changes to COVID-19 coverage

with end of public health emergency on may 11, 2023

As required by law, Chevron medical and prescription drug plans were required to add *temporary* coverage at no cost for various COVID-related treatments and vaccinations during the Coronavirus Public Health Emergency (which started **January 27, 2020**, and ended **May 11, 2023**).

Your Chevron medical plan continues to provide COVID-19 coverage, but your out-of-pocket costs and other plan rules may change for certain services because temporary coverage has ended.

For your reference, we've included this recap of what's changing and what's not for **Medical PPO Plan**, **High Deductible Health Plan (HDHP)** and **High Deductible Health Plan Basic (HDHP Basic)** participants. You can reference the updated SMMs enclosed with this recap. *Note:* Medical HMO participants should contact their HMO directly for COVID-19 coverage information and changes, as applicable.

what's changing … and when

COVID-19 diagnostic testing

Your plans provide coverage for COVID-19 diagnostic testing. During the Public Health Emergency qualifying tests were *not* subject to the deductible and often provided at no cost (or very little cost) to you.

COVID-19 diagnostic testing when it is considered **medically necessary** and is **ordered** by a health care provider or physician.

These tests continue to be a covered service under **Anthem**, but starting **May 12, 2023**, coverage will follow *normal* plan rules for diagnostic and laboratory testing. This means your test may be subject to the deductible and/or coinsurance, depending on the situation. If you have questions about coverage, call Anthem.

UPDATED: May 11, 2023 SMM ENCLOSED FOR MEDICAL PPO, HDHP, HDHP BASIC

At-home COVID-19 diagnostic tests that have *not* been prescribed by, ordered by, or obtained with the involvement of a health care provider or physician.

Temporary rules for qualifying at-home, over-the-counter tests are included under the Prescription Drug Program with Express Scripts. **Chevron has extended this temporary coverage until December 31, 2023**.

UPDATED: May 11, 2023 SMM ENCLOSED FOR PRESCRIPTION DRUG PROGRAM

COVID-19 immunizations (received from your provider or a health care facility)

Your plans provide coverage for qualifying preventive care services, including immunizations like the COVID-19 vaccine under **Anthem**. Starting **May 12, 2023**, COVID-19 immunizations will follow *normal* plan rules for preventive care services. This means your immunization is still free from a network provider, but subject to the deductible and/or coinsurance when you visit an out-of-network provider.

UPDATED: May 11, 2023 SMM ENCLOSED FOR MEDICAL PPO, HDHP, HDHP BASIC

what's not changing

Chevron added a variety of COVID-related coverage under medical and prescription drug coverage. The services below are already an ongoing part of your plan's coverage and will continue, unchanged, even though the Public Health Emergency has ended.

COVID-19 treatment

Covered charges related to medical care services and items purchased for **COVID-19 treatment.**

Applies to:

- Medical PPO
- HDHP
- HDHP Basic

COVID-19 immunizations (from a pharmacy)

Coverage for qualifying preventive care services, including immunizations like the COVID-19 vaccine, when received from a **pharmacy.**

Applies to:

- Prescription Drug Program

Online visits

Extended coverage for medical Online Visits includes visits from a LiveHealth Online provider *and* visits from a **non-LiveHealth Online provider.**

Applies to:

- Medical PPO
- HDHP
- HDHP Basic

May 11, 2023 UPDATED SMMs - MEDICAL, HDHP, HDHP BASIC FOR:

COVID-19 diagnostic testing when it is considered medically necessary and is ordered by a health care provider or physician.

COVID-19 coverage

medical PPO plan

effective march 27, 2020

update published as of may 11, 2023

Update to the summary plan descriptions (SPD)
All changes described in this SMM are effective March 27, 2020 unless otherwise indicated.

The enclosed information serves as an official summary of material modification (SMM) for the **Medical PPO Plan**. Please keep this information with your other plan documents for future reference. You can access the summary plan descriptions for your benefits at **hr2.chevron.com** or **hr2.chevron.com/retiree** or by calling the HR Service Center at **1-888-825-5247**.

The Medical PPO Plan has been amended as required by the Families First Coronavirus Response Act (FFCRA) effective March 18, 2020 *and* the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) effective March 27, 2020. **This March 27, 2020 SMM contains the current plan provisions as a result of FFCRA and the CARES Act and a new, temporary extension of online visit services. It also includes an administrative clarification published as of January 1, 2022, regarding medical necessity for COVID-19 testing covered charges, and an update as of May 11, 2023, regarding the end of the Coronavirus Public Health Emergency.**

COVID-19 testing

Effective **March 18, 2020** the following temporary plan rules apply under the Medical PPO Plan:

- The **network or out-of-network annual deductible** does not apply to covered charges related to medical care services and items purchased for COVID-19 testing as required by the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act. As a reminder, the Medical PPO Plan has separate deductibles, one for *medical services* and the other for *prescription drug* costs. The coverage for COVID-19 testing only applies to the deductible for covered **medical** services.

- The Medical PPO Plan will pay **100%** of the provider's **contracted rate** for covered charges for medical care services and items related to the furnishing or administration of COVID-19 testing, or evaluation for purposes of determining the need for such testing, when you see a **network provider**.

- When you see an **out-of-network** provider for covered charges for medical care services and items related to the furnishing or administration of COVID-19 testing, or evaluation for purposes of determining the need for such testing, the Medical PPO Plan will pay **100%** of the cash price as listed by the out-of-network provider on a public Internet website, *or alternatively*, a lower price the Medical PPO Plan claims administrator negotiates for covered charges.

- In accordance with existing plan rules and federal law, except for preventive care, the Medical PPO Plan does not provide coverage for charges, services or supplies that aren't **medically necessary**. For purposes of COVID-19 testing, this means that the plan coverage described here applies to individualized diagnosis or treatment of COVID-19 or another health condition and *not* for any other purpose including, but not limited to, public health surveillance or employment purposes (such as screening for general workplace health and safety).

This temporary plan rule for COVID-19 testing will be in effect beginning on **March 18, 2020** until the end of the Coronavirus Public Health Emergency (also known as the COVID-19 emergency period) on **May 11, 2023**.

After the end of the COVID-19 emergency period, these tests continue to be a covered service under **Anthem**, but starting **May 12, 2023**, coverage will follow *normal* plan rules for diagnostic and laboratory testing. This means your test may be subject to the deductible and/or coinsurance, depending on the situation. If you have questions about coverage, call Anthem.

COVID-19 treatment

The following rules apply to treatment under the Medical PPO Plan:

- Covered charges related to medical care services and items purchased for COVID-19 treatment will be subject to the applicable **network** or **out-of-network annual deductible** for covered **medical** services.
- After meeting the applicable network or out-of-network annual deductible, the Medical PPO Plan will pay:
  - **80%** of the provider's **contracted rate** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see a **network provider**.
  - **60%** of the provider's **billed charges** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see an **out-of-network provider**.

COVID-19 preventive service

The Medical PPO Plan currently provides coverage for preventive care services as required by the Patient Protection and Affordable Care Act and in accordance with guidelines based on recommendations from nationally recognized organizations, such as the U.S. Preventive Services Task Force. Effective **March 27, 2020** the Medical PPO Plan includes the following new rule for qualifying coronavirus preventive services:

- Any **qualifying coronavirus preventive service** will be considered eligible under existing preventive care coverage rules 15 business days after being designated as such.
- A qualifying coronavirus preventive service means an item, service or immunization that is intended to prevent or mitigate coronavirus disease 2019 and that is *either one* of the following:
  - An evidence-based item or service that has in effect a rating of *A* or *B* in the current recommendations of the United States Preventive Services Task Force.
  - An immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.

This updated publication notes that as of **December 11, 2020**, qualifying coronavirus preventive services are now available and included under the Medical PPO Plan's preventive care coverage. You can read more about the plan rules for this coverage in these SMMs:

- Medical Coverage: COVID-19 Preventive Services and Immunization Update (December 11, 2020)
- Prescription Drug Coverage: Coverage for Immunizations (February 15, 2021)

online visits

As previously communicated, member cost sharing for LiveHealth Online visits will be waived for Medical PPO participants from March 19, 2020 through June 17, 2020. Anthem provides access to online visits through the LiveHealth Online service for participants of the Medical PPO Plan. **LiveHealth Online** is a safe and effective way for you to receive medical guidance, including guidance for COVID-19, from your home using a smartphone, tablet or computer with a web cam. You're encouraged to use this service when possible to help prevent the spread of infection and improve access to care.

Online visits temporarily extended to include non-LiveHealth Online providers

Online visits are not covered outside of the LiveHealth Online provider group. However, in recognition of current physical distancing requirements during the COVID-19 pandemic, effective **March 18, 2020** the following temporary rules apply to **online visits** under the **Medical PPO Plan**:

- The Medical PPO Plan coverage rules for Online Visits will be extended to include covered charges for online visits from a **non-LiveHealth Online provider.**
- **Covered Charges** include medical consultations via telephone or using your network or out-of-network provider's virtual platform with a smartphone, tablet or computer with a webcam, where state laws allow.
- This temporary extension for online visits from a **non-LiveHealth Online provider** will be in effect beginning on **March 18, 2020** until the end of the COVID-19 emergency period.
- Online Visits from a **non-LiveHealth Online provider** will follow the Medical PPO Plan rules for **Office Visits**, as follows:
  - **Network** 100% of contracted rates after a $25 copayment if a primary care physician, no deductible *or* after a $40 copayment if a specialist, no deductible.
  - **Out-of-Network** 60% of the maximum allowed amount after deductible.

This updated publication notes that as of **January 1, 2021**, Chevron has decided this coverage is no longer temporary and coverage for non-LiveHealth Online providers will continue. You can read more about the plan rules for this coverage in this SMM:

- Online Visits under the Medical PPO Plan (January 1, 2021)

COVID-19 coverage

high deductible health plan (HDHP)

effective march 27, 2020

update published as of may 11, 2023

Update to the summary plan descriptions (SPD)
All changes described in this SMM are effective March 27, 2020 unless otherwise indicated.

The enclosed information serves as an official summary of material modification (SMM) for the **High Deductible Health Plan (HDHP)**. Please keep this information with your other plan documents for future reference. You can access the summary plan descriptions for your benefits at **hr2.chevron.com** or **hr2.chevron.com/retiree** or by calling the HR Service Center at **1-888-825-5247**.

The High Deductible Health Plan (HDHP) has been amended as required by the Families First Coronavirus Response Act (FFCRA) effective March 18, 2020 *and* the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) effective March 27, 2020. **This March 27, 2020 SMM contains the current plan provisions as a result of FFCRA and the CARES Act and a new, temporary extension of online visit services. It also includes an administrative clarification published as of January 1, 2022, regarding medical necessity for COVID-19 testing covered charges, and an update as of May 11, 2023 regarding the end of the Coronavirus Public Health Emergency.**

COVID-19 testing

Effective **March 18, 2020** the following temporary plan rules apply under the HDHP:

- The **network or out-of-network annual combined deductible** does not apply to covered charges related to medical care services and items purchased for COVID-19 testing as required by the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act. As a reminder, the HDHP has one combined deductible for medical, prescription drugs (both retail and mail-order), mental health and substance use disorder services.

- The HDHP will pay **100%** of the provider's **contracted rate** for covered charges for medical care services and items related to the furnishing or administration of COVID-19 testing, or evaluation for purposes of determining the need for such testing, when you see a **network provider**.

- When you see an **out-of-network** provider for covered charges for medical care services and items related to the furnishing or administration of COVID-19 testing, or evaluation for purposes of determining the need for such testing, the HDHP will pay **100%** of the cash price as listed by the out-of-network provider on a public Internet website, *or alternatively*, a lower price the HDHP claims administrator negotiates for covered charges.

- In accordance with existing plan rules and federal law, except for preventive care, the HDHP does not provide coverage for charges, services or supplies that aren't **medically necessary**. For purposes of COVID-19 testing, this means that the plan coverage described here applies to individualized diagnosis or treatment of COVID-19 or another health condition and *not* for any other purpose including, but not limited to, public health surveillance or employment purposes (such as screening for general workplace health and safety).

This temporary plan rule for COVID-19 testing will be in effect beginning on **March 18, 2020** until the end of the Coronavirus Public Health Emergency (also known as the COVID-19 emergency period) on **May 11, 2023**.

After the end of the COVID-19 emergency period, these tests continue to be a covered service under **Anthem**, but starting **May 12, 2023**, coverage will follow *normal* plan rules for diagnostic and laboratory testing. This means your test may be subject to the deductible and/or coinsurance, depending on the situation. If you have questions about coverage, call Anthem.

COVID-19 treatment

The following rules apply to treatment under the HDHP:

- Covered charges related to medical care services and items purchased for COVID-19 treatment will be subject to the **annual combined deductible**.
- After meeting the applicable network or out-of-network annual combined deductible, the HDHP will pay:
  - **80%** of the provider's **contracted rate** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see a **network provider**.
  - **60%** of the provider's **billed charges** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see an **out-of-network provider**.

COVID-19 preventive service

The HDHP currently provides coverage for preventive care services as required by the Patient Protection and Affordable Care Act and in accordance with guidelines based on recommendations from nationally recognized organizations, such as the U.S. Preventive Services Task Force. Effective **March 27, 2020** the HDHP includes the following new rule for qualifying coronavirus preventive services:

- Any **qualifying coronavirus preventive service** will be considered eligible under existing preventive care coverage rules 15 business days after being designated as such.
- A qualifying coronavirus preventive service means an item, service or immunization that is intended to prevent or mitigate coronavirus disease 2019 and that is *either one* of the following:
  - An evidence-based item or service that has in effect a rating of *A* or *B* in the current recommendations of the United States Preventive Services Task Force.
  - An immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.

This updated publication notes that as of December 11, 2020, qualifying coronavirus preventive services are now available and included under the HDHP preventive care coverage. You can read more about the plan rules for this coverage in these SMMs:

- Medical Coverage: COVID-19 Preventive Services and Immunization Update (December 11, 2020)
- Prescription Drug Coverage: Coverage for Immunizations (February 15, 2021)

online visits

Member cost sharing for LiveHealth Online visits will be waived for HDHP participants from March 19, 2020 through June 17, 2020. Anthem provides access to online visits through the LiveHealth Online service for participants of the HDHP. **LiveHealth Online** is a safe and effective way for you to receive medical guidance, including guidance for COVID-19, from your home using a smartphone, tablet or computer with a web cam. You're encouraged to use this service when possible to help prevent the spread of infection and improve access to care.

Online visits temporarily extended to include non-LiveHealth Online providers

Online visits are not covered outside of the LiveHealth Online provider group. However, in recognition of current physical distancing requirements during the COVID-19 pandemic, effective **March 18, 2020** the following temporary rules apply to **online visits** under the **HDHP**:

- The HDHP coverage rules for Online Visits will be extended to include covered charges for online visits from a **non-LiveHealth Online provider.**
- **Covered Charges** include medical consultations via telephone or using your network or out-of-network provider's virtual platform with a smartphone, tablet or computer with a webcam, where state laws allow.
- This temporary extension for online visits from a **non-LiveHealth Online provider** will be in effect beginning on **March 18, 2020** until the end of the COVID-19 emergency period.
- Online Visits from a **non-LiveHealth Online provider** will follow the HDHP rules for **Office Visits**, as follows:
  - **Network** 80% of contracted rates after deductible.
  - **Out-of-Network** 60% of the maximum allowed amount after deductible.

This updated publication notes that as of **January 1, 2021**, Chevron has decided this coverage is no longer temporary and coverage for non-LiveHealth Online providers will continue. You can read more about the plan rules for this coverage in this SMM:

- Online Visits under the HDHP (January 1, 2021)

COVID-19 coverage

high deductible health plan basic (HDHP Basic)
effective march 27, 2020

update published as of may 11, 2023

Update to the summary plan descriptions (SPD)
All changes described in this SMM are effective March 27, 2020 unless otherwise indicated.

The enclosed information serves as an official summary of material modification (SMM) for the **High Deductible Health Plan Basic (HDHP Basic)**. Please keep this information with your other plan documents for future reference. You can access the summary plan descriptions for your benefits at **hr2.chevron.com** or **hr2.chevron.com/retiree** or by calling the HR Service Center at **1-888-825-5247**.

The High Deductible Health Plan Basic (HDHP Basic) has been amended as required by the Families First Coronavirus Response Act (FFCRA) effective March 18, 2020 *and* the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) effective March 27, 2020. **This March 27, 2020 SMM contains the current plan provisions as a result of FFCRA and the CARES Act and a new, temporary extension of online visit services. It also includes an administrative clarification published as of January 1, 2022, regarding medical necessity for COVID-19 testing covered charges, and an update as of May 11, 2023 regarding the end of the Coronavirus Public Health Emergency.**

COVID-19 testing

Effective **March 18, 2020** the following temporary plan rules apply under the HDHP Basic:

- The **network or out-of-network annual combined deductible** does not apply to covered charges related to medical care services and items purchased for COVID-19 testing as required by the Families First Coronavirus Response Act and the Coronavirus Aid, Relief, and Economic Security Act. As a reminder, the HDHP Basic has one combined deductible for medical, prescription drugs (both retail and mail-order), mental health and substance use disorder services.

- The HDHP Basic will pay **100%** of the provider's **contracted rate** for covered charges for medical care services and items related to the furnishing or administration of COVID-19 testing, or evaluation for purposes of determining the need for such testing, when you see a **network provider**.

- When you see an **out-of-network** provider for covered charges for medical care services and items related to the furnishing or administration of COVID-19 testing, or evaluation for purposes of determining the need for such testing, the HDHP Basic will pay **100%** of the cash price as listed by the out-of-network provider on a public Internet website, *or alternatively*, a lower price the HDHP Basic claims administrator negotiates for covered charges.

- In accordance with existing plan rules and federal law, except for preventive care, the HDHP Basic does not provide coverage for charges, services or supplies that aren't **medically necessary**. For purposes of COVID-19 testing, this means that the plan coverage described here applies to individualized diagnosis or treatment of COVID-19 or another health condition and *not* for any other purpose including, but not limited to, public health surveillance or employment purposes (such as screening for general workplace health and safety).

This temporary plan rule for COVID-19 testing will be in effect beginning on **March 18, 2020** until the end of the Coronavirus Public Health Emergency (also known as the COVID-19 emergency period) on **May 11, 2023**.

After the end of the COVID-19 emergency period, these tests continue to be a covered service under **Anthem**, but starting **May 12, 2023**, coverage will follow *normal* plan rules for diagnostic and laboratory testing. This means your test may be subject to the deductible and/or coinsurance, depending on the situation. If you have questions about coverage, call Anthem.

COVID-19 treatment

The following rules apply to treatment under the HDHP Basic:

- Covered charges related to medical care services and items purchased for COVID-19 treatment will be subject to the **annual combined deductible**.
- After meeting the applicable network or out-of-network annual combined deductible, the HDHP Basic will pay:
  - **70%** of the provider's **contracted rate** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see a **network provider**.
  - **50%** of the provider's **billed charges** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see an **out-of-network provider**.

COVID-19 preventive service

The HDHP Basic currently provides coverage for preventive care services as required by the Patient Protection and Affordable Care Act and in accordance with guidelines based on recommendations from nationally recognized organizations, such as the U.S. Preventive Services Task Force. Effective **March 27, 2020** the HDHP Basic includes the following new rule for qualifying coronavirus preventive services:

- Any **qualifying coronavirus preventive service** will be considered eligible under existing preventive care coverage rules 15 business days after being designated as such.
- A qualifying coronavirus preventive service means an item, service or immunization that is intended to prevent or mitigate coronavirus disease 2019 and that is *either one* of the following:
  - An evidence-based item or service that has in effect a rating of *A* or *B* in the current recommendations of the United States Preventive Services Task Force.
  - An immunization that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.

This updated publication notes that as of December 11, 2020, qualifying coronavirus preventive services are now available and included under the HDHP Basic preventive care coverage. You can read more about the plan rules for this coverage in these SMMs:

- Medical Coverage: COVID-19 Preventive Services and Immunization Update (December 11, 2020)
- Prescription Drug Coverage: Coverage for Immunizations (February 15, 2021)

online visits

Member cost sharing for LiveHealth Online visits will be waived for HDHP Basic participants from March 19, 2020 through June 17, 2020. Anthem provides access to online visits through the LiveHealth Online service for participants of the HDHP Basic. **LiveHealth Online** is a safe and effective way for you to receive medical guidance, including guidance for COVID-19, from your home using a smartphone, tablet or computer with a web cam. You're encouraged to use this service when possible to help prevent the spread of infection and improve access to care.

Online visits temporarily extended to include non-LiveHealth Online providers

Online visits are not covered outside of the LiveHealth Online provider group. However, in recognition of current physical distancing requirements during the COVID-19 pandemic, effective **March 18, 2020** the following temporary rules apply to **online visits** under the **HDHP Basic**:

- The HDHP Basic coverage rules for Online Visits will be extended to include covered charges for online visits from a **non-LiveHealth Online provider.**
- **Covered Charges** include medical consultations via telephone or using your network or out-of-network provider's virtual platform with a smartphone, tablet or computer with a webcam, where state laws allow.
- This temporary extension for online visits from a **non-LiveHealth Online provider** will be in effect beginning on **March 18, 2020** until the end of the COVID-19 emergency period. (As of the date of this updated publication, the emergency period ends January 16, 2022, but is subject to change.)
- Online Visits from a **non-LiveHealth Online provider** will follow the HDHP Basic rules for **Office Visits**, as follows:
  - **Network** 70% of contracted rates after deductible.
  - **Out-of-Network** 50% of the maximum allowed amount after deductible.

This updated publication notes that as of **January 1, 2021**, Chevron has decided this coverage is no longer temporary and coverage for non-LiveHealth Online providers will continue. You can read more about the plan rules for this coverage in this SMM:

- Online Visits under the HDHP Basic (January 1, 2021)

contact

Contact **Anthem** directly at **1-844-627-1632** to discuss claims, coverage under your plan, or to find a network provider. For medical-related questions and concerns, please contact your provider directly before visiting the office. **As always call 911 or go to the emergency room if you think you need care right away.**

This communication provides only certain highlights about changes of benefit provisions. It is not intended to be a complete explanation. If there are any discrepancies between this communication and the legal plan documents, the legal plan documents will prevail to the extent permitted by law. Oral statements about plan benefits are not binding on Chevron or the applicable plan. Chevron Corporation reserves all rights, for any reason and at any time, to amend, change or terminate these plans or to change or eliminate the company contribution toward the cost of such plans. Such amendments, changes, terminations or eliminations may be applicable without regard to whether someone previously terminated employment with Chevron or previously was subject to a grandfathering provision. Unless required by applicable law, there are no vested rights with respect to any Chevron health and welfare plan benefit or to any company contributions towards the cost of such health and welfare plan benefits. Some benefit plans and policies described in this document may be subject to collective bargaining and, therefore, may not apply to union-represented employees.

May 11 – December 31, 2023 UPDATED SMM –
PRESCRIPTION DRUG PROGRAM FOR:

At-home COVID-19 diagnostic tests that have *not* been prescribed by, ordered by, or obtained with the involvement of a health care provider or physician.

coverage for over-the-counter at-home COVID-19 diagnostic tests

prescription drug program

effective january 15, 2022

Update to the summary plan description (SPD)
All changes described in this SMM are effective January 15, 2022.

The enclosed information serves as an official summary of material modification (SMM) for the plans referenced herein. Please keep this information with your other plan documents for future reference. You can access the summary plan descriptions for your benefits at **hr2.chevron.com/retiree** or by calling the HR Service Center at **1-888-825-5247** (1-832-854-5800 outside the U.S.).

coverage for over-the-counter, at-home COVID-19 diagnostic tests

When you enroll in the Medical PPO Plan, the High Deductible Health Plan (HDHP) or the High Deductible Health Plan Basic (HDHP Basic) for pre-65 participants, you are also automatically enrolled in prescription drug coverage through the Prescription Drug Program with Express Scripts. This change applies to the Prescription Drug Program for pre-65 participants in the Medical PPO Plan, the High Deductible Health Plan (HDHP) and the High Deductible Health Plan Basic (HDHP Basic).

The Prescription Drug Program has been amended as required by the Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). **Effective January 15, 2022, each enrolled participant in the Prescription Drug Program can receive coverage for up to eight over-the-counter, at-home COVID-19 diagnostic tests every 30 days.**

overview

If you're enrolled in the Medical PPO Plan, the High Deductible Health Plan (HDHP) or the High Deductible Health Plan Basic (HDHP Basic), your **medical coverage** through Anthem already provides coverage for COVID-19 diagnostic testing when it is considered **medically necessary** and is **ordered by a health care provider or physician**. This means that, ordinarily, an over-the-counter, at-home COVID-19 diagnostic test would qualify for coverage through Anthem *only* when such test has been ordered by a physician.

Effective January 15, 2022, you no longer need a physician's order to be reimbursed when you purchase covered at-home COVID-19 diagnostic tests through the Prescription Drug Program with Express Scripts. [1] You can also now obtain tests online via Express Scripts© Pharmacy or at the pharmacy counter at an Express Scripts network pharmacy. This communication describes the rules and requirements for this coverage.

[1] If you *already* submitted a claim for reimbursement through your medical coverage with Anthem for a covered at-home COVID-19 diagnostic test before March 10, 2022, Anthem will process your reimbursement accordingly. Otherwise, all claims for tests purchased after January 15, 2022, outside of a network pharmacy or via mail order must be submitted to Express Scripts or they will be denied.

This temporary plan rule for at-home COVID-19 diagnostic tests will expire at the end of the **COVID-19 emergency period**. As of the date of this publication, the emergency period ends April 15, 2022, but is subject to change.

- **This temporary plan rule only applies to covered at-home COVID-19 diagnostic tests that have *not* been prescribed by, ordered by, or obtained with the involvement of a health care provider or physician.** COVID-19 diagnostic testing that has been physician-ordered and/or administered by a health care provider or a health care facility continues to be covered by your medical coverage with Anthem under the Chevron Medical PPO Plan, the High Deductible Health Plan (HDHP) or the High Deductible Health Plan Basic (HDHP Basic).
- As is true with *all* reimbursements under the plan, the Prescription Drug Program cannot be used to reimburse covered at-home COVID-19 diagnostic tests that have already been reimbursed or paid under any other benefit plan or arrangement, such as your Anthem medical coverage, a health flexible spending account plan, a health savings account, or a spouse's or dependent's health plan.
- The plan coverage described here applies to individualized diagnostic testing for COVID-19 and *not* for any other purpose including, but not limited to, public health surveillance or employment purposes (such as screening for general workplace health and safety).

covered testing products

- Covered at-home COVID-19 diagnostic tests must be purchased on or after **January 15, 2022**, to be eligible for reimbursement.
- To receive reimbursement, the test(s) must be on the **list of covered at-home COVID-19 diagnostic testing products**. Express Scripts, the claims administrator for the Chevron Prescription Drug Program, will maintain this list. Contact Express Scripts directly at **1-800-987-8368** if you have questions about products that are covered.
- You *do not* need a prescription for reimbursement of covered at-home COVID-19 diagnostic tests.

List of Covered At-Home COVID-19 Diagnostic Testing Products
As of the date of this publication, the products currently covered are included below. Please note this list is not inclusive and will change periodically as updates occur. Contact Express Scripts directly at **1-800-987-8368** for a more current list or if you have questions about products that are covered.

COVID-19 AT-HOME TEST	IHEALTH COVID-19 AG HOME TEST
INTELISWAB COVID-19 HOME TEST	ELLUME COVID-19 HOME TEST
BINAXNOW COVID-19 AG SELF TEST	ON-GO COVID-19 AG AT HOME TEST
QUICKVUE AT-HOME COVID-19 TEST	FLOWFLEX COVID-19 AG HOME TEST

(Continued next page.)

quantity and time limits for coverage

Coverage for at-home COVID-19 diagnostic tests under the Prescription Drug Program is subject to a quantity and time limit, as follows:

- **Each enrolled participant** is eligible to receive coverage for **up to eight** covered tests **every 30 days**. Tests purchased that exceed this quantity and time limit are *not* reimbursable under the Prescription Drug Program.
- This requirement is measured in a **rolling 30-day period**, *not* a calendar month.
- The quantity limit applies to **individual tests**, *not* to kits. For example, if a single testing kit includes three individual tests, then three tests would be applied against your eight test limit.
- The quantity limit and the 30-day period are tracked **for each enrolled participant**, *not* for each family. For this reason, when you make a purchase or submit a claim, you'll be asked to specify for which participant the kits were purchased.
- The quantity limit and the 30-day period are tracked for each enrolled participant **regardless of where and how the tests were purchased**. For example, a participant could obtain two tests from the online Express Scripts Pharmacy, two tests from the pharmacy counter at a network pharmacy and submit a manual claim for two tests purchased from another online retailer. All six tests would be tracked toward the participant's quantity limit of eight tests every 30 days.

Keep in mind that while your benefits provide coverage for up to eight tests, your retailer or pharmacy may impose separate purchase limits on at-home COVID-19 diagnostic tests.

what the program pays

As a reminder, each enrolled participant is eligible to receive up to eight covered tests every 30 days. Tests purchased that exceed this quantity and time limit are *not* reimbursable under the Prescription Drug Program. The level of reimbursement varies depending on how and where you purchased a covered test.

online express scripts© pharmacy

When purchased **online** directly from the **Express Scripts© Pharmacy**, your at-home COVID-19 tests are **free** with no shipping, copayment/coinsurance, or deductible. The system will not allow an order if a participant has exceeded the quantity and time limit. You must login to your Express Scripts account at **www.express-scripts.com** and choose the **Order At-Home COVID-19 Tests** link to place your order with the online pharmacy.

pharmacy counter at a retail network pharmacy

When purchased from the *pharmacy* counter at a retail **network pharmacy**, covered test kits will be paid at **100%** with **no copayment/coinsurance** and **no deductible**. You'll need to present your Express Scripts ID card at the time of service for verification of coverage. You do not need to submit a claim. *Do not use the regular checkout lane; to receive this level of coverage you must checkout at the pharmacy counter.*

(Continued next page.)

If you were charged for your test and need reimbursement

When you must submit a **manual claim to Express Scripts** to request reimbursement (either online or with the paper form), you will be reimbursed **up to $12 per test** with no deductible. You must submit a manual claim when:

- You purchase from an out-of-network pharmacy.
- You purchase from another non-Express Scripts online retailer. (For example, Amazon.com or Walmart.com.)
- You purchase from a network pharmacy, but your prescription drug coverage cannot be verified at the time of purchase. (For example, if you forget your Express Scripts ID card or you used the regular checkout lane.)
- Any other time that prescription drug coverage for covered at-home COVID-19 diagnostic tests could not be verified at the time of purchase; therefore, you paid the full cost out-of-pocket and submitted a manual claim for reimbursement from Express Scripts at a later date.

how to submit a manual claim for reimbursement

If you had to pay the full cost of your at-home COVID-19 diagnostic test at the time of purchase, you'll need to submit a manual claim for reimbursement. Here's how:

online

- Log in to your **Express Scripts** account at **www.express-scripts.com**.
- From the **Benefits** tab on the top navigation, choose **Forms**.
- Go to the **Request Reimbursement** section to get started.
- Be sure to review the online form carefully for special instructions and tips designed to help you properly complete certain fields when making a claim for reimbursement of at-home COVID-19 diagnostic test(s).

by paper

- The Express Scripts claim form has been recently updated to include a special section for at-home COVID-19 test claims. Be sure to use the new form or your reimbursement could be delayed, or even denied.
- You can also access this form from the **Benefits** tab when you login to your **Express Scripts** account at **www.express-scripts.com**.

(Continued next page.)

Find a network pharmacy, ask questions

- **www.express-scripts.com**
  Select your plan to locate a pharmacy or price a medication.
- Call **Express Scripts** at **1-800-987-8368**
- Network name: **National Plus Network**
- Chevron group number: **CT1839**

This communication provides only certain highlights about changes of benefit provisions. It is not intended to be a complete explanation. If there are any discrepancies between this communication and the legal plan documents, the legal plan documents will prevail to the extent permitted by law. There are no vested rights with respect to Chevron health and welfare plans or any company contributions towards the cost of such health and welfare plans. Rather, Chevron Corporation reserves all rights, for any reason and at any time, to amend, change or terminate these plans or to change or eliminate the company contribution toward the cost of such plans. Such amendments, changes, terminations, or eliminations may be applicable without regard to whether someone previously terminated employment with Chevron or previously was subject to a grandfathering provision. Some benefit plans and policies described in this document may be subject to collective bargaining and, therefore, may not apply to union-represented employees.

May 11, 2023 UPDATED SMMs - MEDICAL, HDHP, HDHP BASIC FOR:

COVID-19 immunizations (received from your provider or a health care facility)

Your plans provide coverage for qualifying preventive care services, including immunizations like the COVID-19 vaccine under **Anthem**. Starting **May 12, 2023**, COVID-19 immunizations will follow *normal* plan rules for preventive care services. This means your immunization is still free from a network provider, but subject to the deductible and/or coinsurance when you visit an out-of-network provider.

COVID-19 immunization coverage updates

medical PPO plan

effective december 11, 2020

update published as of may 11, 2023

Update to the summary plan descriptions (SPD)
All changes described in this SMM are effective December 11, 2020 unless otherwise indicated.

The enclosed information serves as an official summary of material modification (SMM) for the **Medical PPO Plan**. Please keep this information with your other plan documents for future reference. You can access the summary plan descriptions for your benefits at **hr2.chevron.com** or **hr2.chevron.com/retiree** or by calling the HR Service Center at **1-888-825-5247**.

COVID-19 preventive service and immunization update

The Medical PPO Plan currently provides coverage for preventive care services as required by the Patient Protection and Affordable Care Act and in accordance with guidelines based on recommendations from nationally recognized organizations, such as the U.S. Preventive Services Task Force. As previously communicated, effective March 27, 2020 the Medical PPO Plan was updated to include coverage for qualifying coronavirus preventive services as part of the plan's existing preventive care coverage rules, when such services became available. **As of December 11, 2020, qualifying coronavirus preventive services are now available and included under the Medical PPO Plan's preventive care coverage.**

What's a qualifying coronavirus preventive service?

A qualifying coronavirus preventive service means an item, service or immunization that is intended to prevent or mitigate coronavirus disease 2019 and that is *either one* of the following:

- An **immunization** that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.
- An **evidence-based item or service** that has in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.

Temporary extension of coverage for out-of-network COVID-19 immunizations

As required by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), effective **December 11, 2020** the following *temporary* rules apply to **qualifying coronavirus preventive services** under the **Medical PPO Plan**:

- When you see a **network provider**, the Medical PPO Plan will pay **100 percent** of the provider's **contracted rate** with no copayment, coinsurance or deductible for covered charges related to qualifying coronavirus preventive services.
- When you see an **out-of-network provider**, the **out-of-network deductible *will not* apply**, and the Medical PPO Plan will pay covered charges in an amount that is reasonable in comparison to prevailing market rates (or an alternative lower price, if negotiated) for qualifying coronavirus preventive services. Reasonable amounts are determined by Anthem, the claims administrator.

These temporary rules for qualifying coronavirus preventive services will be in effect beginning on **December 11, 2020** until the end of the Coronavirus Public Health Emergency (also known as the COVID-19 emergency period) on **May 11, 2023**.

A reminder about normal preventive care coverage rules

Starting May 12, 2023, all of the normal Medical PPO Plan rules for preventive care shall apply to qualifying coronavirus preventive services. As a reminder, normal Medical PPO Plan preventive care rules are as follows:

- When you see a **network provider**, the Medical PPO Plan will pay **100 percent** of the provider's contracted rate with no copayment, coinsurance or deductible for covered charges related to preventive care services.
- When you see an **out-of-network provider**, the Medical PPO Plan will pay **60 percent** of the maximum allowed amount for covered charges related to preventive care services, and the annual **out-of-network medical deductible *will* apply**.

contact

Contact **Anthem** directly at **1-844-627-1632** to discuss claims, coverage under your plan, or to find a network provider. For medical-related questions and concerns, please contact your provider directly before visiting the office. **As always call 911 or go to the emergency room if you think you need care right away.**

COVID-19 immunization coverage updates

high deductible health plan (HDHP)

effective december 11, 2020

update published as of may 11, 2023

Update to the summary plan descriptions (SPD)
All changes described in this SMM are effective December 11, 2020 unless otherwise indicated.

The enclosed information serves as an official summary of material modification (SMM) for the **High Deductible Health Plan (HDHP)**. Please keep this information with your other plan documents for future reference. You can access the summary plan descriptions for your benefits at **hr2.chevron.com** or **hr2.chevron.com/retiree** or by calling the HR Service Center at **1-888-825-5247**.

COVID-19 preventive service and immunization update

The High Deductible Health Plan (HDHP) currently provides coverage for preventive care services as required by the Patient Protection and Affordable Care Act and in accordance with guidelines based on recommendations from nationally recognized organizations, such as the U.S. Preventive Services Task Force. As previously communicated, effective March 27, 2020 the HDHP was updated to include coverage for qualifying coronavirus preventive services as part of the plan's existing preventive care coverage rules, when such services became available. **As of December 11, 2020, qualifying coronavirus preventive services are now available and included under the HDHP's preventive care coverage.**

What's a qualifying coronavirus preventive service?

A qualifying coronavirus preventive service means an item, service or immunization that is intended to prevent or mitigate coronavirus disease 2019 and that is *either one* of the following:

- An **immunization** that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.
- An **evidence-based item or service** that has in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.

Temporary extension of coverage for out-of-network COVID-19 immunizations

As required by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), effective **December 11, 2020** the following *temporary* rules apply to **qualifying coronavirus preventive services** under the **High Deductible Health Plan**:

- When you see a **network provider**, the High Deductible Health Plan will pay **100 percent** of the provider's **contracted rate** with no copayment, coinsurance or deductible for covered charges related to qualifying coronavirus preventive services.
- When you see an **out-of-network provider**, the **out-of-network combined deductible *will not* apply**, and the High Deductible Health Plan will pay covered charges in an amount that is reasonable in comparison to prevailing market rates (or an alternative lower price, if negotiated) for qualifying coronavirus preventive services. Reasonable amounts are determined by Anthem, the claims administrator.

These temporary rules for qualifying coronavirus preventive services will be in effect beginning on **December 11, 2020** until the end of the Coronavirus Public Health Emergency (also known as the COVID-19 emergency period) on **May 11, 2023**.

A reminder about normal preventive care coverage rules

Starting May 12, 2023, all of the normal High Deductible Health Plan rules for preventive care shall apply to qualifying coronavirus preventive services. As a reminder, normal High Deductible Health Plan preventive care rules are as follows:

- When you see a **network provider**, the High Deductible Health Plan will pay **100 percent** of the provider's contracted rate with no copayment, coinsurance or deductible for covered charges related to preventive care services.
- When you see an **out-of-network provider**, the High Deductible Health Plan will pay **60 percent** of the maximum allowed amount for covered charges related to preventive care services, and the annual **out-of-network combined deductible *will* apply**.

contact

Contact **Anthem** directly at **1-844-627-1632** to discuss claims, coverage under your plan, or to find a network provider. For medical-related questions and concerns, please contact your provider directly before visiting the office. **As always call 911 or go to the emergency room if you think you need care right away.**

COVID-19 immunization coverage updates

high deductible health plan basic (HDHP Basic)

effective december 11, 2020

update published as of may 11, 2023

Update to the summary plan descriptions (SPD)
All changes described in this SMM are effective December 11, 2020 unless otherwise indicated.

The enclosed information serves as an official summary of material modification (SMM) for the **High Deductible Health Plan Basic (HDHP Basic)**. Please keep this information with your other plan documents for future reference. You can access the summary plan descriptions for your benefits at **hr2.chevron.com** or **hr2.chevron.com/retiree** or by calling the HR Service Center at **1-888-825-5247**.

COVID-19 preventive service and immunization update

The High Deductible Health Plan Basic (HDHP Basic) currently provides coverage for preventive care services as required by the Patient Protection and Affordable Care Act and in accordance with guidelines based on recommendations from nationally recognized organizations, such as the U.S. Preventive Services Task Force. As previously communicated, effective March 27, 2020 the HDHP Basic was updated to include coverage for qualifying coronavirus preventive services as part of the plan's existing preventive care coverage rules, when such services became available. **As of December 11, 2020, qualifying coronavirus preventive services are now available and included under the HDHP Basic's preventive care coverage.**

What's a qualifying coronavirus preventive service?

A qualifying coronavirus preventive service means an item, service or immunization that is intended to prevent or mitigate coronavirus disease 2019 and that is *either one* of the following:

- An **immunization** that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.
- An **evidence-based item or service** that has in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.

Temporary extension of coverage for out-of-network COVID-19 immunizations

As required by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), effective **December 11, 2020** the following *temporary* rules apply to **qualifying coronavirus preventive services** under the **High Deductible Health Plan Basic**:

- When you see a **network provider**, the High Deductible Health Plan Basic will pay **100 percent** of the provider's **contracted rate** with no copayment, coinsurance or deductible for covered charges related to qualifying coronavirus preventive services.
- When you see an **out-of-network provider**, the **out-of-network combined deductible *will not* apply**, and the High Deductible Health Plan Basic will pay covered charges in an amount that is reasonable in comparison to prevailing market rates (or an alternative lower price, if negotiated) for qualifying coronavirus preventive services. Reasonable amounts are determined by Anthem, the claims administrator.

These temporary rules for qualifying coronavirus preventive services will be in effect beginning on **December 11, 2020** until the end of the Coronavirus Public Health Emergency (also known as the COVID-19 emergency period) on **May 11, 2023**.

A reminder about normal preventive care coverage rules

Starting May 12, 2023, all of the normal High Deductible Health Plan Basic rules for preventive care shall apply to qualifying coronavirus preventive services. As a reminder, normal High Deductible Health Plan Basic preventive care rules are as follows:

- When you see a **network provider**, the High Deductible Health Plan Basic will pay **100 percent** of the provider's contracted rate with no copayment, coinsurance or deductible for covered charges related to preventive care services.
- When you see an **out-of-network provider**, the High Deductible Health Plan Basic will pay **50 percent** of the maximum allowed amount for covered charges related to preventive care services, and the annual **out-of-network combined deductible *will* apply**.

contact

Contact **Anthem** directly at **1-844-627-1632** to discuss claims, coverage under your plan, or to find a network provider. For medical-related questions and concerns, please contact your provider directly before visiting the office. **As always call 911 or go to the emergency room if you think you need care right away.**