



# 2020 Annual Benefits Election via the Employee Self Service Portal (ESS)



## **Enrollment via the Employee Self-Service Portal (ESS)**

- Enrollment Timeframe
- Accessing the Employee Self Service Portal (ESS)
- Enrollment Process
- Reviewing & Saving Elections
- Printing Confirmation Statements
- Voluntary Benefits



## *When to Utilize ESS?*

### *2020 Annual Benefits Election*

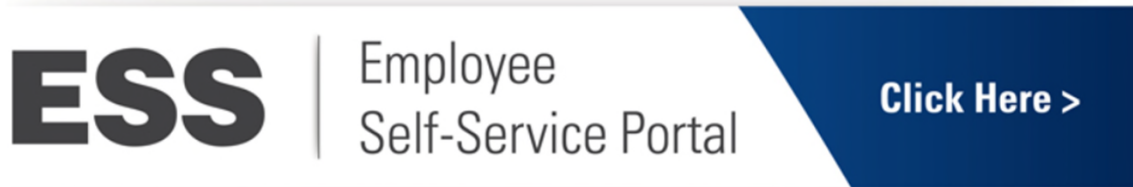
- October 21, 2019 through November 1, 2019
- Benefits are effective January 1, 2020





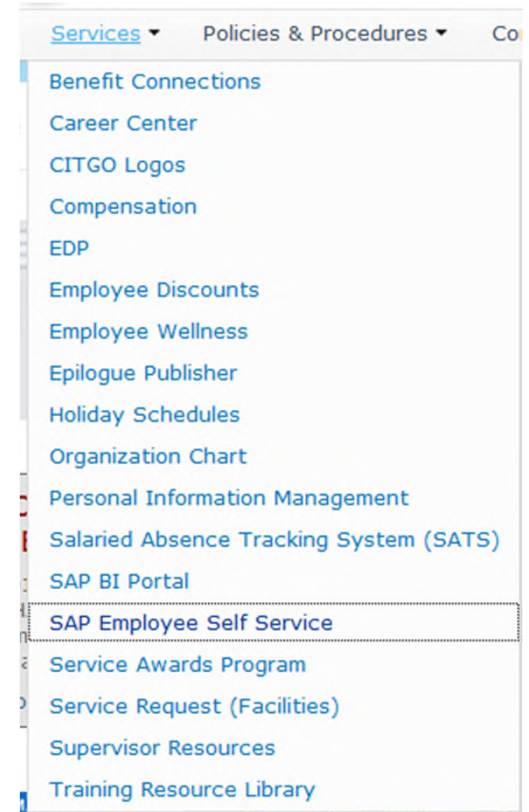
# How to Utilize ESS for Annual Benefits Election

- Go to the CITGO Intranet Home Page
- Click on the Employee Self-Service Portal tile on the Home Page



OR

- Click on SAP Employee Self Service under Services





# Accessing the ESS System for Annual Benefits Election

- To begin the Annual Benefits Election process:
  - Click on “Open Enrollment” under Benefits.

**Benefits**

Display plans in which you are currently enrolled, view your Annual Benefits Statements and more. Click on "Benefits" above to display more.

Quick Links

- [Participation Overview](#)
- [Total Compensation & Benefit Statement](#)
- [Update HSA Amount](#)
- [Open Enrollment](#)

**NOTE: You may receive a “locked” message on the following days:**

- **October 23**
- **October 24**

This is due to payroll processing. ***Please try back at a later time.***



# Navigating the Employee Self-Service Portal (ESS)

## Step 1 – Personal Profile

- After accepting the Terms and Conditions, you will be at the first Open Enrollment screen.
- Here you may review your Personal Profile.
- Select “Next” to proceed to Step 2.

**Open Enrollment: Step 1 of 8 (Personal Profile)**

Previous | Next | Save | Edit Personal Profile

1 Personal Profile | 2 Dependents and Beneficiaries | 3 Benefits Summary | 4 Health Plans | 5 Insurance Plans | 6 Savings Plans | 7 Flexible Spending Accounts | 8 Review and Save

**Personal Data**

Full name:

**Addresses**

**Permanent residence**

Street Name:

City:

Telephone Number:



## Step 2 – Dependents and Beneficiaries

- Your current dependents will appear. **If your dependents are not listed on this screen, you will need to call the Benefits HelpLine at 1-888-443-5707 or email [Benefits@citgo.com](mailto:Benefits@citgo.com).**
- Although there is an option to “Edit Dependents and Beneficiaries,” **you are unable to change, add or delete dependents in ESS and must call or email the Benefits HelpLine.**
- Click “Next” to go to Step 3.

**Open Enrollment: Step 2 of 8 (Dependents and Beneficiaries)**

◀ Previous | Next ▶ | Save | Edit Dependents and Beneficiaries

1 Personal Profile | **2 Dependents and Beneficiaries** | 3 Benefits Summary | 4 Health Plans | 5 Insurance Plans | 6 Savings Plans | Flexible Sp

**Dependents**

**Child**

Name:

Date of Birth:

**Emergency contact**

Name:

If your dependents are not listed on this screen, you will need to call the Benefits HelpLine at 1-888-443-5707 or email [benefits@CITGO.com](mailto:benefits@CITGO.com).



## Step 3 – Benefit Summary

- Here you are able to review your currently elected 2019 benefits, along with the plans that you are not enrolled in.
- Click “Next” to go to Step 4.

**Open Enrollment: Step 3 of 8 (Benefits Summary)**

< Previous   Next >   Save

1 Personal Profile   2 Dependents   **3 Benefits Summary**   4 Health Plans   5 Insurance Plans   6 Savings Plans   7 Flexible Spending Accounts   8 Review and Save

### Benefit Elections Summary

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage
Medical	01/01/2020	Current	Medical	PPO		Family
Dental	01/01/2020	Current	Dental	Dental Plus		Family
Vision	01/01/2020	Current	Vision Plan	Vision		Family
Optional Life	01/01/2020	Current	Salaried Optional Life	4X Base Pay		
Dependent Life	01/01/2020	Current	Dependent Life Spouse	Spouse Coverage		
Dep Life Child	01/01/2020	Current	Dependent Life Children	\$10,000 Option		
Personal Acc	01/01/2020	Current	Salaried Personal Accident	Family Coverage		


### Plans not Enrolled In

Plan Type
Health Savings
Health Spending
Dep Spending





## Step 4 – Health Plans







- In this step you are able to review your current Health plans and edit your current elections.
- To change a plan selection, click on the “Edit” icon  next to the Plan you wish to change.

**Open Enrollment: Step 4 of 8 (Health Plans)**

[← Previous](#) [Next >](#) [Save](#)

1 Personal Profile 2 Dependents 3 Benefits Summary **4 Health Plans** 5 Insurance Plans 6 Savings Plans 7 Flexible Spending Accounts 8 Review and Save

**Enroll in Health Plans**

Acti...	Plan Type	Starts On	Status	Plan Highlights	Plan Name	Option	Coverage
 	Medical	01/01/2020	Current	<a href="#">Medical Plan Highlights</a>	Medical	PPO	Family
 	Dental	01/01/2020	Current	<a href="#">Dental Plan Highlights</a>	Dental	Dental Plus	Family
 	Vision	01/01/2020	Current	<a href="#">Vision Plan Highlights</a>	Vision Plan	Vision	Family



## Step 4 – Health Plans – Changing Plans

- After clicking on the “Edit” icon, the following screen will appear which will allow you to change your plan.

Select a Medical Plan □ ×

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Medical	EPO	Family	485.00 USD Monthly	
Self Directed Health Plan	Self Directed Health Plan	Participant only	8.00 USD Monthly	
Self Directed Health Plan	Self Directed Health Plan	Participant/Children	20.00 USD Monthly	
Self Directed Health Plan	Self Directed Health Plan	Participant & Spouse	22.00 USD Monthly	
Self Directed Health Plan	Self Directed Health Plan	Family	34.00 USD Monthly	
Waiver of Medical Coverage	Waiver of Medical Coverage	Waived coverage		

Enroll Dependents

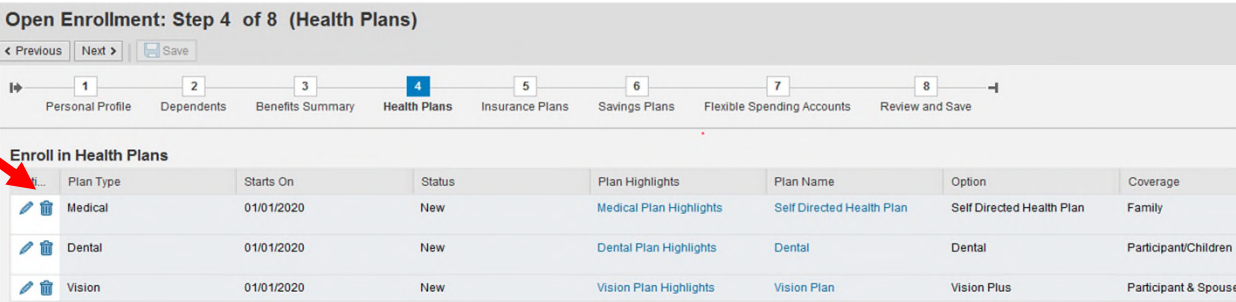
- To change or add a plan, simply select the new plan desired to highlight it and click “Add.”
- Your new selection will now show in the enrollment summary with the status of “New.”

Acti...	Plan Type	Starts On	Status	Plan Highlights	Plan Name	Option	Coverage
	Medical	01/01/2020	New	<a href="#">Medical Plan Highlights</a>	<a href="#">Self Directed Health Plan</a>	Self Directed Health Plan	Family
	Dental	01/01/2020	Current	<a href="#">Dental Plan Highlights</a>	Dental	Dental Plus	Family
	Vision	01/01/2020	Current	<a href="#">Vision Plan Highlights</a>	Vision Plan	Vision	Family



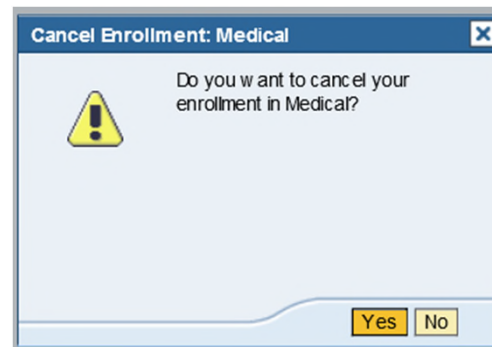
## Step 4 – Health Plans – Changing Plans

- To remove a plan, click on the trash can icon  under Actions.



Plan Type	Starts On	Status	Plan Highlights	Plan Name	Option	Coverage
Medical	01/01/2020	New	<a href="#">Medical Plan Highlights</a>	<a href="#">Self Directed Health Plan</a>	Self Directed Health Plan	Family
Dental	01/01/2020	New	<a href="#">Dental Plan Highlights</a>	Dental	Dental	Participant/Children
Vision	01/01/2020	New	<a href="#">Vision Plan Highlights</a>	<a href="#">Vision Plan</a>	Vision Plus	Participant & Spouse


- A dialogue box will appear asking you to confirm deletion of your plan. Click “Yes” to confirm or “No” to cancel.
- If you delete a plan, the status will change to Waived.



- Changes to your dental and vision plans will follow the same steps.
- After completing your changes, press “Next” to go to the next step.



## Step 5 – Insurance Plans









- In this Step you can review your life and accident insurance plans and edit your current elections.
- Similar to the Health Plans, to change a plan selection, click on the “Edit” icon  next to the Plan you wish to change.

**Open Enrollment: Step 5 of 8 (Insurance Plans)**

< Previous   Next >   Save

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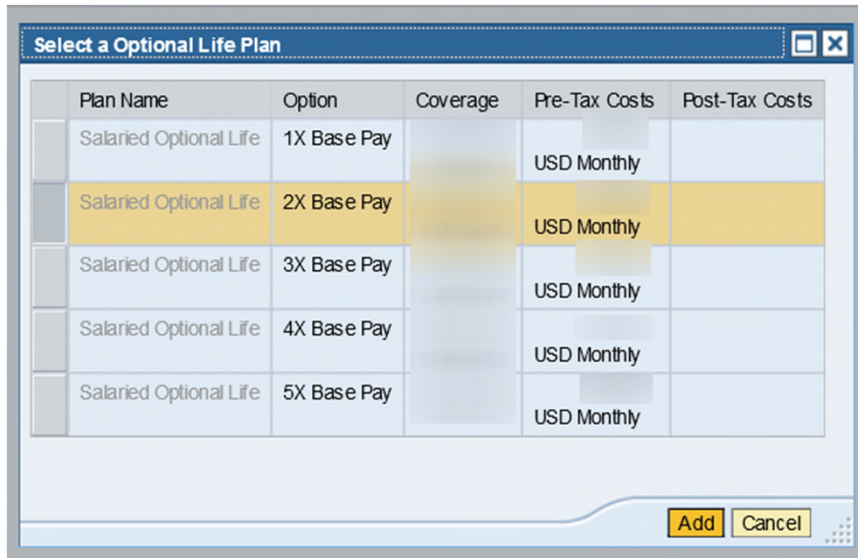
**Enroll in Insurance Plans**

Acti...	Plan Type	Starts On	Status	Plan Name	Option
 	Optional Life	01/01/2020	Current	Salaried Optional Life	
 	Dependent Life	01/01/2020	Current	Dependent Life Spouse	
 	Dep Life Child	01/01/2020	Current	Dependent Life Children	
 	Personal Acc	01/01/2020	Current	Salaried Personal Accident	



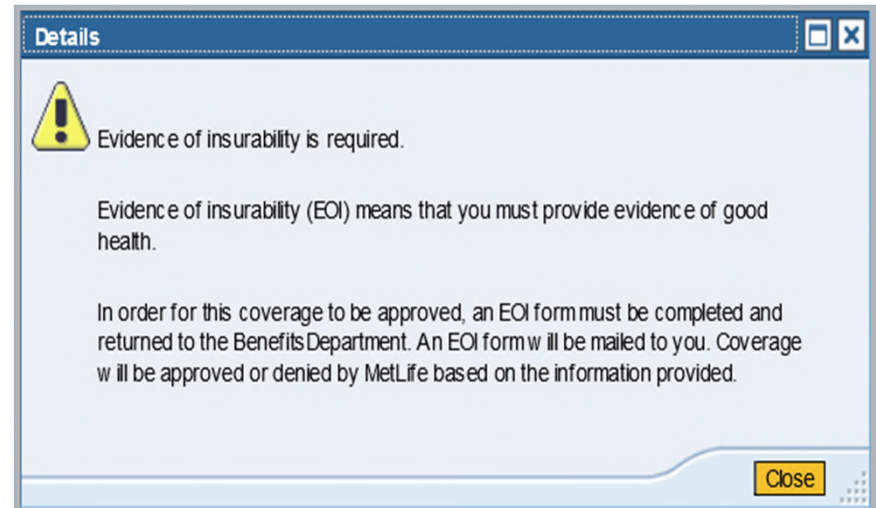
## Step 5 – Insurance Plans – *Salaried Optional Life*

- If you are not currently enrolled in Salaried Optional Life, salaried employees may elect up to 5 times their annual salary.
- If you are increasing your coverage **more than** 1 time you will be subject to complete a Statement of Health (SOH) (also known as Evidence of Insurability).
- **Your new coverage will not begin until the SOH is approved by MetLife.**



The screenshot shows a dialog box titled "Select a Optional Life Plan" with a table of options. The table has five columns: Plan Name, Option, Coverage, Pre-Tax Costs, and Post-Tax Costs. The second row, representing a 2X Base Pay option, is highlighted in yellow. At the bottom of the dialog are "Add" and "Cancel" buttons.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Salaried Optional Life	1X Base Pay		USD Monthly	
Salaried Optional Life	2X Base Pay		USD Monthly	
Salaried Optional Life	3X Base Pay		USD Monthly	
Salaried Optional Life	4X Base Pay		USD Monthly	
Salaried Optional Life	5X Base Pay		USD Monthly	



The screenshot shows a "Details" dialog box with a yellow warning icon. The text inside reads: "Evidence of insurability is required. Evidence of insurability (EOI) means that you must provide evidence of good health. In order for this coverage to be approved, an EOI form must be completed and returned to the Benefits Department. An EOI form will be mailed to you. Coverage will be approved or denied by MetLife based on the information provided." A "Close" button is located at the bottom right.

**Warning:** Evidence of insurability is required.

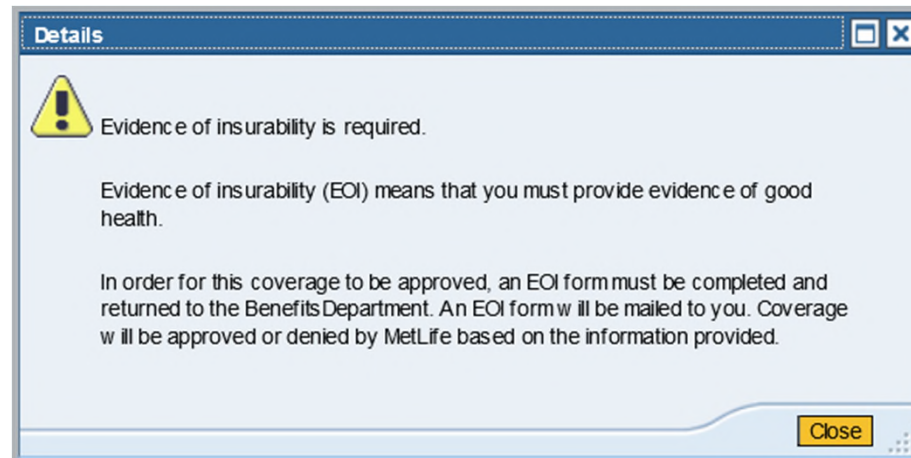
Evidence of insurability (EOI) means that you must provide evidence of good health.

In order for this coverage to be approved, an EOI form must be completed and returned to the Benefits Department. An EOI form will be mailed to you. Coverage will be approved or denied by MetLife based on the information provided.



## Step 5 – Insurance Plans – *Salaried Dependent Spouse Life*

- To elect or make changes to your Dependent Spouse Life plan:
  - Click on the “Edit” or “Add” icon
  - Enter a number (0 - 24) in the highlighted “Additional Unit” space
  - Select “Add”
- A Statement of Health (Evidence of Insurability) will be required if you previously did not have Dependent Spouse Life insurance or increase the coverage amount.
- Further, your spousal insurance cannot exceed more than 50% of the combined amount of your Basic & Optional life insurance.
- **New coverage will not begin until the SOH is approved by MetLife.**





## Step 5 – Insurance Plans – *Salaried Dependent Child Life*

- You may elect to cover your eligible child(ren) at either:
  - \$5,000 or
  - \$10,000
- A Statement of Health (Evidence of Insurability) will be required if you previously did not have Dependent Child Life insurance or increase coverage from \$5,000 to \$10,000.
- **New coverage will not begin until the SOH is approved by MetLife.**

The screenshot shows a dialog box titled "Select a Dep Life Child Plan" with a table of options. The table has five columns: Plan Name, Option, Coverage, Pre-Tax Costs, and Post-Tax Costs. Two rows are visible, representing \$5,000 and \$10,000 coverage options. The \$5,000 option is highlighted in yellow. At the bottom right, there are "Add" and "Cancel" buttons.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Dependent Life Children	\$5000 Option	5,000.00		0.68 USD Monthly
Dependent Life Children	\$10,000 Option	10,000.00		1.36 USD Monthly

The screenshot shows a "Details" dialog box with a yellow warning icon. The text inside states: "Evidence of insurability is required. Evidence of insurability (EOI) means that you must provide evidence of good health. In order for this coverage to be approved, an EOI form must be completed and returned to the Benefits Department. An EOI form will be mailed to you. Coverage will be approved or denied by MetLife based on the information provided." A "Close" button is located at the bottom right.



## Step 5 – Insurance Plans – *Hourly Pre- and Post-Retirement Life*

- **Hourly** employees may elect a combined total of 3Xs their annual base pay under Pre- and Post-Retirement Life Insurance.
- You may only elect a maximum of 2Xs your annual base pay for the Post-Retirement Life.
- The system will allow you to choose more; **however**, once you click on “Review Enrollment,” you will receive an error message at the top of the screen “Condition for combined coverage limit 3SAL for plan LH21 not fulfilled.”
- Please adjust your elections to reflect the **3Xs** maximum coverage:
  - Click on “Review Enrollment” located at the bottom of the screen to review your update.

**Open Enrollment: Step 5 of 8 (Insurance Plans)**

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**Enroll in Insurance Plans**

Acti...	Plan Type	Starts On	Status	Plan Name	Option
	OptLife Pre1	01/01/2020	New	Pre-Ret Life	Current Coverage Amount
	OptLife Pre1	01/01/2020	Pending	Pre-Ret Life	1X Base Pay
	OptLife Pre2	01/01/2020	New	Pre-Ret Life	Current Coverage Amount
	OptLife Pre2	01/01/2020	Pending	Pre-Ret Life	1X Base Pay
	OptLife Pre3	01/01/2020	New	Pre-Ret Life	Current Coverage Amount
	OptLife Pre3	01/01/2020	Pending	Pre-Ret Life	1X Base Pay

**Details**

Evidence of insurability is required.

Evidence of insurability (EOI) means that you must provide evidence of good health.

In order for this coverage to be approved, an EOI form must be completed and returned to the Benefits Department. An EOI form will be mailed to you. Coverage will be approved or denied by MetLife based on the information provided.

Close





# Step 5 – Insurance Plans – *Hourly Dependent Life*

- If you are **not currently enrolled** in this plan, then you may elect it during Open Enrollment if you have pre- or post-retirement life insurance as well.
- A Statement of Health (Evidence of Insurability) will be required if you previously did not have Dependent Life insurance.
- **New coverage will not begin until the SOH is approved by MetLife.**


Dependent Life	01/01/2020			
Dependent Life	01/01/2020	Pending	Dependent Life Active	Option \$7500

Select a Dependent Life Plan

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Dependent Life Children Only	Option \$1500	1,500.00		2.28 USD Monthly
Dependent Life Active	Option \$7500	7,500.00		2.28 USD Monthly

Add Cancel

Details

 Evidence of insurability is required.

Evidence of insurability (EOI) means that you must provide evidence of good health.

In order for this coverage to be approved, an EOI form must be completed and returned to the Benefits Department. An EOI form will be mailed to you. Coverage will be approved or denied by MetLife based on the information provided.

Close



## Step 5 – Insurance Plans – *Personal Accident*

- Choose an option:
  - Employee Only Coverage
  - Family Coverage
- Next, you will need to enter a number (0 – 148) in the highlighted “Additional Unit” space.
- Click “Add.”
- Minimum coverage is \$10,000 and maximum coverage is \$750,000 (Salaried) and \$500,000 (Hourly).

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Salaried Personal Accident	Employee only Coverage	10,000.00	USD Monthly	
Salaried Personal Accident	Family Coverage	10,000.00	USD Monthly	

**Additional Coverage**

Additional Unit:  x  USD

Total Insurance Coverage:



## Step 6 – Savings Plans

- You must elect the amount to be deducted for payroll every year for your HSA. Changes to your current payroll deductions can be made at any time through the Employee Self-Service Portal (ESS).
- Health Savings Account (HSA) annual maximums for 2020 are:
  - \$3,550 Employee Only
  - \$7,100 Employee + One or more
  - If you are 55 or older, “catch-up” contributions of \$1,000 per year are available above these limits.
- When calculating your HSA contributions, it is important to include the amount of the Healthy Rewards Incentives you plan to earn in your calculations.

### For example:

#### Annual Max: \$3,550 Employee Only

- ❖ \$ 500 SDHP Annual Enrollment Incentive
- ❖ \$ 500 CITGO Healthy Rewards Incentive

\$2,550 Individual Annual Payroll Contribution

The “pre-tax amount” you will enter will be \$106.25 (\$2,550 divided by 24 pay periods).

**Enter Health Savings Plan Information** □ ×

**Select Plan**

Plan Name
Health Savings Account

**Regular Contribution**

Period: Semi-monthly

Pre-Tax Amount:  USD ( Minimum 0.00 USD )



## Step 7 – Flexible Spending Accounts

- Your last enrollment choices will be for the Flexible Spending Accounts. You must elect your FSA amounts **annually**:
  - For the Dependent Day Care elect a minimum of \$120 to a maximum of \$5,000 per year
  - For the Health Care Flexible Spending Account elect a minimum of \$120 to a maximum of \$2,700 per year
  - For the Limited Health Care Flexible Spending Account elect a minimum of \$120 to a maximum of \$2,700 per year
- Select the spending account and then enter your “Annual Contribution Amount” in the box and click “Calculate” to determine your contribution per pay period. Then click on “Add” to confirm.
- Select “Next” after completing your selections.

**Enter Health Spending Plan Information** □ ×

**Select Plan**

Plan Name	Enroll in One Plan
Health Care Spending Account	Medical, Medical, Medical Global, Waiver of Medical Coverage
Limited Flex Spending Account	.

Details: Annual Contribution for Limited Flex Spending Account for period 01/01/2020 - 12/31/2020

Annual Contribution Amount:  USD ( Minimum 120.00 USD - Maximum 2,700.00 USD )

Amount per Paycheck:  USD



# Step 8 – Review and Save

- Once you have completed making all of your 2020 benefit elections, you will proceed to Step 8, **Review and Save**.
- This step will allow you to **review your elections** to ensure that you have completed all your desired changes for 2020.

Open Enrollment: Step 8 of 8 (Review and Save)

< Previous   Next >   Save

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### Plans to be Added

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage
Health Savings	01/01/2020	New	<a href="#">Health Savings Account</a>			
Health Spending	01/01/2020	New	<a href="#">Limited Flex Spending Account</a>			
Dep Spending	01/01/2020	New	<a href="#">Dependent Day Care Spending</a>			

### Plans to be Changed

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage
Medical	01/01/2020	Current	<a href="#">Medical</a>	PPO		Family
	01/01/2020	New	<a href="#">Self Directed Health Plan</a>	Self Directed Health Plan		Family
Dental	01/01/2020	Current	<a href="#">Dental</a>	Dental Plus		Family
	01/01/2020	New	<a href="#">Dental</a>	Dental		Participant/Children
Optional Life	01/01/2020	Current	<a href="#">Salaried Optional Life</a>	4X Base Pay		
	01/01/2020	New	<a href="#">Salaried Optional Life</a>	5X Base Pay		
Dependent Life	01/01/2020	Current	<a href="#">Dependent Life Spouse</a>	Spouse Coverage		
	01/01/2020	New	<a href="#">Dependent Life Spouse</a>	Current Coverage Amount		
	01/01/2020	Pending	<a href="#">Dependent Life Spouse</a>	Spouse Coverage		
Dep Life Child	01/01/2020	Current	<a href="#">Dependent Life Children</a>	\$10,000 Option		
	01/01/2020	New	<a href="#">Dependent Life Children</a>	\$5000 Option		
Personal Acc	01/01/2020	Current	<a href="#">Salaried Personal Accident</a>	Family Coverage		
	01/01/2020	New	<a href="#">Salaried Personal Accident</a>	Family Coverage		

### Unchanged Plans

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage
Vision	01/01/2020	Current	<a href="#">Vision Plan</a>	Vision		Family



## Step 8 – Review and Save

- It is **very important** that you thoroughly review your 2020 benefit elections.
- Your plan selections can **only** be saved at this time.
- You will need to:
  - Click the “Save” button located at the top of the screen.

Open Enrollment: Step 8 of 8 (Review and Save)

< Previous   Next >   **Save**

1 Personal Profile   2 Dependents   3 Benefits Summary   4 Health Plans   5 Insurance Plans

### Plans to be Added

Plan Type	Starts On	Status	Plan Name
Health Savings	01/01/2020	New	<a href="#">Health Savings Account</a>
Health Spending	01/01/2020	New	<a href="#">Limited Flex Spending Account</a>
Dep Spending	01/01/2020	New	<a href="#">Dependent Day Care Spending</a>

### Plans to be Changed

Plan Type	Starts On	Status	Plan Name
Medical	01/01/2020	Current	<a href="#">Medical</a>
	01/01/2020	New	<a href="#">Self Directed Health Plan</a>
Dental	01/01/2020	Current	<a href="#">Dental</a>
	01/01/2020	New	<a href="#">Dental</a>
Optional Life	01/01/2020	Current	<a href="#">Salaried Optional Life</a>
	01/01/2020	New	<a href="#">Salaried Optional Life</a>
Dependent Life	01/01/2020	Current	<a href="#">Dependent Life Spouse</a>
	01/01/2020	New	<a href="#">Dependent Life Spouse</a>
	01/01/2020	Pending	<a href="#">Dependent Life Spouse</a>
Dep Life Child	01/01/2020	Current	<a href="#">Dependent Life Children</a>
	01/01/2020	New	<a href="#">Dependent Life Children</a>
Personal Acc	01/01/2020	Current	<a href="#">Salaried Personal Accident</a>
	01/01/2020	New	<a href="#">Salaried Personal Accident</a>

### Unchanged Plans

Plan Type	Starts On	Status	Plan Name
Vision	01/01/2020	Current	<a href="#">Vision Plan</a>



# Printing Confirmation Statement

- After saving your elections, you will have an opportunity to print a confirmation statement.
- Please review it for accuracy and retain it for your records.
- Click on the link: “Print Benefit Elections Summary” under “What do you want to do next?” to print your Confirmation Statement.

**Open Enrollment**

What do you want to do next?

- [Print Benefit Elections Summary](#)
- [Go to Enrollment](#)
- [Go to Benefits Participation Overview](#)

**Benefit Elections Summary**

Plan Type	Starts On	Status	Plan Name
Medical	01/01/2020	Current	<a href="#">Self Directed Health Plan</a>
Dental	01/01/2020	Current	<a href="#">Dental</a>
Vision	01/01/2020	Current	<a href="#">Vision Plan</a>
Other Plans	11/01/2017	Current	<a href="#">Employee Assistance Program</a>
Basic Life	11/01/2017	Current	<a href="#">Basic Life</a>
Optional Life	01/01/2020	Current	<a href="#">Salaried Optional Life</a>
Dependent Life	01/01/2020	Current	<a href="#">Dependent Life Spouse</a>
Dependent Life	01/01/2020	Pending	<a href="#">Dependent Life Spouse</a>
Dep Life Child	01/01/2020	Current	<a href="#">Dependent Life Children</a>
Personal Acc	01/01/2020	Current	<a href="#">Salaried Personal Accident</a>
Long Term Dis	04/09/2018	Current	<a href="#">Long Term Disability</a>
Occ Acc Death	11/01/2017	Current	<a href="#">Occupational Accidental Death</a>
DC Savings Plan	07/01/2019	Current	<a href="#">RASP 401(k) Plan</a>
Health Savings	01/01/2020	Current	<a href="#">Health Savings Account</a>
DB Retirement	10/09/2017	Current	<a href="#">Salaried Pension Plan</a>
Health Spending	01/01/2020	Current	<a href="#">Limited Flex Spending Account</a>
Dep Spending	01/01/2020	Current	<a href="#">Dependent Day Care Spending</a>



## Confirmation Statement

- It is important for you to review your final Confirmation Statement for any administrative errors.
- CITGO administrative errors must be reported within 31 days of the first payroll deduction or invoice issued by contacting the **Benefits Helpline at 1-888-443-5707 or by email at [Benefits@CITGO.com](mailto:Benefits@CITGO.com)**.
- It is highly encouraged that all employees retain a copy of the final Confirmation Statement for your records and review your first 2020 payroll benefit deductions for accuracy.





## Voluntary Benefits

- CITGO active employees may enroll for the following voluntary benefits as of January 1, 2020 with premiums to be paid in full by the employee through payroll deductions.
  - Critical Illness insurance offered by TransAmerica and managed by Mercer
  - Accident insurance offered by TransAmerica and managed by Mercer
  - Pre-paid Legal Services offered by Hyatt/MetLaw and managed by Mercer
- To enroll, visit <https://citgo.e.paylogix.com> or call 1-877-649-6624 for more details.
- **CITGO does not maintain or endorse these voluntary benefit programs.** Additional information regarding enrollment in these voluntary benefits will be sent directly from the providers and will be available on the company's intranet.
- If you are already enrolled in these voluntary benefits, your coverage will continue to 2020 and until you cancel the coverage.



# Annual Benefits Election Process

*Congratulations!* You have now completed the **2020 Annual Benefits Election** process.

You are welcome to make additional changes to your elections during the Annual Benefits Election period of:

**October 21, 2019 through November 1, 2019**

**All changes must be made by 11:59 pm on Friday, Nov 1, 2019.**

If you have any questions regarding your benefit elections, contact:

## Benefits

1-888-443-5707 *Helpline*

[Benefits@CITGO.com](mailto:Benefits@CITGO.com) *Email*

