



Find Flexibility

All the benefits stuff



Guide
New hire 2011

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Learning about your **LifeBenefits**

BP gives you access to a comprehensive benefits program that offers quality, choice and value to you and your family, and provides innovative tools and resources to help you make the most of what's available. In return, it's your responsibility to understand BP's total rewards package and use it wisely. Learn about the programs and opportunities available and how your actions can influence your health, your life, your career and your future.



It's worth
the effort

Make time to learn...you'll discover it's worth the effort.

Learning about your new benefits takes time and effort, but you'll find that the investment pays off. Understanding your benefits now will help you make the best benefit decisions. And, as you begin using your benefits, you'll be able to take advantage of all the valuable programs and resources.

www.bp.com/lifebenefits

The **LifeBenefits** website is your reference site. It's a place where you can find most of the benefits information you need. Because you don't need a User ID to view the information on the **LifeBenefits** website, you can begin investigating BP's benefits as soon as you're ready.

Benefits Handbook tab

Throughout this guide you'll find references to the **Benefits Handbook** – by clicking on this tab on the **LifeBenefits** website, you'll have access to detailed information about your BP benefits, including relevant terms and conditions.

New Hires tab

By clicking on the New Hires tab on the **LifeBenefits** website, you'll find information about your BP benefit plans, specifically tailored for new hires and newly eligible employees. Here you'll find resources such as:

- U.S. Benefits video
- Reference materials

The information on the **LifeBenefits** website is continually updated, so be sure to check the website periodically.



Understanding your **LifeBenefits**

The BP **LifeBenefits** program is one component of your total rewards package, with benefits that help protect your health, your income, and provide retirement income. In other words, when you're hired at BP, your new job and paycheck are just part of the picture. As a BP employee, you have access to many benefits and BP pays a large portion of the cost.



BP LifeBenefits program includes:

Health care

- Medical (including prescription drug and behavioral health coverage)
- Dental
- Vision

Spending accounts

- Health care
- Dependent care

Retirement programs

- Employee Savings Plan (ESP) (401(k))
- Retirement Accumulation Plan (RAP) (pension plan)

Income and survivor protection

- Short-Term Disability (STD)
- Long-Term Disability (LTD)
- Long-Term Care (LTC) insurance
- Basic Life insurance
- Accidental Death & Dismemberment (AD&D) insurance
- Occupational Accidental Death (OAD) insurance
- Group Universal Life (GUL) insurance

Other programs and resources

- Holidays
- Vacation
- Leaves of absence
- Commuter benefit
- Variable Pay Plans
- Wellness programs
- BP Care – Employee Assistance Program
- Adoption assistance
- Incremental dependent care reimbursement
- Educational assistance
- Service and retirement awards
- Domestic relocation

Check your benefit eligibility

You should note that not all employees are eligible for all benefits. Check with the BP Benefits Center at 1-800-890-4100, BP Retirement Services at Fidelity at 1-877-272-3334 or the **Benefits Handbook** online for more information regarding your benefits eligibility.

Am I eligible?

Your eligibility for these benefits depends on your employee status:

- Full-time and part-time employees of a BP participating employer are generally eligible for the full range of benefits described in this guide.
- Temporary employees of a BP participating employer are generally eligible for medical coverage (but not retiree medical), Short-Term Disability coverage, Long-Term Care coverage, Basic Life insurance and Occupational Accidental Death coverage, and can participate in the savings and retirement plans.
- Employees on international assignment to the United States are generally eligible for medical, dental and vision coverage at no cost while on assignment in the U.S.

Whom can I cover?

To learn which of your dependents are eligible for benefits, refer to the **Benefits Handbook** online. Plans define eligible dependents differently, so be sure to check the definition for each plan you're interested in. Generally, you may enroll your:

- Spouse
- Common-law spouse – BP offers domestic partner benefits to employees' partners and their eligible children. You can enroll your opposite-sex domestic partner and his/her eligible children.
- Eligible dependent children.

Group Universal Life (GUL), Long-Term Care (LTC) and the Dependent Care Spending Account have different definitions of eligible dependents. Refer to the **Benefits Handbook** online for eligibility definitions.

When you enroll, make sure that each individual you list as your dependent is eligible. It's a good idea to familiarize yourself with the rules around what can cause a dependent to gain or lose eligibility status – it's your responsibility to notify the appropriate contact after life events (i.e., death, divorce, marriage, birth, etc.). For example, you'll need to notify the BP Benefits Center for changes to medical, dental, or vision coverage, and Group Universal Life insurance coverage.

What if my dependent doesn't live with me?

To determine what medical and/or dental coverage may be available to you and your dependent, talk to a BP Benefits Center representative by calling 1-800-890-4100.

What if I don't enroll?

If you don't enroll, your coverage for any optional benefit – including medical coverage – will default to “no coverage” or “no participation.” After your initial enrollment period for health (medical, dental and vision) and spending account benefits, you can change your elections under these circumstances:

- Each year during annual enrollment (typically each February, with changes made during Annual Enrollment becoming effective the following April 1), or
- During the plan year (April 1 – March 31 annually), only if you have a qualifying status change. Certain life events, such as marriage, divorce, birth or adoption or placement for adoption of a child, are considered qualifying status changes. Refer to the **LifeBenefits** tab on the **LifeBenefits** website online for a complete list of qualifying status changes.

Keep in mind, if you don't enroll in certain benefits when you're first eligible, coverage is subject to you establishing Evidence of Insurability (EOI). These benefits include Group Universal Life, Long-Term Care and optional Long-Term Disability.

Walking in your shoes?

Meet Stephanie, Ahmir, James and Mary, four BP employees (well, they're fictional characters, but we think they're pretty realistic). Their stories will help jump-start your thinking about your **LifeBenefits** decisions. You'll also learn tips on how they've used the BP Wellness Program on their journey to better health.

Meet Stephanie

Family status: married, no kids

- Has been in the workforce for about 12 years
- Husband is a police officer and plays on a softball league
- Stephanie makes all benefit decisions and manages savings
- Both hope to retire by 55, sell their house and travel the country in an RV

Meet James

Family status: married with five grown children

- Focused on preparing for retirement
- Youngest daughter recently graduated from college
- With a family history of heart disease, he and his wife are health conscious and lead an active lifestyle

Meet Ahmir

Family status: single, no kids

- Just getting started in the workforce
- Focused on paying off student loans
- Exercises regularly and is training for cycling competition

Meet Mary

Family status: single, mother of two boys ages 10 and 13

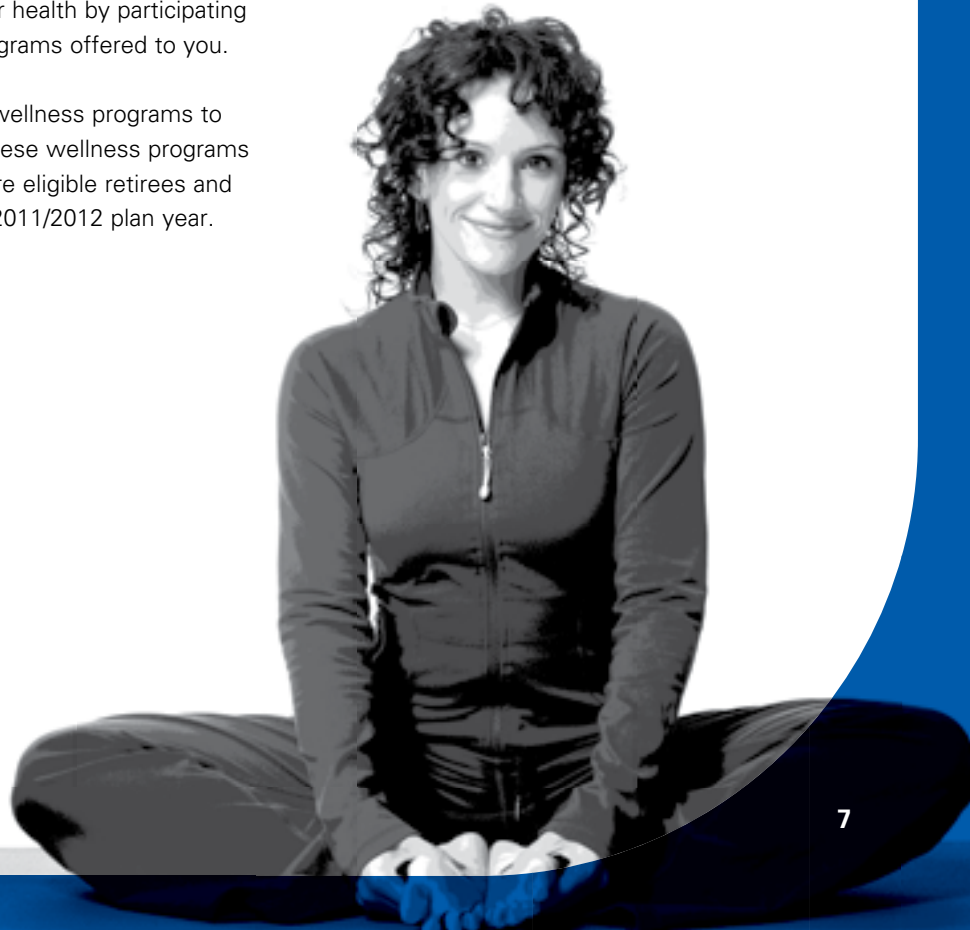
- Cautious about benefit decisions and saving money
- Wants to make sure family is protected
- Looking for ways to maintain a healthy lifestyle for herself and her growing boys

becoming a healthier you

Nothing is more important than your overall health. And nothing at work is more important than safety. BP unites the two by recognizing that healthy employees – and their families – live better and live longer. And those same healthy employees are present, productive and safe while at work.

As you review the following pages on BP's health care plan options, you'll learn that BP offers competitive benefits that promote appropriate care and a wellness program that rewards healthy actions. Your role is to actively work to improve or maintain your health by participating in the preventive benefits and wellness programs offered to you.

You'll also learn that BP offers a variety of wellness programs to support your health needs and interests. These wellness programs are available to BP employees, non-Medicare eligible retirees and eligible spouses/domestic partners for the 2011/2012 plan year.



Medical program

Optional

Plan Year: April 1 – March 31

If you want medical coverage, you'll need to enroll within 45 days of your date of hire or eligibility date. Coverage will then be retroactive to your date of hire or eligibility and one of your first paychecks will be adjusted to cover your retroactive contribution costs. If you do not enroll within 45 days you'll need to wait until the next annual enrollment period or when, and if, you have a qualifying status change.

Coverage levels

You can choose from four different coverage levels:

- You only
- You + spouse/domestic partner
- You + child(ren)
- You + family

The BP Medical program – quality, choice and the programs for becoming a healthier you.

BP Medical plan options

BP offers the following choice:

- HealthPlus Preferred Provider Organization (PPO) or Out-of-Area (OOA) options
- HMO, if available
- No coverage

If you elect to participate in a HealthPlus Option, you'll be invited to participate in many wellness programs throughout your first year, but you're not required to complete the Health Questionnaire and earn wellness points until the following January.

During the following annual enrollment period (typically in February), you and your spouse/domestic partner will need to complete a Health Questionnaire to remain eligible to enroll in the HealthPlus Options for the following plan year. For subsequent years, you and your spouse/domestic partner will have to complete a Health Questionnaire annually, and earn 1,000 wellness points. If you do not earn 1,000 wellness points, you may enroll in one of the other medical options available.

For more information on how to earn wellness points, refer to the **"Points in the right direction"** guide. You'll find out how easy it is to earn points and become a healthier you along the way.

HealthPlus PPO Options (Aetna)

The HealthPlus Options are network-based health plans that use the Aetna Choice POS II network. The PPO options give you a choice when it comes to getting covered medical care. You can go to any physician you want but, when you stay in the network, a larger portion of your expenses may be covered, because you'll be responsible for paying deductibles and coinsurance (if applicable) up to the out-of-pocket maximum.

If you use an out-of-network provider you'll have to pay a separate higher plan-year deductible, you have a higher share of the covered expenses up to separate and higher out-of-pocket limits, and you'll need to cover any expenses above the "recognized charge limits." Further, in-network providers typically will file your claims for you; when you use an out-of-network provider, you'll be responsible for filing your own claims.

HealthPlus Out-of-Area (OOA) Option

The OOA option is available only if you live in an area where there's no access to the Aetna Choice POS network. If you enroll in the OOA plan option, you can choose any licensed provider you wish each time you need medical care. The OOA plan pays most of the cost of covered expenses up to recognized charge limits – after you meet the deductible. You're responsible for filing all claim forms.

Health Maintenance Organization (HMO)

In some areas, HMOs are also available. The HMOs are network-based health options under the BP Medical program. If you enroll in an HMO option you must select a Primary Care Physician (PCP) from the HMO's provider directory to coordinate all of your health care services. If your PCP feels you need specialty care, s/he can refer you to a specialist. There are usually no deductibles, coinsurance or claim forms to fill out. However, if you don't have your PCP provide or coordinate your care (except during an emergency), your expenses won't be reimbursed. If you're eligible and elect to participate in an HMO you'll receive specific information directly from the HMO once you're enrolled. HMOs typically offer prescription drug coverage and behavioral health services.

Medical plan comparison

Remember, as a new hire/newly eligible employee, you'll automatically have the option of enrolling in the HealthPlus Options for year one. If you would like to continue participating in the HealthPlus Options, you'll need to earn 1,000 wellness points throughout the course of the year.

	HealthPlus PPO		HealthPlus OOA
	Network	Out-of-network ^a	N/A
General information			
Plan year deductible	\$300/person; \$900/family maximum ^{b,c}	\$900/person; \$2,700/family maximum ^{b,c}	\$300/person; \$900/family maximum ^c
Plan year out-of-pocket maximum	\$2,000/person; 5,000/family maximum ^{b,c}	\$3,500/person; \$9,000/family maximum ^{b,c}	\$2,000/person; \$5,000/family maximum ^b
Lifetime maximum benefit	None	None	None
For the following covered treatments and services, the BP Medical plan options pay:			
Doctor visits^d			
Primary care office visit	100% after \$20 copay	60%	100% after \$20 copay ^f
Specialist office visit	100% after \$30 copay	60%	100% after \$30 copay ^f
Behavioral health office visit	100% after \$30 copay	60%	100% after \$30 copay ^f
Maternity services	80%	60%	80%
Lab and X-ray	80% ^e	60%	80% ^e
Preventive care^d			
Routine physicals	100%, no copay, no deductible	60%	100%, no copay, no deductible
Annual well-woman exam	100%, no copay, no deductible ^g	60%	100%, no copay, no deductible ^g
Mammograms (routine)	100%, no copay, no deductible	60%	100%, no copay, no deductible
Prostate Specific Antigen (PSA) tests (routine)	100%, no copay, no deductible	60%	100%, no copay, no deductible
Well-child care (until child's 18th birthday)	100%, no copay, no deductible	60%	100%, no copay, no deductible

	HealthPlus PPO		HealthPlus OOA
	Network	Out-of-network ^a	N/A
Emergency services^d			
Emergency room (applies to facility charges only)	100% after \$100 copay	60% ^b	80%
Ambulance	80%	80%	80%
Outpatient services^d (services provided other than in a doctor's office)			
Outpatient surgery facility	80%	60%	80%
Doctor/surgeon and related professional fees	80%	60%	80%
Lab and X-ray	80%	60%	80%
Radiation therapy/ chemotherapy	80%	60%	80%
Inpatient hospital services^d			
Room and board (semi-private room)	80%	60% ⁱ	80% ⁱ
Inpatient behavioral health stay	80%	60% ⁱ	80% ⁱ
Doctor hospital visits	80%	60%	80%
Lab, X-ray and anesthesia	80%	60%	80%
Alternatives to inpatient hospital care^d			
Skilled nursing facility (up to 60 days/plan year) ^j ; inpatient hospice care	80%	60% ⁱ	80% ⁱ
Home health care (limited to 120 visits/plan year) ^j	80%	60%	80%
Outpatient hospice care	80%	60%	80%
Outpatient private duty nurse (up to 70 shifts/plan year) ^j	80%	60%	80%

	HealthPlus PPO		HealthPlus OOA
	Network	Out-of-network ^a	N/A
Other covered services^d			
Chiropractic care (up to 20 visits/plan year)^j	80%	80%	80%
Durable medical equipment; orthotics; consumable medical supplies	80%	60%	80%
Prosthetic appliances (including external breast prosthesis); wigs	80%	60%	80%
Infertility treatment (limited to diagnostic testing and corrective surgery)	80%	60%	80%
Outpatient rehabilitation (physical/occupational therapy) and cardiac rehabilitation (limitations on length of coverage apply; physical/occupational therapy benefits are subject to review for medical necessity after 60 consecutive days of treatment)	80%	60%	80%
Speech therapy (up to 10 visits/plan year without review for medical necessity)^k	80%	60%	80%
Sterilization (tubal ligation or vasectomy)	80%	60%	80%
TMJ (medical treatment for TMJ covered; TMJ-related dental services and orthodontic appliances not covered)	80%	60%	80%

^aCoinsurance benefit levels are subject to recognized charge limits.

^bCovered network expenses do not apply to the plan year out-of-network deductible or out-of-pocket maximum, and covered out-of-network expenses do not apply to the plan year network deductible or out-of-pocket maximum.

^cOffice visit copays, emergency room copays, precertification penalties and amounts above recognized charges do not apply to the plan year deductible or out-of-pocket maximums for any of the plan options, as applicable to each option.

^dUnless otherwise noted, benefits paid at 80% or 60% are paid after the plan year deductible has been met.

^eThe office visit copay covers lab and X-ray charges performed in a doctor's office and billed as part of the visit. When these services are not performed at the time of the office visit, performed at another network facility or by a network entity other than the doctor's office, you must first meet your deductible and then the expense is covered at 80%.

^fYou may need to pay the full amount and submit a claim for reimbursement to Aetna.

^gIncludes all tests associated with the visit and all office-based procedures.

^hNetwork benefits apply if a true emergency.

ⁱPrecertification required; benefits may be reduced or denied if precertification not obtained.

^jThe visit/plan year limit applies to total of both network and out-of-network visits.

^kAdditional visits subject to review for medical necessity and covered only if one of the following circumstances exist: therapy is to restore speech lost, impaired or developmentally delayed due to an injury or sickness (other than a functional nervous disorder); diagnosis of chronic acute otitis media or autistic spectrum disorder (autism); a congenital defect for which corrective surgery has been performed.

Wellness at BP...

The road to better health is a personal journey. Regardless of where your health is today, you could probably be doing more to manage, improve or maintain it.

To support you on your health journey, BP offers wellness programs – including the Health Questionnaire – available to employees and non-Medicare eligible retirees.

For more information, including additional wellness programs and resources, refer to the Wellness tab on the **LifeBenefits** website.

...Begins with a Confidential Health Questionnaire

This online, confidential questionnaire provides a snapshot of your health and helps you identify risk factors and areas you should focus on to improve or maintain your health. Participation is completely voluntary. You can access the Health Questionnaire through the BP Benefits Center website. If you don't have internet access, call the StayWell HelpLine at 1-888-343-9862 to request a paper questionnaire.

Your individual responses to the Health Questionnaire are completely confidential and are not shared with BP. Results are managed by an independent health management vendor. BP will see only aggregate data, which it will use to help identify where future wellness programs should be focused. Personal health information cannot be identified by BP from this collective data. Your individual results are meant to help you on your journey to better health and won't qualify you for or disqualify you from enrolling/participating in any BP benefits.

Note: To remain eligible for the HealthPlus Options for the next plan year you and your spouse/domestic partner must complete a Health Questionnaire, and you'll also be required to earn at least 1,000 wellness points by participating in various wellness programs throughout the following year.

...And continues with various wellness programs

Health Advisors

Contact a Health Advisor to review your Health Questionnaire results. Health Advisors are available to answer questions about your results and discuss available wellness programs to help you decrease or manage health risks.

Personal Health Record

The Personal Health Record allows you to share complete and up-to-date health information with your providers and keep track of immunizations, medications, etc.

Healthy Living Program

This six-week program covers a variety of health issues including diet, aging, weight loss and stress relief. It provides action plans for each week based on your individual needs.

Health & Family Centers

These online education modules are available on a variety of topics including asthma, children's health, tobacco use and blood pressure.

Lifestyle Management

Participants with moderate to high health risks can participate in the Lifestyle Management programs by phone or mail. Programs include back care, blood pressure management, cholesterol management, exercise, nutrition, tobacco cessation, stress management and weight management.

Condition Management

Administered by StayWell, this program is designed to improve the quality of life for individuals with chronic conditions and to minimize the effects of the condition through a variety of clinical and educational programs. Chronic conditions covered include asthma, coronary artery disease, congestive heart failure, chronic obstructive pulmonary disease and diabetes.

Complex Case Management

This program, for participants who are identified for case management, provides support in navigating the health care system and optimizing the use of benefits.

The first step to better health

The first step to better health tomorrow is finding out where your health is today. Completing the Health Questionnaire can help you identify potential health risks you may be facing, as well as the areas of your health that might need extra attention.

Log on and fill it in

You can complete the Health Questionnaire online 24 hours a day, seven days a week, from any computer with access to the Internet.

- Just log on to the BP Benefits Center online at <http://resources.hewitt.com/bpbenefits> and click on "Find out about your health!" (**Note:** You'll need your BP Benefits Center user ID and password.)
- From here, you'll be taken to the StayWell Online website (StayWell Health Management® is our third-party wellness vendor) where you'll see a link from the homepage to "Take your Health Questionnaire." Individual responses to the Health Questionnaire are completely confidential, and your health status will have no bearing on your plan eligibility. Results are maintained by a third-party vendor. BP will see only aggregate data.

Know your numbers

Completing the Health Questionnaire is easy and doesn't require an extensive health history. Knowing the following numbers – which you can get from a routine physical – will help strengthen your results, but you can still complete the Health Questionnaire even if you do not have them all:

- Measurements: height, weight, hips
- Blood pressure
- Cholesterol: total, HDL, LDL
- Triglycerides
- Glucose

After completing the Health Questionnaire, be sure to call StayWell at 1-888-343-9862 to talk to a Health Advisor to review your results. And, you'll earn wellness points just for completing this five-minute, confidential call.

Are they walking in your shoes?

Stephanie

My thoughts:

I live in a rural area outside of Anchorage. Nearby health care providers don't participate in the Aetna network, and HMOs aren't available here. My choices for health care coverage center on the OOA option. Because this is my first year in the plan, I'm automatically eligible to participate in the HealthPlus Option. If I want to stay in this option next year, I'll need to make sure that my husband and I complete a Health Questionnaire next January and that I participate in BP's wellness programs and earn 1,000 wellness points.

My actions:

Enroll in the HealthPlus OOA option. Complete the confidential Health Questionnaire next January. Then start earning points.

James

My thoughts:

My wife and I are very careful to get the preventive care recommended for our age groups. The HealthPlus PPO option is a no-brainer! Covered preventive care paid at 100% and only one deductible to cover medical and prescription drug costs. With a history of heart disease I plan to participate in the Healthy Heart wellness program.

My actions:

Enroll in the HealthPlus PPO option. Participate in the Healthy Heart wellness programs. Make sure that my wife and I complete a Health Questionnaire next January. Then start earning points.

Mary

My thoughts:

I've always had HMO coverage in the past. It's simple and I understand it. But the thought of being able to go directly to any doctor I choose is great. I would never dream of going without coverage, my youngest son sprained both ankles but insists on playing soccer! So, I will enroll in the HealthPlus PPO option. I plan to complete the Healthy Kids Online Healthy Living Program offered through the BP Wellness Program, so that I'll be able to keep up with work and two very active boys.

My actions:

Enroll in the HealthPlus PPO option. Participate in the Healthy Kids Online Healthy Living Program and complete the Health Questionnaire next January to remain eligible for the HealthPlus Option next year. Then start earning points.

BP's Advocacy Service

BP's Advocacy Service is available to participants enrolled in BP health care plans administered through the BP Benefits Center. You and your dependents can get help with issues concerning a health care provider, claim or service. For example, the advocacy team can:

- Straighten out in-network versus out-of-network billing issues.
- Assist with disputed claims and charges.
- Ensure that all necessary approvals are in place for pending surgery.
- Help you get access to urgent treatment.

To reach the Advocacy Service, call the BP Benefits Center at 1-800-890-4100. At the main menu prompt, say "Health Care," then "BP Advocacy Services." Advocates are available Monday through Friday from 7:00 a.m. to 6:00 p.m. (Central time).

Note: Contacting the Advocacy team does not guarantee the resolution you want – the terms of the plans always apply.

Prescription drug coverage under a BP Medical plan option

If you enroll in a BP medical plan, you automatically receive prescription drug coverage. The HealthPlus and OOA Options offer benefits through the BP Prescription Drug Program administered by Express Scripts. This program is a retail network and mail-service based program. Under the HealthPlus PPO/OOA Options there is one deductible that covers both medical and prescription drug costs.

If you enroll in an HMO, your coverage will typically include prescription drug coverage, subject to certain restrictions – such as having to use a specified retail pharmacy network. Check the materials from the HMO you select for details.

Prescription drug coverage is automatic if you enroll in a BP Medical plan.

Through the prescription drug program, you can purchase up to a 30-day supply of medication from an extensive network of participating pharmacies, or up to a 90-day supply of maintenance medication through the home delivery program.

Prescription drug coverage

	HealthPlus PPO/OOA Options
Retail Pharmacy Network (up to a 30-day supply): Generic Brand name (preferred) Brand name (non-preferred)	 100% after \$5 copay 100% after \$25 copay 100% after \$45 copay
Home Delivery Program: Generic Brand name (preferred) Brand name (non-preferred)	 100% after \$12 copay 100% after \$65 copay 100% after \$125 copay

Note: You're limited to two fills for maintenance medications (for example, medication for high blood pressure or for high cholesterol) through a retail pharmacy. Subsequent refills must be obtained through the home delivery program. Once you have filled your initial prescription for maintenance medication, you'll receive a letter directing you to the mail service feature. There are no limitations on refills of non-maintenance medications from a retail pharmacy. Copays for medications vary depending on whether you choose a brand-name drug when a generic drug is available.

Note: Not all prescription drugs are covered. You should refer to the **Benefits Handbook** online for details of your coverage.

Retiree medical plan

Optional

The Retiree Reimbursement Account (RRA) program is designed to help you offset qualified retiree costs once you have satisfied the retiree medical eligibility requirements upon your retirement from BP.

Under the RRA program, you'll automatically receive an annual "credit" based on your age and years of service. This "credit" is actually a bookkeeping entry, and does not mean you have vested interest in such entries. You make no contributions to your RRA, and your account accrues no interest.

If you're eligible under the BP Retiree medical plan when you leave BP, the accumulated RRA credits can be used to reimburse you for any qualified medical expenses. Once your RRA is depleted, you'll no longer be eligible for reimbursement of any qualifying expenses; however, this would not impact your eligibility for coverage under the BP Retiree medical plan.

For more information on the RRA and annual credits, refer to the **Benefits Handbook** available on the **LifeBenefits** website.

A retiree medical plan? Consider it done.

BP provides access to retiree medical through the BP Retiree medical plan, as well as the Retiree Reimbursement Account (RRA) to help offset the cost for coverage.

Dental program

Optional

Plan Year: April 1 – March 31

If you want dental coverage, you'll need to enroll within 45 days of your date of hire or eligibility date. Coverage and your contribution costs will be retroactive to your date of hire or eligibility. If you don't enroll, you'll need to wait until the next Annual Enrollment period to add coverage, unless you have a qualifying status change.

Dental program options

<p>In most locations, you'll have a choice of dental program options. Your choices may include:</p> <ul style="list-style-type: none">• BP Dental program, a Preferred Provider Organization (PPO), administered by MetLife• Dental Health Maintenance Organization (DHMO) plan, administered by CIGNA• No coverage (default)	<p>You can choose from four different coverage levels:</p> <ul style="list-style-type: none">• You only• You + spouse/domestic partner• You + child(ren)• You + family
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Overview

To promote good dental health, BP offers coverage through the Dental program. Depending on where you live, you may choose the BP Dental program, administered by MetLife, or a Dental Health Maintenance Organization (DHMO), administered by CIGNA. You select the approach to dental care that best meets your needs.

The BP Dental program, administered by MetLife, is a Preferred Provider Organization (PPO). Each time you need care, you decide whether to go in- or out-of-network for covered dental services. If you go to a dentist in the PPO network, your out-of-pocket expenses generally will be lower than if you go to an out-of-network dentist. No matter which dentist you visit, you must meet a plan year deductible before most benefits begin (for preventive care and orthodontia benefits, the deductible doesn't apply). And, benefits are subject to a plan year maximum (meaning the plan will only pay so much toward your dental care each year).

The DHMO option works much the same way as an HMO. You and each covered family member choose a primary care dentist (from the CIGNA dental health network of dentists). The dentist you select provides all of your routine care and arranges for any necessary specialty care. You have no annual deductibles and no annual maximum (that's, your benefits begin immediately and you have no yearly benefit limit). The plan pays benefits only for services from a participating dentist. Services provided by a participating specialist must be pre-authorized or will be subject to retrospective review.

If you're thinking about participating in the DHMO option, be sure to check the provider listings in your area to ensure a provider is available.

Dental program comparison chart

	BP Dental Program	Dental Health Maintenance Organization (DHMO)
General information		
Plan year deductible	\$50/person	None
Plan year maximum benefit	\$150/family	None
Lifetime maximum benefit	\$1,500/person for diagnostic and preventive services, and for basic and major restoration services combined	None
Coinsurance (plan pays)		
Diagnostic and preventive services	100% with no deductible; includes three cleanings per year	100%
Basic restoration	85% after deductible	100% after scheduled preset charges
Major restoration	50% after deductible	100% after scheduled preset charges
Orthodontia	50% with no deductible	100% after scheduled preset charges

Note: The preset charges for the DHMO are provided by CIGNA in the patient charge schedule. Contact CIGNA to receive a copy of the schedule.

Are they walking in your shoes?

Ahmir

My thoughts:

I have close to perfect teeth. I just had a cleaning and X-rays, so I considered skipping dental coverage for this year. But, I think I'd rather have access to care if I need it, so I'll select the least expensive option which is the DHMO.

My actions:

Ensure there are participating providers in my area under the DHMO option. Enroll in the DHMO.

Mary

My thoughts:

My youngest son will need braces soon. I checked the preset charges for the DHMO, and compared the premiums, and then I asked two orthodontists in the PPO network what they'd charge for an average orthodontia treatment. As a result, I prefer one of the PPO network dentists and decide to enroll in the BP Dental program.

My actions:

Enroll in the BP Dental program.

Vision plan

Optional

Plan Year: April 1 – March 31

If you want vision coverage, you'll need to enroll within 45 days of your date of hire or eligibility date. Coverage and your contribution costs will be retroactive to your date of hire or eligibility.

Vision plan options

<p>Your choices for vision coverage include:</p> <ul style="list-style-type: none">• Vision coverage, or• No coverage	<p>You can choose from four different coverage levels:</p> <ul style="list-style-type: none">• You only• You + spouse/domestic partner• You + child(ren)• You + family
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Overview

With the Vision plan, administered by Vision Service Plan (VSP), you can go to any eye-care professional you choose, but if you use a VSP network provider, you'll pay less.

Your vision benefits help you meet the cost of regular and unanticipated vision services that you and your family need. Here is a summary of your vision care benefits.

Seeing things clearly now.

BP offers vision coverage through the BP Vision plan.

Vision services coverage comparison chart

	In-network	Out-of-network
General information (plan pays)		
Eye exam (once per plan year)	100% after \$10 copay	Reimbursed up to \$43, after \$10 copay
Lenses^a (once every plan year) <ul style="list-style-type: none"> • Single vision • Lined bifocal • Lined trifocal • Lenticular 	100% after \$30 copay for lenses and/or frames	Reimbursed after \$30 copay for lenses and/or frames <ul style="list-style-type: none"> up to \$40 up to \$60 up to \$73 up to \$80
Frames^b (once every other plan year)	100% up to \$130 allowance	Reimbursed up to \$47
Contact lenses (once per plan year) <ul style="list-style-type: none"> • Medically necessary (subject to doctor's approval)^c • Elective 	100% after \$30 copay 100% up to \$130 ^d	Reimbursed up to \$210, after \$30 copay Reimbursed up to \$125
Laser correction surgery discounts	VSP has arranged for members to receive PRK, LASIK and Custom LASIK surgery at a discounted fee. Discounts vary by location, but average 15% off of the contracted laser center's usual and customary price. Additionally, if the participating laser center is offering a temporary price reduction, VSP members will receive 5% off of the promotional price. The maximum fee a member will pay is: \$1,500 per eye for PRK \$1,800 per eye for LASIK \$2,300 per eye for Custom LASIK	The laser vision surgery discount is not available if you go to an out-of-network provider.

^aLenses may be glass or plastic.

^bIf you choose a frame valued at more than the plan's allowance, the difference you pay is based on VSP's preferred member pricing. VSP offers valuable savings, including a 20% discount on non-covered pairs of prescription glasses (lenses and frames) and sunglasses. Services are available from any VSP provider within 12 months of your last exam.

^cMedically necessary contact lenses are covered in full when VSP benefit criteria is met and verified by a VSP network doctor for eye conditions that would prohibit the use of glasses. The conditions covered include aphakia, anisometropia, high ametropia, nystagmus, keratoconus and other eye conditions that make contact lenses necessary.

^dYou receive a 15% discount on contact lens professional services before the maximum allowance is applied. No copay applies. This benefit is instead of the lenses and frames benefit.

Note: You'll need to enroll if you want vision coverage, even if you enroll in an HMO that offers some vision coverage.

Are they walking in your shoes?

James

My thoughts:

My wife is sick of wearing glasses! She recently attended a LASIK informational meeting and found out she qualifies for the procedure. I'm going to select vision coverage and my wife has promised to go to a facility and doctor in the network to save on the cost of the surgery. I'm also going to enroll in the Health Care Spending Account to use my pre-tax dollars to pay for the remaining portion of the LASIK surgery.

My actions:

Enroll in the Vision plan. Contribute to the Health Care Spending Account.

Stephanie

My thoughts:

My grandmother lived to be 97 and never needed glasses. So far, my vision is 20/15, so I'm not going to elect vision coverage since I only need an annual eye exam.

My actions:

Decline vision coverage.

Spending accounts

Optional

Plan Year: April 1 – March 31

How would you like to save money on your income taxes and use that untaxed money to reimburse yourself for eligible health care and/or dependent day care expenses? Spending accounts let you do that. They take a little planning and do have a few rules you must follow – but they can provide significant tax savings for your efforts. And, you can increase the amount of money you take home in your pay each year by lowering your taxable income.

If you want to participate in a spending account, you'll need to enroll within 45 days of your date of hire or eligibility. Participation will be retroactive to your date of hire or eligibility and your election will cover eligible expenses through March 31. If you don't enroll, you'll need to wait until the next annual enrollment period to participate, unless you have a qualifying status change. See the **LifeBenefits** website for more details. Employees on international assignment working in the U.S. aren't eligible to participate in a spending account.

BP offers you two spending accounts. They work the same way, but are used for different things.

The **Health Care Spending Account (HCSA)** is used for health-related expenses, like copays for visits to the doctor or prescription drugs. Generally, out-of-pocket health-related expenses incurred by you or your covered eligible dependents that aren't paid by medical, dental or vision coverage – even under your spouse's employer's plan – are eligible for reimbursement. At BP, the company matches a portion of your contributions to this account.

HCSA eligible expenses – not just for deductibles and copays

Deductibles and doctor's visits aren't the only things covered by the HCSA! You can also get reimbursed for items like contact lenses or glasses not covered by your Vision plan (such as prescription sunglasses, or a second pair of reading glasses) or hearing aids.

Please note that you will need a doctor's prescription in order to receive reimbursement for eligible over-the-counter (OTC) medications.

Visit www.irs.gov and access Publication 502 (which is updated annually) to view a complete list of eligible expenses.

Spend smart, save more!

With the health care and Dependent Care Spending Accounts you can pay for eligible expenses with pre-tax dollars. You'll also increase the amount of money you take home by lowering your taxable income.

The **Dependent Care Spending Account (DCSA)** is only used for child care or elder care expenses that allow you and your spouse to work (like day care, after-school care or adult care). It can't be used to reimburse yourself for your dependent's health care expenses.

You decide whether you want to participate in either or both of the accounts, and you decide how much to contribute. The money you designate comes out of your paycheck in equal amounts throughout the plan year (April 1 through March 31) before taxes are applied to your pay, so spending account contributions aren't subject to federal income tax, Social Security taxes and, in most cases, state income taxes. When you pay for an eligible expense, the money you have contributed to your spending account on a tax-free basis is paid back to you! Savings depend on your tax bracket, but can be 20% to 30% or more.

Consider the remaining months in the plan year

When you enroll in the HCSA and/or DCSA during the plan year (as a new hire) rather than during annual enrollment, your contribution election will be allocated over the remaining months of the plan year for which you're enrolling and will only cover expenses you have incurred after your coverage takes effect. For example, James' date of hire is December 20, and he decides to enroll in the HCSA on January 3 (within 45 days of his date of hire). He must call the BP Benefits Center to enroll, because he is electing the HCSA between January and March. The contribution amount that James chooses for his HCSA will be taken out of the paychecks he receives between December 20 and March 31 and will only cover eligible expenses during that time period. He will then have an opportunity – during annual enrollment – to decide on a contribution amount for the 12 months of the plan year after March 31. Remember: James' elected contribution amount as a new hire is only for December 20 (his date of hire) through March 31 (the last day an expense is eligible for HCSA reimbursement). Not understanding this could make a significant difference in how much James sees come out of each paycheck.

Spending account limits

	Minimum annual contribution	Maximum annual contribution
Health Care Spending Account		
Your contribution	\$120 (\$10/month)	\$4,800
BP matching contribution	25% of your contribution, up to \$200*	
Dependent Care Spending Account	\$120 (\$10/month)	\$5,000**

*The match isn't available to ABSC employees.

**If you're married and filing separately, you may contribute up to \$2,500.

Reimbursement options

If you enroll in a Health Care Spending Account, you have to select a reimbursement option during enrollment. Your reimbursement choice stays in effect for the entire plan year.

Debit card reimbursement option

If you're enrolled in a HealthPlus or Standard Option for medical coverage, the debit card reimbursement option offers the convenience of paying for many eligible out-of-pocket expenses, such as copays, with this debit card instead of with cash or a credit card. The debit card is linked to the HCSA, so access to your account funds is automatic and immediate and can be used for out-of-pocket expenses through your medical plan, dental plan (excludes the Dental HMO) and vision expenses. All other expenses must be paid for and filed with Aetna for reimbursement.

Note: You cannot use this debit card to get cash from an ATM, and it may not be accepted everywhere for medical expenses. You must continue to file claim forms for eligible medical expenses that are not covered by the card.

Streamline reimbursement option

If you choose the streamline reimbursement option and are enrolled in a HealthPlus or Standard Option for medical coverage or in the BP Dental program, you'll pay for eligible expenses out-of-pocket at the time of purchase, but you don't need to submit receipts for in-network services. Eligible claims will be sent directly to Aetna for processing. If you're not enrolled in a HealthPlus or Standard Option or in the BP Dental program, you can still be reimbursed for eligible expenses, but you must submit receipts to Aetna for processing.

IRS guidelines

To take full advantage of spending accounts, you'll need to follow the U.S. Internal Revenue Service (IRS) rules that govern them:

- If you don't incur sufficient reimbursable claims by the end of your coverage period (generally the plan year, unless your coverage ends earlier due to – for example – a qualified status change), any amounts remaining in your account will be forfeited.
- Reimbursements are permitted only for costs incurred by you for eligible dependents. Per federal guidelines, this generally does not include domestic partners or the children of your domestic partner.
- No changes are allowed mid-plan year, except in special circumstances.
- No transfers of money between an HCSA and a DCSA are allowed.
- You may either claim an eligible expense as a reimbursement through a spending account or as a deduction/tax credit on your income tax return – but not both.
- You must enroll each plan year that you want to participate.
- If you participated in your prior employer's DCSA or your spouse currently participates in another employer's DCSA, make sure that your elected contributions don't exceed the \$2,500/\$5,000 limits based on your tax year (i.e. the calendar year).

Careful planning is key

Planning your contribution amount is easy, thanks to some helpful tools on the BP Benefits Center website at <http://resources.hewitt.com/bpbenefits>.

For the HCSA

- Review your medical claims history and find out how much you spent last year, then use that as your guide to determine how much to contribute.
- Use the medical expense estimator or spending calculator tools at the BP Benefits Center online to help you estimate how much to contribute.

For the DCSA

- Check your receipts for your child's or eligible dependent's care, and use that as your guideline in estimating your contributions.
- Use the DCSA expense estimator at the BP Benefits Center online to get a sense of how much to contribute.

Are they walking in your shoes?

Mary

My thoughts:

If there is a legitimate opportunity to save money, I'm all over it. Each year, before I enroll, I estimate what my health care expenses will be (for myself and both sons), and what child care expenses will be. This year, my younger son will no longer attend an after-school camp – so I don't need to enroll in the DCSA. I will enroll in the HCSA though, since I have discovered it saves an average of 23%. I will also turn off the automatic reimbursement feature; I prefer to get my reimbursement all at once and use it for Christmas!

My actions:

Enroll in the HCSA and turn off the automatic reimbursement feature.

James

My thoughts:

My wife plans to have LASIK eye surgery this year. After checking the eligible expenses listed by the IRS, we determined what the cost will be for that surgery as well as any other planned medical expenses. We used the tools on the BP Benefits Center website to help us estimate the amount we need to contribute to the HCSA.

My actions:

Contribute to the HCSA.

Planning for the unexpected – income and survivor protection

BP's income and survivor protection benefits help safeguard your income and your hard-earned savings. People typically don't like to think or talk about these benefits, but they're valuable and can offer you and your family some peace of mind during difficult times. These benefits support you and your family financially when illness or injury requires long-term care or prevents you from working, or if you die.

Employees on international assignment working in the U.S. aren't eligible to receive income and survivor protection benefits.

Peace of mind for you and your family.

With benefits like Short-Term and Long-Term Disability, you can rest assured your income is protected.

Income protection plans

Short-Term Disability (STD)

Automatic

BP offers this benefit at no cost to you. If you're unable to work, STD can help replace your income to help you pay bills and protect your long-term savings. Here are the highlights of the BP Short-Term Disability plan:

- You're automatically enrolled in STD coverage; you don't need to enroll.
- STD benefits are fully paid by the company.
- Your STD benefits provide a paycheck when you're ill or injured and unable to work.
- **If your injury is work related...**the STD plan will replace 100% of your base pay.
- **If your injury or illness isn't work related...**the STD plan will replace 100% of your base pay for a specified period of time, then 50% of your base pay for an additional period. The length of time you receive 100% of your base pay depends on your length of service with BP.
- The maximum total benefit period is 26 weeks.

Long-Term Disability (LTD)

Basic coverage

Automatic

Short-Term Disability benefits last up to 26 weeks. If you're unable to perform your BP job due to your injury or illness after this 26-week period, Long-Term Disability benefits may kick in. BP provides basic LTD coverage automatically, at no cost to you. Here are the highlights:

- Basic LTD coverage provides an LTD benefit of up to 50% of your eligible pay (including base pay and variable pay). Automatic coverage is effective as of your hire date; you don't need to enroll to receive basic coverage. However, coverage is subject to pre-existing condition limitations. Check the **Benefits Handbook** online for more details.
- Your basic LTD coverage is fully paid by the company.
- Generally, LTD benefits continue as long as you remain totally disabled, up to age 65.

Long-Term Disability (LTD) buy-up coverage

Optional

To meet the needs of employees, BP also offers optional LTD coverage. You can choose to "buy up" and increase your LTD coverage. Your cost is deducted from your paychecks on an after-tax basis.

Here are the highlights:

- If you want to purchase optional coverage, you may choose an additional 10% or 15% of your eligible pay. So, combined with your basic LTD coverage, you can receive an LTD benefit of up to 60% or 65% of your eligible pay.
- Coverage for optional LTD is generally effective on your date of hire if you enroll within 45 days of your eligibility, or when your completed elections have been received by the administrator (if you enroll after the first 45 days of eligibility).

Keep in mind that if you enroll in optional coverage within the first 45 days you're eligible, you won't need to provide Evidence of Insurability (EOI), sometimes referred to as statement of health. If you decide to purchase optional coverage at a later date, you must provide EOI.

Long-Term Care (LTC) insurance

Optional

Long-Term Care insurance helps you pay for certain long-term care services you might need as a result of a chronic disease, serious accident, sudden illness or cognitive impairment (such as Alzheimer's disease) that could limit your ability to think or reason. Care may be provided by a health care professional such as a nurse, home health aide or other personal care provider – and can be provided at home, in a nursing home or at an adult day-care facility. The amount of care could range from a few hours of care per week at home to round-the-clock care. Coverage is available to you and your eligible family members, but in some instances Evidence of Insurability (EOI) will be required to enroll.

Six different coverage options are available so you'll want to invest some time to learn which option is right for your needs. If you enroll within 45 days of your eligibility, you won't be subject to evidence of insurability requirements. However, EOI is always required for family members requesting coverage. Here are some highlights:

- Coverage is effective the first day of the month following John Hancock's approval of your application.
- You pay the full cost of coverage, after-tax.
- Even if you don't elect coverage, your eligible family members can. They would pay John Hancock directly.
- The cost of your coverage depends on your age at the time you get LTC coverage and the coverage option you select.
- For more information and/or an enrollment kit, contact John Hancock.
- For additional information on the LTC Plan, refer to the **LifeBenefits** website or call John Hancock at 1-800-793-3694 (inside the U.S.).

Are they walking in your shoes?

Mary

My thoughts:

I don't like to think about disability, but with raising two young boys, I need to protect my income. The LTD coverage BP provides is great, but I'll go ahead and enroll in the optional buy-up coverage so I can have that added peace of mind.

My actions:

Elect the optional buy-up Long-Term Disability coverage.

James

My thoughts:

I'm the sole provider for my family. I know that my wife (and even our grown kids) might not be financially secure if something happened to me and I needed long-term care. So I decided to purchase Long-Term Care insurance. While I don't like to think about the possibility, I do appreciate that BP gives me the coverage option.

My actions:

Enroll in the Long-Term Care plan.

Survivor protection plans

If you die, or if you're accidentally injured and unable to work, these benefits offer the reassurance that those you love will have some level of financial security.

Basic Life insurance

Automatic

BP automatically provides Basic Life insurance at no cost to you. The insurer pays your beneficiary a benefit when you die. The amount of the benefit is based on the amount of your coverage at the time of your death.

If you die while covered by the plan, your beneficiary will receive a death benefit equal to one times your eligible pay (rounded to the next highest \$1,000).

It's important for you to name a beneficiary to receive your Basic Life insurance, Accidental Death & Dismemberment (AD&D), Occupational Accidental Death (OAD) and Group Universal Life (GUL) benefits. Your beneficiary(ies) are those people who'll receive your benefit if you die due to illness or injury. If something happens to you and you don't have a beneficiary on file, your benefits may not be paid according to your wishes. You can designate or update your beneficiary(ies) for Basic Life/AD&D insurance through the BP Benefits Center, by phone or online. The beneficiary you designate for Basic Life/AD&D will apply to OAD as well. If you want to change your OAD beneficiary(ies), you'll need to request a form from the BP Benefits Center to do so.

Additional features

Basic Life insurance also has an Accelerated Benefit Option (ABO). The ABO means you can receive up to 50% of your Basic Life benefit amount while you're still living, if you're faced with a terminal illness.

Accidental Death & Dismemberment (AD&D) insurance

Automatic

BP automatically provides AD&D insurance at no cost to you. AD&D insurance pays a benefit to you or your beneficiary if you suffer certain accidental injuries or if you die from an accident. Unlike life insurance, AD&D generally wouldn't pay survivor benefits in the case of death by illness. You have two different types of AD&D coverage:

- **When you're injured...**coverage is based on the type of injury. You would receive a percentage of the full AD&D amount based on what kind of loss you experienced. (For example, if you lost both hands and both feet, you would receive 100% of the benefit. If you lost hearing in both ears, you would receive 50% of the total AD&D benefit.)
- **When you die...**coverage is based on the amount of your coverage at the time of your death. The plan would pay your beneficiary a benefit equal to one times your eligible pay.
- The maximum AD&D benefit is \$1 million.

For a full schedule of benefits and more details, check the **LifeBenefits** website.

Provide security.

Life insurance gives you peace of mind knowing you've protected your loved ones.

Occupational Accidental Death (OAD) insurance

Automatic

BP automatically provides OAD insurance at no cost to you. This plan pays a benefit to you or your beneficiary(ies) if you and/or your eligible dependents are injured or die as a result of an accident while working for BP or while traveling on BP authorized company business. You have two different types of OAD coverage:

- **When you're injured at the work site or while traveling on company business and the injury was caused by that work or travel...**coverage is based on the type of injury. The plan pays a percentage of the full OAD amount based on what type of loss you experienced.
- **When you die at the work site or while traveling on company business and the death was caused by that work or travel...**your beneficiary(ies) will receive a benefit equal to three times your eligible pay. This coverage is in addition to any benefits payable through the Basic Life insurance plan and/or the Group Universal Life (GUL) insurance program.
- The minimum death benefit is \$500,000, and the maximum benefit is \$1.5 million.

For a full schedule of benefits and more details, check the **LifeBenefits** website.

Group Universal Life (GUL) insurance

Optional

Even though BP provides you with Basic Life insurance coverage at no cost to you, you may want more. That's why the company offers you the opportunity to elect Group Universal Life (GUL) insurance for yourself, your spouse/domestic partner and/or your eligible child(ren). You pay the full cost of coverage on an after-tax basis, but you have access to group rates through BP. And the benefit is portable, meaning you can take the coverage with you if you leave BP. You may purchase insurance equal to:

- **For you...**1 – 8 times your eligible pay (up to \$250,000).
- **For your spouse/domestic partner...**1 – 4 times your eligible pay (up to \$250,000).
- **For each eligible child...**\$10,000.

Coverage is insured by Metropolitan Life Insurance Company (MetLife). The cost of your coverage depends on your age, the level of coverage you select and whether or not you (and your spouse/domestic partner) use tobacco products. (Rates are lower for people who don't use tobacco products.) You can estimate the cost of your coverage and enroll through the BP Benefits Center at <http://resources.hewitt.com/bpbenefits>. Cost for coverage for your children is \$1.00 per month, regardless of the number of children you have. Rates increase as you get older and your salary increases, but the group rates are guaranteed until the policy renewal date.

You may have to provide Evidence of Insurability (EOI), depending on the coverage level you request or if you don't enroll within 45 days of your date of hire.

Additional features

GUL insurance also has an Accelerated Benefit Option (ABO). The ABO means you can receive up to 50% of your GUL benefit amount while you're still living, if you're faced with a terminal illness. And, GUL insurance gives you the chance to build cash value and earn tax-deferred interest through a special cash accumulation fund feature. Detailed information on the benefits available and application instructions are included in your GUL enrollment kit, which is mailed directly to your home.

Are they walking in your shoes?

Ahmir

My thoughts:

I decided not to purchase additional life insurance through the Group Universal Life insurance plan. Since I don't have a family yet, I feel quite comfortable with the Basic Life insurance BP provides – and I'm pleased to receive that at no cost. I understand that EOI will be required if I decide to purchase coverage down the road.

My actions:

Decline additional life insurance coverage through the Group Universal Life insurance plan.

Mary

My thoughts:

I elect to choose the maximum allowable amount of Group Universal Life insurance I can get for myself. I had an individual policy, but the rate offered through BP is better. I'm not going to elect life insurance for my sons. But I do elect coverage for myself, and designate my sister as beneficiary since she will be the boys' legal guardian if anything happens.

My actions:

Elect life insurance coverage under Group Universal Life insurance for myself.

Building a secure future

No matter how you plan to live in retirement, BP's pension and savings plans can help you toward a secure financial future. Many people spend more time preparing for vacation than for retirement, and when it's time to retire, there is a shortfall. Your retirement will require mental, physical and financial preparation and the earlier you begin the better.

It's your future, so start preparing now!

To provide you with retirement income, BP offers a savings plan with a 7% matching contribution and a pension plan that's solely funded by BP – so you can start building toward a secure financial future today.

BP Employee Savings Plan (ESP)

Automatic

BP makes savings for retirement under the savings plan easier by offering an automatic enrollment feature. You will automatically contribute to the Savings Plan unless you specifically choose not to.

You will be automatically enrolled at 7% on a before-tax basis in your savings plan as soon as administratively possible starting with your first paycheck on or after your 30th day of employment. If you do not want to participate, you can change your contribution rate to 0% within the first 30 days of your employment, or you can adjust your contribution rate to any whole percentage between 1% and 80%, as appropriate for you. If you do not log on to www.netbenefits.fidelity.com or call BP Retirement Services at Fidelity at 1-877-272-3334 and change your contribution rate, a 7% before-tax contribution will be deducted from your eligible compensation for each pay period. If within 90 days of being automatically enrolled you decide that you do not want to participate in the plan, you are allowed a one-time, penalty free permissible withdrawal.

The savings plan offers a range of investment options. Unless you choose a different investment option, your savings plan account will be invested in the Target Date Fund (TDF) nearest to your retirement date (assumed to be age 65). Remember that you – not the company – assume all investment risk.

For more information on the Target Date Fund, please see the Investment Options Guide and any Updates.

You can change how your savings plan account is invested by logging onto NetBenefits. Remember that you – not the company – assume all investment risk.

Reasons to participate:

Free money! Maximize BP's match by contributing at least 7% of your eligible pay each pay period! BP gives you this money to encourage you to save for your retirement. Don't miss out!

Tax savings. When you contribute on a before-tax basis your investments and earnings grow tax-free until you withdraw them. With Roth 401(k) contributions, your earnings are never taxed if you don't take a distribution for at least five tax years from the year of your first Roth 401(k) contribution and you're at least 59-1/2, die or become disabled. Regular after-tax contributions are not taxable upon withdrawal, although earnings are taxable.

Portability. The benefit is portable, meaning you can take your contributions, and the company's contributions if you're vested, with you if you leave BP. To further delay taxation, you can roll your taxable distributions into an Individual Retirement Account (IRA).

To encourage you to save for your future, BP matches a portion of your contributions – dollar for dollar – up to 7% of eligible pay per pay period. You're always 100% vested (meaning you have a permanent right to the money) in your contributions, and you're 100% vested in BP's company matching account after three years of service.

Here are some highlights of the BP ESP. Refer to the **Benefits Handbook** online for more information. You'll have access to Fidelity's NetBenefits website, which has great tools to help you determine how to get started with your BP ESP contributions.

Plan name	BP Employee Savings Plan (ESP)
Plan type	Qualified retirement savings plan
Investment type	You choose the investment options based on your retirement goals and risk tolerance Unless you choose a different investment option, your savings plan account will be invested in the Target Date Fund (TDF) nearest to your retirement date (assumed to be age 65). Remember that you – not the company – assume all investment risk.
Contribution limit	1% – 80% of eligible pay, up to IRS limits: <ul style="list-style-type: none"> • \$16,500 for before-tax and Roth 401(k) contributions in 2010* • \$22,000 if you're 50 or older • \$49,000 from all sources in 2010
Company match	Dollar for dollar up to 7% of eligible pay contributed per pay period (before-tax, after-tax and Roth 401(k) contributions combined)
Vesting	<ul style="list-style-type: none"> • 100% in your contribution accounts immediately • 100% in company match account after three years of eligible service
Investment election changes	Can be made at any time, subject to short-term trading or equity wash restrictions, if applicable
Loans	Two loans allowed, including a residential loan
Forms of payment	Lump sum or installment

*Please note, this limit applies to all before-tax and Roth 401(k) contributions made to any employers plan in a calendar year.

Permissible Withdrawal

If within 90 days of being automatically enrolled you decide that you do not want to participate in the plan, you are allowed a one-time, penalty-free withdrawal. If you take this penalty-free withdrawal within this period your contributions will be returned net of gains and losses. In addition, all related company match and any related earnings will be forfeited. Please note that if you have made any changes to your elections or investments, you are not eligible to take this penalty-free withdrawal. Please call BP Retirement Services at Fidelity at 1-877-272-3334 for any questions related to permissible withdrawals.

If you have any questions about how the savings plan works or your rights and obligations under the savings plan, please contact BP Retirement Services at Fidelity at 1-877-272-3334. If you would like a copy of the BP Benefits Handbook, you can view and print it online at www.bp.com/lifebenefits or request a copy from the BP Benefits Center at 1-800-890-4100.

Are they walking in your shoes?

Ahmir

My thoughts:

My father has always taught me the importance of saving money. For now, I'm going to contribute just enough to maximize the company match of 7%, so I can pay off student loans as quickly as possible. Once my loans are paid off, I'll increase my contributions. I'm also new to investing, so I'm going to spend some time on Fidelity's NetBenefits website, exploring the various tools and calculators to learn about my options and track my progress.

My actions:

Contribute 7% to the 401(k) – Employee Savings Plan

James

My thoughts:

I realize I only have a handful of working years left, so I need to contribute more than usual to the BP ESP. My wife and I decided I should contribute as much of my eligible pay as we can realistically stand to set aside. And since I'm over age 50, I can contribute an additional \$5,500 in catch-up contributions. I'm approaching the time when I'll need the money, so I carefully monitor my contributions and investments through NetBenefits.

My actions:

Participate in the Employee Savings Plan.

Rollovers – don't cash out and miss out!

If you have a qualified retirement savings plan from your previous employer, you can roll it over. A rollover contribution allows you to continue deferring taxes on money you had in a prior employer's qualified plan. You may be able to contribute – or “roll over” – the taxable portion of your distribution directly into the BP ESP. That way you can consolidate your retirement assets. Detailed instructions on how to roll over money is included in the BP ESP enrollment kit mailed from Fidelity.

BP Retirement Accumulation Plan (RAP)

Automatic

This retirement plan is provided by BP at no cost to you – you don't make any contributions. It's a “cash balance” plan, which means that pay credits and interest credits are posted monthly to an account on your behalf.

Here's how it works: BP sets up a notional account in your name and each month updates your account with pay credits and regular interest credits. These credits to your account are determined by a specific formula that takes into consideration your age, years of service and eligible pay. Your account currently earns interest based on the 30-year U.S. Treasury Bond, with a minimum interest crediting rate of 5%. BP Retirement Services at Fidelity keeps track of your individual account balance, and you can view your balance online at any time (plus you'll receive a paper statement at least annually).

Once you're eligible, participation in the BP RAP is automatic. And once you're vested, this benefit is portable when your BP employment ends.

Here are some highlights of the BP RAP. Check the BP **LifeBenefits** website for more information.

Note: If you were previously employed by BP, you may have a different pension formula; to learn more about your specific benefit, contact BP Retirement Services at Fidelity.

Plan name	BP Retirement Accumulation Plan (RAP)
Plan type	Cash balance formula
Contributions	Funded by BP
Benefit	<ul style="list-style-type: none">• Pay credits – a percentage of your eligible pay, based on your age or years of eligible service – whichever yields the higher percentage.• Regular interest credits – based on the monthly average interest rate on the 30-year U.S. Treasury Bond, with a minimum interest rate of 5%. The interest crediting rate is reset each month based on the interest rate for the fourth month prior to the current month.
Vesting	100% after three years of eligible service
Forms of payment	<ul style="list-style-type: none">• Lump sum• Single life annuity• Joint and survivor annuity (50%, 75%, 100%)

For more information on how your account accumulates credits, and for sample calculations, please review the **Benefits Handbook** online.

Managing work and personal needs

BP offers a variety of programs and resources that make it easier for you to achieve balance in your life. Below are some highlights. For details, check out the policies and programs section of the **LifeBenefits** website.

There's more to life than just work!

Enjoy some time off, and take advantage of the many programs and resources BP provides.

Holidays

BP's holiday benefits enable you to celebrate national and local holidays according to local custom. The company offers eight paid holidays plus up to two "personal choice" days each year in most U.S. locations. Paid holidays may vary by location, based on local practice and other business considerations, and will be announced locally each year.

Vacation

BP's vacation benefits are earned throughout the year, to use during the coming year. The amount of vacation time available to you is based on your years of service with the company and the number of hours per week you're scheduled to work.

You'll need to coordinate the scheduling of any time off (holidays, vacation, etc.) with your supervisor/manager.

Leaves of absence

BP recognizes that there are occasions when you need time off to take care of personal or family matters, and offers a variety of leave of absence programs for eligible employees (including leaves for medical or personal reasons, to continue your education, to fulfill military obligations, etc.).

Commuter benefit

Commuting to work can take its toll on your wallet. That's why BP offers a benefit that helps to offset these costs on a pre-tax basis. The Aetna Commuter Benefit (ACB) allows you to pay for certain work-related transportation expenses via convenient pre-tax payroll deductions – up to \$230 per month.

You may elect to contribute to one or both of the following options:

Parking benefit

- Parking expenses at or near your work site.
- Parking expenses at a location from which you commute to work, either by mass transit, or carpool.

Transit benefit

- Purchase passes or vouchers on a tax-free basis to cover the cost of traveling to work via mass transit, including subway, train or bus.
- Vanpool costs are also eligible if the vehicle seats at least six passengers in addition to the driver, at least 80% of the vehicle's mileage is used to transport to/from work and at least half of the vehicle is occupied by employees.

Variable Pay Plans (VPP)

Base salary recognizes the skills and performance you bring to your role; VPP creates the opportunity to receive additional rewards for delivering the right things. Individual contribution is valuable to BP to the extent that it results in business delivery and performance. The VPP takes account of both business and individual performance and rewards achievement for both. The VPP reward you're eligible to receive is based on two key factors: the performance of your SPU/Function and your own performance rating. The performance of both you and your Business Unit will be assessed as Below Expectations, Meets Expectations, Exceeds Expectations or Exceptional and your VPP will be based on the combination of these ratings. The VPP is paid in March, based on the results of the previous year.

Adoption assistance plan

This will reimburse 100% of all qualified adoption-related expenses, up to a maximum reimbursement of \$3,000 per adopted child.

Discount program for child care tuition

BP offers a 10% discount on child care tuition for two popular child-education chains.

Learning Care Group

A 10% discount on tuition only for children ages 2 – 12 at:

- Childtime
- La Petite Academy
- Tutor Time

KinderCare

- A 10% discount on standard weekly tuition rates for pre-school or school-age children (does not include infants and toddlers).

To find out how to access this discount, talk to the management at your local child care center associated with these brands.

BP Care – Employee Assistance Program

BP Care services are available to you and your household members, and your dependent children, at no cost to you. This voluntary program provides confidential professional support services designed to help you cope with a variety of personal and career-related issues. This service can help you achieve or maintain a different (but equally important) kind of health: emotional wellness, strong personal relationships and a positive attitude. Through BP Care, you have access to 24-hour counseling via telephone at 1-800-409-3687, which includes a referral service to community programs or services. Counselors are experienced, caring and hold master or doctoral degrees in counseling or related fields. They can help you deal with stress, aging, finances, depression, child/elder care, abuse, legal, family issues and many other topics. You can also explore issues in an anonymous, confidential, secure manner online at www.apsheplink.com (click on Create New Account and enter “BP” for the company access code when prompted).

Educational assistance program

BP reimburses up to 90% of the cost of eligible expenses for educational and vocational courses taken through an approved educational institution – if the coursework is approved by your manager. Eligible expenses include tuition, books, registration and laboratory fees.

Incremental dependent care reimbursement

On occasion, you may have to pay for child care that’s directly related to business travel or business meetings outside your normal work schedule. When you do, BP may reimburse you for that expense if approved by your manager. You must be single, or if you’re married or in a domestic partner relationship, your spouse/domestic partner must be unable to provide child care in your absence. Expenses incurred as a result of an overtime assignment aren’t eligible. Caregiving expenses must be in line with prevailing rates in your geographic area, and not greater than the expense you would normally incur for your dependent’s care.

Health fairs and flu vaccinations

Flu vaccinations are provided to all employees free of charge each year. Many locations host a health fair annually to provide you with more information about healthy living and BP health and wellness programs.

BP’s civic action programs – each voice counts

BP believes each person makes a difference in the world in which we live. Your voice has the ability to influence political issues and how they’re handled. Because of this, BP America supports programs that allow BP America employees to become active in issues that affect the energy industry and our rights as U.S. citizens.

The Citizen Action Program (CAP) provides education and updates on the following topics:

- **The U.S. political system** – how our political system operates and what you can do to make sure your opinions are heard as lawmakers finalize legislation.
- **The energy industry** – educating elected officials on the energy industry and how their decisions impact our company, our economy and our world.

CAP may be called into action to contact legislators when critical legislation is being addressed. For more information, visit the Civic Action & External Affairs website: <http://naga.bpweb.bp.com>. The Get-Out-The-Vote (GOTV) campaign works to increase the percentage of citizens exercising their right to vote. By visiting <http://naga.bpweb.bp.com>, BP America employees can find individual legislative districts, register to vote, get absentee ballots and learn about candidates.

Business Resource Groups

BP welcomes and values the ideas and contributions of all its employees. Employees with common interests or backgrounds may wish to voluntarily form groups to share insights and different perspectives with each other and with the company. These groups are known as Business Resource Groups (BRG) whose goal is to create an inclusive work environment. BRGs are vital to our overall performance and success. Effective BRGs help define the culture at BP, and give members benefits of inclusion, knowledge-sharing and belonging. They help drive professional development and growth of our employees and help address the constantly changing dynamics of a global business.

All employees are eligible to participate. Membership reaches across business units, functions and segments. Examples include: BP African American Network, Beyond America (within the U.S. supporting multiculturalism), Asian Network, BP Latino Network, BP Pride (gay, lesbian, bisexual, transgender network), Women's Network, BP Working Parents and Parents-to-Be, and Gray Matters (40+ years of age employees).

Employee Matching Fund

BP employees can access up to \$5,000 per year through the Employee Matching Fund which provides matching grants to eligible schools and non-profit organizations in recognition of your financial gifts, volunteer time and participation in sponsored pledge events (walks, runs, etc.). Matching Fund details are available on the BP intranet (available once you have received your BP login information) at: <http://employeematchingfund.bpweb.bp.com/default.asp>.

Service and retirement awards

BP is proud of the hard work and commitment of its long-time employees. To mark the milestones in your BP career, you'll receive a service award at five-year intervals. At retirement, you'll receive a retirement award.

Domestic relocation policy

BP's domestic relocation policy is designed to provide employees relocating at the company's request with reasonable financial assistance to meet individual needs and circumstances. BP may provide assistance to an employee who accepts a new position, or is relocated to another work location that significantly increases the employee's commute with respect to time. To be eligible for assistance, your manager must approve the relocation assistance, and your move must meet specific criteria. Please refer to the **LifeBenefits** website for more information on the domestic relocation policy and criteria requirements.

Enrolling in your benefits

Remember, some plans are automatic and some are optional. As you have learned in this guide, you're automatically enrolled in some BP **Life**Benefits plans, but others require you to actively enroll if you want to participate. For detailed enrollment instructions, please refer to the Enrollment Checklist.

Know what to do.

Refer to the **Enrollment Checklist** and **Enrollment Quick Reference Guide** for detailed information on enrolling in your benefits.

Ask questions

If you have questions about your BP **Life**Benefits plans, you can get answers – and much more – through the **Life**Benefits website or by phone. The enclosed contacts card gives you a complete picture of how to get connected.

It's up to you to make sure you're enrolled in the plans and options you want.



Actively
enroll



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