degrees or similar Executive Master’s programs (up to the $7,500 per year maximum).

## HOW TO APPLY

If you plan to take a course, you should apply for the Educational Assistance Program no less than 15 days before classes begin. To apply, you must:

- Complete an Application for Educational Assistance
- Have your supervisor and his or her manager approve your application
- Return the completed form to the Benefits Department

## EXPENSES NOT ELIGIBLE FOR REIMBURSEMENT

Expenses for equipment or supplies that can be retained by you after the course is completed are not reimbursable.

In addition, optional service fees, deferment fees, late fees, lodging and travel expenses are not eligible for reimbursement.

## RULES FOR GETTING REIMBURSEMENT

Eligible education expenses will be reimbursed if the course(s):

- Has been pre-approved by the appropriate department manager
- Enhances your knowledge and skills for your career within the Company
- Is taken through an approved institution of learning, such as accredited colleges, universities and secretarial and trade schools
- Is completed with a “C” or better grade

## NOTE:

The IRS imposes certain limitations on the courses the Company can reimburse tax-free under this program. A plan year is defined as January 1 through December 31. Subject to IRS regulations, the reimbursements may be made on a tax-free basis up to $5,250. Reimbursement will be made on a taxable basis for any amount exceeding $5,250 up to the $7,500 plan year maximum.
Upon final approval of your reimbursement, you will receive payment on your next available paycheck.

Based on your scheduled pay cycle, the payroll processing deadline is typically two weeks prior to your scheduled date of pay.

If your paperwork is not received prior to the payroll processing deadline, you will receive your reimbursement on your next scheduled pay date.

If you are unable to complete a class due to Company-initiated action, such as transfer or assignment to a special project, you may remain eligible for reimbursement.

A letter from your department manager must verify the circumstances.

Because the Educational Assistance Program is intended to foster an employee’s long-term growth at Anadarko, you are required to repay Anadarko for benefits received under the program if you voluntarily resign during the current or following plan year.

The repayment obligation is 100% of the benefits provided in the plan year in which your employment terminates and 50% of the benefits provided in the year prior to termination.

For instance, if you receive educational benefits in 2014 and 2015, then resign in 2015, you are required to reimburse Anadarko for 50% of the benefits received in 2014 and 100% of the benefits received in 2015.

The amount you must repay will be deducted from any compensation due to you from Anadarko. If the amount you owe is greater than the compensation due, you must pay the balance to Anadarko with a personal check.
PROFESSIONAL DEVELOPMENTAL

Anadarko believes that when you continue your education and development, you and the organization both grow. Therefore, in addition to the organization’s internally sponsored training and development, we will also help employees pay the cost of attending:

- Business-related seminars, conferences and certifications
- Development program courses

Anadarko views continuous learning and professional development as a key factor in propelling the organization forward on all levels. We want to facilitate learning opportunities that support development of the Company’s key asset – its people. Anadarko also sponsors a host of quality programs that reinforce our goals and value propositions, including training designed to:

- Give you foundational knowledge to help you realize your full potential
- Drive client satisfaction by improving the quality and consistency of the Company’s product
- Nurture a thriving culture through discovery, innovation and collaboration

HOW BACK-UP CARE WORKS

Through this benefit, you have access to experienced back-up care specialists 24/7.

These specialists find and schedule care on your behalf, so you can get to work with confidence knowing your loved ones are in skilled hands.

Anyone who counts on you as their primary caregiver – infants through elderly – qualifies for this program. Your adult family member does not have to live in your home or even in your city/state to receive care.

WHEN TO USE BACK-UP CARE

You can use the Back-Up Care Advantage Program® when you need temporary care for your dependents so you can be at work. Situations may include:

- School is closed for holidays, in-service days, etc.
- Your child care center is temporarily closed
- Your regular caregiver is sick or on vacation
- Your loved one is mildly ill or recovering from surgery
- You have temporarily relocated to another work location due to work schedule or natural disaster
• You have gaps between full-time caregiver arrangements
• You are working non-traditional hours (weekends or evenings)

**COST OF BACK-UP CARE**

If you use the program, you will pay the following rates:

• $15 per day per child (maximum of $25 per family per day) for center-based care (healthy children during normal working hours only)
• $4 per hour for home care (rate applies for up to three dependents), with a minimum of 4 hours required.

Copays will be billed after you have received back-up care services. Payment can be made through the mail via check, online or over the phone via credit card.

**FREQUENCY OF BACK-UP CARE**

You are eligible for up to 15 back-up care uses each year. In-home caregivers are available 24 hours a day, 7 days a week.

**RETURN TO WORK CARE**

Bright Horizons offers the support you need with back-up child, adult, and elder care — and it’s there for you anytime you need an extra hand, 15 days per calendar year. As a bonus, for new parents with children 12 months and younger, there are now 10 additional days of care thanks to your new Return to Work Care benefit! This provides new parents with extra days of back-up care when you need it most.

**NOTE:**

If you use the back-up dependent care benefit, the value of the cost paid by Anadarko is considered “income” by the IRS. When you receive your W-2 form each January, the value of this benefit will be included in your taxable earnings. These earnings are called “imputed income.” Imputed income is calculated monthly and taxes are withheld as noted on your pay stub. The total cost of care, net of your copay, can range from $120 to $275 per 8 hour/service. Any one-day service that exceeds 10 hours is considered two days and results in double the imputed income.

**INFORMATION ON CAREGIVERS**

Bright Horizons oversees the recruitment and contracting of each licensed insured center and in-home agency, and has worked vigorously over nearly two decades to develop strategic and long-term alliances with the most reputable providers.

Its contracted provider network consists of pre-screened child care centers and home care agencies available to deliver temporary care to your loved ones. All of their providers are required to have their staff undergo a screening, background check and back-up care training to ensure that they are complying with state regulations, corporate requirements and Bright Horizons’ requirements.

**HOW TO REGISTER**

It is best to register in advance of needing care to prevent any delays in the scheduling process. Preregistration allows Back-Up Care Advantage® (the provider) to verify your eligibility for the benefit.
HOW TO USE THE SERVICE

After you have registered, you should use the contact information above to begin using the service to request care. You may schedule care up to 30 days in advance, and you can request care any time of the day or night.

Provide information on the care needed, including the type of care preferred (center-based or in-home care) and the location of care (close to home, close to work, in your home or at an adult family member’s home).

After this information has been provided, the back-up care specialist will identify available caregivers, discuss your options with you and schedule care on your behalf.

HOW TO CANCEL CARE

If you no longer need back-up care, please call Back-Up Care Advantage Program® at (877) BHCARES or (877) 242-2737 as soon as possible to cancel care and avoid any cancellation penalties.

Care must be canceled 24 hours prior to the start of care. If care is not canceled within 24 hours of the start of care, the amount of time scheduled will be deducted from your annual allotment, and you will be charged your co-payment and any service fees incurred.

ADOPTION ASSISTANCE

The Adoption Assistance Program provides partial reimbursement of Qualifying Adoption Expenses and is intended to assist in the adoption of an eligible child.

ELIGIBILITY

In order to be considered eligible for adoption assistance benefits, you must be a benefits-eligible employee when the expense is incurred and when the eligible child is placed in your home for the purpose of adoption.

An eligible child is:

- A child who is younger than 18 at the time the child is placed in your home
- A person of any age who is physically or mentally disabled
- A child who is not the biological or adopted child of your spouse | domestic partner

REIMBURSEMENT MAXIMUM

Qualifying adoption expenses incurred in connection with the adoption of an eligible child will be reimbursed up to a maximum of $5,000 per eligible child.

The maximum cannot be exceeded, even if both parents are eligible employees. Benefits are payable once the eligible child is legally adopted and placed in your home.

COVERED EXPENSES

Qualifying adoption expenses include the reasonable and necessary adoption fees, court costs, attorney’s fees, traveling expenses (including amounts expended for meals and lodging) while away from home, and other expenses that are directly related to, and the principal purpose of which is for, the
legal adoption of an eligible child.

The Human Resources Department will determine whether an expense is considered a qualifying adoption expense eligible for reimbursement under this program.

EXPENSES NOT COVERED

- Expenses where either parent is already the biological or adoptive parent of the child
- Transportation or living expenses for biological parents
- Medical expenses for the eligible child or parents (either biological or adoptive)
- Professional counseling for the eligible child or parents (either biological or adoptive)
- Voluntary donations or contributions the employee is not legally required to pay
- Expenses incurred while neither adopting parent is a benefits-eligible employee
- Legal fees to obtain guardianship or custody
- Expenses for surrogate parenting arrangements
- Expenses that are paid from funds received from any federal, state or local program
- Expenses that are allowed as a credit or deduction under any other federal income tax rules
- Expenses that are reimbursed other than under this adoption assistance program

NOTE:

All or a portion of the amounts reimbursed under this program may be considered taxable income but are not subject to federal income tax withholding. However, these amounts are generally subject to Social Security and Medicare tax withholding.

You are responsible for obtaining appropriate tax advice relating to any reimbursements under the Adoption Assistance Program. For more information related to the taxation of adoption assistance benefits, refer to Internal Revenue Service Publication 968, “Tax Benefits for Adoption.”

- Expenses that violate state or federal law
- Other legitimate expenses that are not consistent with local customary costs associated with adoption

HOW TO PARTICIPATE

Complete all the information on the Adoption Assistance Claim Form and forward the completed form to the Benefits Department.

Include a copy of the official documentation specifying the age of the eligible child and the date the child was placed in your home, together with copies of all receipts verifying the amount to be reimbursed.

All documentation must provide reasonable substantiation that reimbursements are for qualifying adoption expenses you incurred. Only one claim form per eligible child may be submitted.

The Adoption Assistance Program is intended to meet the requirements established under Internal Revenue Code Section 137.
LifeLock Identity Theft Protection works to help stop identity theft before it happens by pro-actively reducing your risk – even if your information gets in the wrong hands. And, if LifeLock fails to stop identity theft, they cover all expenses up to $1 million.

Anadarko covers the cost for you and your spouse | domestic partner to be enrolled in LifeLock and has negotiated a discounted rate off for your eligible child(ren).

Employees can access LifeLock’s member services assistance 24 hours a day, 365 days a year.

ENROLLMENT AND FAMILY COVERAGE

To enroll only you and/or your spouse | domestic partner, go to www.lifelock.com. Enter your APC employee ID number as your LifeLock member ID, and use the promotion code “Anadarko.”

If you want to enroll additional family members after completing your enrollment, use the promotional code ANADARKOFAM and enter information for each eligible child.

Once you have entered your promotion code and select Apply, the discounts will immediately be reflected in the annual cost for the program. You will be billed directly by LifeLock for the Ultimate Plus benefit or for any child(ren) you enroll in coverage.
Anadarko is committed to contributing to the retirement needs of its employees. Legacy Anadarko employees – those employees hired by Anadarko prior to January 1, 2007 – and legacy Kerr-McGee employees participate in their legacy Company Pension Plans. Legacy Western Gas employees, employees hired by Anadarko on or after January 1, 2007, and legacy employees who elected the Retirement Choice Program during 2011, participate in the Personal Wealth Account.
**PERSONAL WEALTH ACCOUNTS**

Employees who participate in the Personal Wealth Account (PWA) are:

- Employees hired by Anadarko on or after January 1, 2007
- Legacy Western Gas employees
- Legacy Anadarko or Kerr-McGee employees who elected the Retirement Choice Program in 2011

**PWA CONTRIBUTIONS**

The Company makes two separate contributions on your behalf:

- A contribution to your PWA based on your age and service; and
- An additional contribution of 4% of your eligible pay to your 401(k) Employee Savings Plan account.

**PWA CONTRIBUTIONS**

See the contribution percentage Anadarko will make to your PWA, based on age and years of service.

Your eligible pay includes your base pay, overtime and any Annual Incentive Program bonus. Company contributions and interest are credited to your account every pay period.

**NOTE:**

The 4% PWA contribution amount added to your 401(k) account is discussed further in the guide’s 401(k) section. This contribution is in addition to the matching contribution Anadarko makes if you contribute to the 401(k) Employee Savings Plan.

Other than the vesting schedule, which is three years for PWA contributions, the 4% PWA contribution follows the same plan rules and incorporates the same investment options and distribution features as the 401(k) Employee Savings Plan. This portion of the PWA is subject to the same investment ups and downs as your 401(k) funds.

**PWA GROWTH**

Your PWA account balance grows through company contributions and interest. Your account will be credited with a market rate of return, the 30-year Treasury rate. The interest rate will be updated quarterly based on 30-year Treasury rate but not to be less than 3.24%. You can project future plan balances using the modeler on www.anadarkoadvantage.ehr.com.

**EARNING YOUR PWA BENEFIT (VESTING)**

You are fully vested in your account after three years. If you die while actively employed by Anadarko, your account is immediately vested, regardless of service, and your beneficiary will receive 100% of your benefit.

**CHOOSING A BENEFICIARY**

If you are married, it is required that your spouse be your beneficiary. If you wish to elect someone other than your spouse as your plan beneficiary, your spouse needs to consent to your election in writing by submitting a notarized approval form. The form can be found at www.anadarkoadvantage.ehr.com.

**TAKING YOUR BENEFIT**

When you retire, you can take the benefit as a lump-sum payment or as an annuity, either for your lifetime or over the lifetime of you and your beneficiary.

You can also roll over your lump-sum payment directly into an IRA and defer taxes until you begin receiving distributions.

If your PWA benefit is limited by the IRS maximum recognizable pay limit during the year, the remainder of your benefit may be paid from Anadarko’s Retirement Restoration Plan.
Serving money for retirement can be a daunting task. Anadarko has a 401(k) Employee Savings Plan available for those who would like to participate.

MAXIMUM CONTRIBUTIONS

Through payroll deductions, you may contribute up to 30% of your eligible pay on a pre-tax, after-tax or Roth 401(k) basis – or any combination of the three – up to the annual IRS limits.

The maximum dollar amount of contributions into your 401(k) account is limited by the IRS. If you will reach the age of 50 during the calendar year or are older, you can make “catch-up” contributions to your account in addition to your pre-tax or Roth 401(k) account.

You must make a separate election to take advantage of these catch-up contributions.

If you reach the annual IRS limit of pre-tax and/or Roth contributions any time during the year, your contributions will automatically be switched to regular after-tax contributions and will continue until any further limits are reached.

IRS contributions limits may change from year to year since they are indexed for inflation.

ANADARKO’S 401(k) MATCH

The Anadarko 401(k) Employee Savings Plan has a matching contribution of 100% of the first 6% that you contribute to the plan. If you reach the IRS annual contribution limit on pre-tax and/or Roth contributions during the year, you may continue to receive matching contributions on the first 6% of your after-tax or catch-up contributions.

In addition, employees who are eligible to participate in the Personal Wealth Account receive an additional 4% contribution to their 401(k) account. This contribution to your PWA account is automatic, and you are not required to participate in the 401(k) Employee Savings Plan to receive this contribution.

If you reach additional IRS aggregate limits to contributions or on annual income, you may continue to accrue your employer match and/or PWA contributions in Anadarko’s Savings Restoration Plan.

EARNING YOUR BENEFIT (VESTING)

Your own contributions and Anadarko’s matching contributions to your 401(k)
Employee Savings Plan are immediately 100% vested. Personal Wealth Account 401(k) contributions are 100% vested after three years of service.

For rehires, funds will be invested according to your most recent elections.

If you do not wish to contribute, or wish to contribute an amount other than 6%, you must indicate this preference by making an affirmative election within 30 days of your date of hire. You can make changes through Fidelity to your investment elections or payroll contributions at any time.

ROLLOVER CONTRIBUTIONS/EARNINGS

You may roll over contributions and earnings into your 401(k) account from the following sources:

- A previous employer’s qualified retirement plan
- After-tax monies from your previous employer’s qualified retirement plan, including Roth 401(k) contributions
- Distributions you have received as a spousal beneficiary or alternate payee from another employer’s qualified retirement plan
- To initiate the rollover process, obtain a Roll-In Form on the Fidelity website at www.401k.com or contact Fidelity at (866) 472-4711.

ACCESSING ACCOUNT INFORMATION

You have access to your account information in several ways:

- Quarterly Account Statements – Request to view your account statements online or have them mailed to you
- Toll-Free Telephone Access – You can access your account by calling the Anadarko Benefits Center at (866) 472-4711. You can also speak to a Fidelity representative Monday through Friday, between 8 a.m. and 8 p.m. in your local time zone. If you are overseas, you may call collect at (508) 787-9902.

Fidelity website – You can access your account 24/7 by going to www.401k.com. Take advantage of special web features, including investment research and retirement calculators and educational tools.

INVESTMENT OPTIONS

Your investment choices include a variety of mutual funds, life-cycle funds and company stock. You can make changes at any time to your investment elections.

However, certain funds do charge a short-term trading fee. In order to avoid these fees, review fee disclosure information at www.401k.com or call (866) 472-4711, option 3, to speak to a Fidelity representative.
LOANS, WITHDRAWALS AND TAXES

The minimum loan amount is $1,000, and the maximum amount cannot exceed the lessor of 50% of your vested balance or $50,000, less your highest outstanding loan balance during the previous 12 months.

The interest rate for the term of your loan will be the prime rate at the time you initiate the loan, plus 1%. The prime rate is updated quarterly.

You cannot have more than one loan outstanding at a time, and you cannot take out more than one loan in a calendar year.

When you request a loan, you select the repayment period in six-month increments, from six months up to five years. You can model various loan repayment periods on Fidelity’s website.

Loan repayments to your account will be made via automatic after-tax payroll deductions. To apply for a loan, visit www.401k.com or call Fidelity at (866) 472-4711, option 3.

Generally, your loan check will be processed within three to five business days from the date you make the request. Fidelity charges you a small initial setup fee for each loan.

WITHDRAWALS

You may be eligible to take a distribution of your account based on your age, the reason for the withdrawal, your employee status or the type of account from which you wish to withdraw funds.

Please call Fidelity at (866) 472-4711, option 3, to discuss the type of distribution you may take from your account. Your distribution may be subject to taxes and penalties. Prior to taking a distribution, please consult with your tax advisor.

TAX IMPLICATIONS - 402(f)

View an overview of tax implications for contributions, earnings and withdrawals.

INVESTMENT SERVICES

Financial Engine Advisors L.L.C. (Financial Engines) provides professional investment management for Anadarko’s participants in the 401(k) Employee Savings Plan. You can enroll at any time, by visiting www.financialengines.com/forAnadarko or call (877) 401-5762.

PERSONAL ONLINE ADVISOR

Features of Personal Online Advisor include:

• By accessing the Financial Engines link on www.401k.com, you can obtain objective investment advice to help you refine your investment strategy.
• You make any changes to your investment choices based on your report from Financial Engines.
• Progress reports are emailed to you.
• The service is paid for by Anadarko, as part of your retirement plan benefits.

PERSONAL ASSET MANAGER

Features of Personal Asset Manager include:

• Personalized investment analysis – Professional investment managers analyze the investment choices in your plan and select a personalized mix
designed to be appropriate for you. Your investment strategy is mailed to you. The recommended changes are made, and you are not expected to approve or disapprove the investment strategy. You receive confirmation of the changes after they have been completed. You should review your investment strategy immediately upon receipt. If you do not agree with the strategy, you can disenroll from Personal Asset Manager by contacting Financial Engines.

- Investment changes made for you – Financial Engines works with Fidelity directly to make any necessary investment changes.
- You can change your contribution level, but you cannot change your investment elections while participating in Personal Asset Manager.
- Progress reports – Progress reports are mailed to you every three months.
- Fees paid automatically – Financial Engines will automatically deduct fees directly from your account.

Based on your account balance, fees are:

- 0.50% up to $100,000
- 0.45% from $100,001– $250,000
- 0.30% for additional assets

Employees who participate in the traditional Company pension plans are:

- Legacy Anadarko employees hired by Anadarko prior to January 1, 2007
- Legacy Kerr-McGee employees

View an overview of the Traditional Pension Plans
ARE YOU CONSIDERING RETIREMENT?

Many personal factors will play a part in your decision to retire. If you think you’re ready, take a look at the steps below and make sure you have all the information you need.

CONSIDER FACTORS BEFORE RETIRING

- Define your retirement – Your vision will drive your plan. You may decide to work part time, perhaps go back to school, volunteer or develop new hobbies. Consider if you’ll need to downsize, relocate or remain in your current residence.
- Know where you stand financially – Take inventory of your assets and possible income sources (401(k) Savings Plan, Retirement Plan, Social Security, etc.) and understand how these sources will help provide you with income during your retirement years. Save as much as possible while you’re still working.
  - Manage asset allocation – Regularly monitor and review your investments to ensure that they support your goals and to determine if you should change how assets are allocated among different investment types. Consider using a financial planner to help you with this.
  - Estimate your expenses in retirement, especially health care. Health care can be a significant expense during your retirement years, so understand your health care options.

GIVE NOTICE ON YOUR RETIREMENT

You should contact your supervisor and provide notification of your anticipated final day of work. You and your supervisor should also notify your Human Resources Business Partner of your retirement.

As a general guideline, you should plan for your last day of work to be on a payroll pay date.

The Anadarko Retirement Plan, the Kerr-McGee Retirement Plan and the Personal Wealth Account require a 30-day notification from you before a benefit payment date can be assigned.

USE THE TOOLS

Visit www.anadarkoadvantage.ehr.com and check the value of your retirement benefit through the Total Accumulated Value Modeler or the Explore Your Retirement Modeler tools.

So, be sure to contact the Anadarko Benefits Center at least 30 days prior to your last day of work to request a pension election packet.

Your benefit will be calculated, and a packet with all forms necessary to elect payment will be mailed to your home.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Retiree medical benefits are provided to eligible retirees and dependents through an annual tax-free allowance in an HRA. You can be reimbursed from your HRA for medical, dental, and/or vision premiums. HRA reimbursements are administered by Towers Watson’s Via Benefits.

Beginning in 2019, the amount Anadarko will put into your HRA is:

- $6,336/each for pre-65 Retirees, Spouses, Domestic Partners
- $2,112/each for post-65 Retirees, Spouses Domestic Partners
- $2,112/each for Child(ren)
The annual allowance is prorated during the year of retirement and during the year in which each individual turns age 65. Children are eligible for an HRA through the end of the year in which they reach age 26; however, the allowance will continue after age 26 if the child was deemed disabled prior to your retirement date.

The HRA allowance will index each year according to the Consumer Price Index (CPI-U), but will not increase more than 5% from one year to the next.

RETIREE HEALTH BENEFITS FOR PRE-65 RETIREES

In addition to processing HRA reimbursement claims, Via Benefits provides benefit advisors with the resources to help you find a health plan in the public or private marketplace that best fits your needs. This assistance is provided at no cost to you. Retirees who are not eligible for HRA benefits still have access to all the services and variety of plans provided by Via Benefits.

Your HRA funds can be used to reimburse premiums from any source (Via Benefits, an insurance broker, your professional organization, or an insurance company). You can also use your HRA funds to reimburse Anadarko COBRA premiums.

After retirement, you must contact OneExchange to activate your HRA. You will pay your monthly premiums to your insurance provider and then submit claims to Via Benefits for reimbursement. Premiums are automatically reimbursed if you have Anadarko COBRA coverage.

HRA funds cannot be used to reimburse other employer premiums if the premiums are paid on a pre-tax basis. If you are paying pre-tax premiums for your health coverage, you can waive your HRA benefit until you have an HRA-reimbursable plan or you reach age 65.

If you are an employee over age 65, contact the Social Security Administration to enroll in Medicare Parts A and B.
effective the first of the month following your retirement date. If you are eligible for an HRA, contact Via Benefits to enroll in a Medicare Supplement and/or Medicare Prescription Drug Plan before the first of the month following your retirement date.

EMPLOYEES WHO DO NOT PARTICIPATE IN ANADARKO MEDICAL PLANS

If you meet the eligibility criteria for HRA benefits when you retire and were not enrolled in the active employee medical plan, you must notify Via Benefits within 30 days of your retirement date that you want to retain eligibility for the HRA and access to Via Benefit’s services.

You must also notify the Anadarko benefits center within 30 days of your retirement date if you have dependents who may be eligible for the HRA who were not on your medical benefits at the time of your retirement.

After the 30-day window immediately following your retirement date, dependents cannot gain eligibility for an HRA.

SURVIVOR BENEFITS

If you die while actively employed at Anadarko, your dependents that are enrolled in Anadarko medical, dental, and/or vision insurance plans will be eligible to continue their coverage for up to 36 months by electing COBRA.

Your eligible dependents will receive retiree medical benefits in the form of a Health Reimbursement Arrangement (HRA), funded at retiree levels, if you are a member of an Anadarko, Kerr-McGee, or Western Gas Legacy Group. You are a member of a Legacy Group if you were employed by Anadarko on December 31, 2006 and your age and service equaled at least 45 on December 31, 2007.

ELIGIBILITY CHART

Click here to view eligibility by group
Q&A | LEGAL NOTICES

Remember you can find more benefits information and any needed forms at www.anadarkoadvantage.ehr.com

Questions and Answers
Frequently Asked Questions

Legal Notices
About this guide, Obtaining summary plan descriptions and summary of benefits and coverage

SPD and SBC
Summary Plan Descriptions and Summary of Benefits and Coverage
**Q: How do I obtain more information about the plans offered by Anadarko?**

A: More details on our benefit plans are posted at [www.anadarkoadvantage.ehr.com](http://www.anadarkoadvantage.ehr.com). You may also view your current elections and beneficiaries.

**Q: What is my benefit salary?**

A: Your benefit salary is your base annual pay rate, rounded to the next $1,000. For offshore employees only, this also includes scheduled overtime.

**Q: What is an annual enrollment period?**

A: It is the time of year when you may add, drop or change your level of coverage for certain benefit options. Anadarko's annual enrollment generally takes place in November each year. Plan years run from January 1 to December 31.

**Q: How do I update my beneficiaries?**

A: You may review or update your beneficiaries for your Life Insurance, AD&D Insurance, 401(k) Employee Savings Plan or Retirement Plans at any time throughout the year, at [www.anadarkoadvantage.ehr.com](http://www.anadarkoadvantage.ehr.com). Click on Explore Your Beneficiaries.

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**Q: What do I do if I need replacement ID cards?**

A: Call UnitedHealthcare directly. If you are covered under UnitedHealthCare, you can also download temporary medical ID cards directly from [www.myuhc.com](http://www.myuhc.com).

**Q: What expenses are not considered to be eligible for reimbursement under the Health Care FSA?**

A: The following are examples of expenses not eligible for reimbursement under a Health Care FSA (HCFSA):

- Cosmetic procedures
- Tooth whitening
- Homeopathic medicine
- Hair transplants
- Health club dues
- Funeral expenses
- Nutritional supplements
- Over-the-counter medications

For a complete listing of the expenses that are not reimbursable under the HCFSA, visit the IRS website, [www.irs.gov](http://www.irs.gov), and see IRS publication 502.

**Q: Can I use my Day Care DCFSA for medical expenses for my dependent children?**

A: No, the DCFSA is only for expenses associated with day care expenses for
your dependents. Medical expenses are not eligible expenses under the DCFSA. If you wish to set aside pre-tax dollars for the medical expenses for your dependent children, you must enroll in the Health Care FSA, or in a Health Savings Account if you participate in the HDHP.

Q: Why do I pay for some health and welfare benefits with pre-tax money?

A: There is a definite advantage to paying for some benefits with pre-tax money. Taking the money out before your taxes are calculated lowers the amount of your pay that is taxable; therefore, you pay less in taxes. The IRS allows your medical, dental, vision, flexible spending account and health savings account deductions to be taken out of your paycheck on a pre-tax basis.

Q: How do I determine if I am a Legacy Company employee?

A: If you were employed by Anadarko Petroleum Corporation, Kerr-McGee Corporation or Western Gas Resources, Inc. prior to January 1, 2007, your Legacy Company is the Company you were being paid by on December 31, 2006 and named as your employer on your 2006 W-2.
SPD and SBCs

Below are the **Summary Plan Descriptions** ("SPD") and **Summary of Benefits and Coverage** ("SBC") for certain benefit programs sponsored by Anadarko Petroleum Corporation.

**SUMMARY PLAN DESCRIPTIONS**

- [PDF] Anadarko Retirement Plan
- [PDF] Kerr-McGee Corporation Retirement Plan
- [PDF] Anadarko Employee Savings Plan
- [PDF] APC Ancillary Benefits Plan
- [PDF] APC Pre-Tax Premium and Benefits Plan
- [PDF] APC Active Health Plan
- [PDF] APC Retiree Health Benefits Plan HRA
- [PDF] APC Retiree Health Benefits Plan Group Health
- [PDF] APC Change of Control Severance Pay Plan

**SUMMARY OF BENEFITS AND COVERAGE**

- [PDF] UHC POS Choice Plus
- [PDF] UHC HDHP Choice Plus
- [PDF] UHC HDHP Options
- [PDF] UHC PPO Options
- [PDF] UHC Out of Area Options
- [PDF] UHC Out of Area HDHP
- [PDF] UHC Global Expats
- [PDF] UHC Global Inpats