



# Update to the Summary Plan Description Effective January 1, 2017

**All changes described in this SMM are effective January 1, 2017 unless otherwise indicated.**

This enclosed newsletter 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. 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 care plans or any company contributions towards the cost of such health care 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.

You can access the summary plan descriptions for your benefits on the Internet at [hr2.chevron.com](http://hr2.chevron.com) or by calling the HR Service Center at 1-888-825-5247 (610-669-8595 if you're outside the U.S.), option 2.

This SMM applies to the following summary plan description:

- **January 1, 2014 Global Choice Plan (U.S.-Payroll Expatriates) Summary Plan Description** (both the individual SPD posted online and the Your Chevron Health Benefits Summary Plan Description for U.S.-Payroll Employees compilation available in print.)

# global choice plan

effective january 1, 2017

**There are few changes to your Global Choice Plan (U.S.-Payroll Expatriates) for 2017. The changes effective January 1, 2017 are included in this document. This section also includes useful basic information about your plan and reminders about ways to use your coverage effectively.**

The Global Choice Plan (U.S.-Payroll Expatriates) is the only medical plan option available to you while you're on a resident expatriate assignment. The Global Choice Plan offers comprehensive coverage for the medical services you'd expect, including office visits, emergency services, hospital care, lab services, outpatient care, pregnancy and newborn care, and rehabilitative services.

## **Medical Services**

All covered medical services are insured by Cigna — whether inside or outside the United States.

## **Prescription Drugs**

*Cigna* administers your prescription drugs for covered prescriptions obtained outside the United States. *Express Scripts* administers your prescription drugs for prescriptions obtained in the United States or by mail-order within the United States.

## **Basic Vision**

If you're enrolled in the Global Choice Plan, you're automatically covered by the Vision Program for basic vision coverage with VSP.

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Page 2, 3 and 10 of this communication serve as an official summary of material modification (SMM) to the summary plan description (SPD) book(s) for the plans referenced herein. Please keep this information with your other plan documents for future reference. This SMM provides only certain information about changes of benefit provisions. It is not intended to be a complete explanation. If there are any discrepancies between this SMM 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 care plans or any company contributions towards the cost of such health care 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. Summary plan descriptions (SPDs) provide detailed information about your Chevron benefit plans such as eligibility, claims and participation. You can get your SPDs in two ways: visit [hr2.chevron.com](http://hr2.chevron.com) and choose the Your Benefits tab; call the HR Service Center to request a free printed copy by mail at 1-888-825-5247 (inside the U.S.) or 610-669-8595 (outside the U.S.), and select option 2.

# what's changing

## how your U.S. out-of-network claims are paid

The following information only refers to claims incurred in the U.S.  
This does not apply to claims incurred outside the U.S.

The **Global Choice Plan** provides access to a network of providers in the United States. To be a part of Cigna's network, doctors and facilities must meet certain credential requirements and agree to accept a contracted rate for covered services. Providers that meet the requirements are considered **network providers**. If a doctor or facility has no contract with Cigna, they are considered **out-of-network** and can charge you full price. Cigna can't control what they charge for their services, and the price they charge is usually higher than the network contracted rate.

One of the benefits of the Global Choice Plan is the flexibility to use any U.S. doctor you choose – in or out of the network. Your share of the costs – such as the coinsurance – will often be lower if you use a network provider. This isn't changing. However, starting January 1, 2017, Cigna will change how your out-of-network claims for covered medical services will be paid, which will affect your costs when you choose to use an out-of-network provider.

The **maximum reimbursable charge (MRC)** is the maximum amount the Global Choice Plan will pay for covered out-of-network services. You will be responsible for paying any amount **above** the plan's MRC for the service. Generally, your provider will bill you for this amount and you'll pay the provider directly. Providers often refer to this as *balance billing*. These payments do not apply to your deductible or out-of-pocket maximum. And these payments are *in addition to* your coinsurance obligation for the service, if applicable.

*Note: U.S. emergency services are covered at the network cost sharing level even when you receive care from an out-of-network doctor or facility.*

### Here's a simple example of how this works.<sup>1</sup>

Assume you've met your deductible and you receive a covered service from an out-of-network provider in the United States.

	Network provider	Out-of-network provider
<b>Covered charge (Billed rate)</b>	\$280	\$280
<b>Covered charge (Contracted rate)</b>	<b>\$170</b>	No contracted rate available.
<b>Maximum reimbursable charge (MRC)</b>	Not applicable	<b>\$218</b>
<b>Your coinsurance obligation<sup>2</sup></b>	<b>\$34</b> (20% x \$170)	<b>\$87</b> (40% x \$218)
<b>Amount above MRC</b>	<b>\$0</b> Not applicable.	<b>\$62</b> Provider may balance bill you directly for this amount. It's your responsibility to pay this bill.
<b>Your total out-of-pocket cost</b>	<b>\$34</b> (Your coinsurance)	<b>\$149</b> (Your \$87 coinsurance + \$62 balance billing amount)

1. This is an example used for illustrative purposes only. Actual covered charges and out-of-pocket costs will vary.

2. Assumes coinsurance of 20% for covered network services and 40% for covered out-of-network services. Your actual coinsurance amount may vary.

## prescription drugs obtained inside the U.S.

**Cigna is the insurer for prescription drugs obtained *outside* the United States. There are no changes to your Cigna prescription drug coverage for 2017.**

Express Scripts is the insurer for the Prescription Drug Program which covers prescription drugs obtained **inside** the United States and through mail order within the United States. The Prescription Drug Program currently has prior authorization and Drug Quantity Management programs in place. There are administrative changes to these programs, *only*. You don't need to do anything.

You'll be notified by Express Scripts if your medication is subject to any of these programs during 2017, including what you need to do, if anything. Starting October 17, 2016, to find out if your prescription drug is subject to prior authorization and Drug Quantity Management programs, contact Express Scripts Member Services at 1-800-987-8368, or review the documents and links available from [hr2.chevron.com](http://hr2.chevron.com). Click the **2017 Benefit Changes** link to get started.

See the information below for a quick review about what prior authorization and Drug Quantity Management means.

- The Prescription Drug Program covers some drugs only if they're prescribed for certain uses (or only up to certain quantity levels). For this reason, some medications will require your prescribing doctor to provide additional clinical information so that use of the medication can be approved in advance before you can receive Prescription Drug Program benefits. This is called **prior authorization**.
- **Drug Quantity Management** is a program included in the Prescription Drug Program that's designed to make the use of prescription drugs safer and more affordable. It provides you with medicines you need for your good health and the health of your covered dependents, while making sure you receive them in the amount — or quantity — considered safe and most cost effective.

## 2017 employee monthly premium changes

The employee monthly premium will change effective January 1, 2017. See Page 10 for the new monthly cost.

# what's the same

## preventive care

The Global Choice Plan includes 100 percent coverage with no deductible for routine preventive care services as specified by the Affordable Care Act. Additional preventive screenings and services may also be covered, depending on factors like your age and gender.

## annual deductible

The deductible amounts under the Global Choice Plan are not changing for 2017. See the table included later in this document for the amounts. Here are some reminders about the deductible structure under the Global Choice Plan (U.S.-Payroll Expatriates).

There are two separate deductibles under the Global Choice Plan:

- There is a deductible that applies to **all medical services** (inside and outside the United States).
- There is a deductible that applies to **prescription drugs obtained inside the United States** (no deductible for mail-order).

There is no deductible for the following, but copayments or coinsurance may apply:

- **Prescription drugs obtained outside the United States.**
- **Mental health and substance abuse services** (inside and outside the United States).

## annual out-of-pocket maximum

The out-of-pocket maximums under the Global Choice Plan are not changing for 2017. See the table included later in this document for the maximums. Here are some reminders about the out-of-pocket maximum structure under the Global Choice Plan (U.S.-Payroll Expatriates).

There are two separate out-of-pocket maximums under the Global Choice Plan:

- There is an out-of-pocket maximum that applies to **all medical services** (inside and outside the United States), **all mental health and substance abuse services** (inside and outside the United States) and **prescription drugs obtained outside the United States.**
- There is an out-of-pocket maximum that applies to **prescription drugs obtained inside the United States.**

## save for health care

All of Chevron's medical plans offer access to *one* of two tax-advantaged health accounts — either the Health Care Spending Account (HCSA) or a health savings account (HSA). Both accounts can help you pay for certain out-of-pocket health care costs. Enrolling in a health account is a voluntary choice, and the account you can use varies based on the medical plan you choose. As an expatriate, you are eligible to enroll in the **Health Care Spending Account (HCSA)**; you are not eligible to open or contribute to an HSA. If you leave an expatriate assignment mid-year in 2017, you'll be able to enroll in the High Deductible Health Plan (HDHP) or HDHP Basic, if desired. If you enroll in either one of these high deductible health plan options, you may be eligible to open or contribute to an HSA. However, if you already enrolled in the HCSA for 2017, you can enroll in the HDHP or HDHP Basic, but you will not be eligible to open and contribute to an HSA in 2017. This is because you cannot open or contribute to an HSA if you are also enrolled in a flexible spending account like the Health Care Spending Account (HCSA). Please keep this in mind as you make your enrollment decisions for 2017.

# reminders about using your coverage

## services outside the United States

All medical services and prescription drugs obtained **outside** the United States are insured by Cigna.

- Individual providers (such as a doctor), pharmacies and outpatient hospital facilities will generally **require payment at the time services are delivered**. You'll need to submit a claim directly to Cigna for reimbursement. (See Page 8)
- **There are no Cigna networks outside the United States**; however Cigna does have a direct settlement agreement with many international providers (physician and hospitals). This means that if you use one of these providers, Cigna can settle your charges *directly*. Be sure to provide your member ID card when you visit. If Cigna does not have a direct settlement agreement in place, they can, in many cases, arrange for a *Guarantee of Payment*. You or the provider should contact the 24-hour member services unit at the number on your ID card to make arrangements. Regardless of the direct settlement agreement, you should always obtain a copy of the bill for services rendered and retain it for your records.
- Cigna has more than 185,000 doctors and hospitals with either **direct settlement** or who are a part of **CignaLinks**. The CignaLinks program has partnerships with select, regional networks for additional cost savings and ease of access to health care. CignaLinks can also help you understand how health care works in your host country. Contact Cigna for more information about CignaLinks.
- **If you need to obtain a prescription when you are outside the United States**, Cigna can help you locate a physician. Cigna can also verify if a prescription is available or help you determine the drug equivalency in other countries for your prescription medications.
- **If you need to obtain a prescription** when you are outside the United States, use your Cigna ID card.
- **Mail-order (home delivery pharmacy) is only available through Express Scripts and only applies to addresses within the United States** because medications cannot be shipped overseas. In addition, medications cannot be shipped through Chevron pouch mail.(See Page 7 for additional information about obtaining a 365-day supply.)
- If you receive **covered basic vision services outside the U.S.**, the nonpreferred (out-of-network) level of benefits will apply. However, if you use a VSP preferred provider while you're in the U.S., the preferred provider level of benefits will apply for covered materials and services.

## services inside the United States

All **medical** services are insured by Cigna — whether inside or outside the United States. Express Scripts administers your prescription drugs for prescriptions obtained **inside** the United States or by **mail-order** within the United States.

- **The Global Choice Plan uses the Cigna Open Access Plus network, so you can use any doctor you choose** – in or out of the network – although you will generally pay less for your out-of-pocket expenses if you use a network provider. Contact Cigna to find a U.S. provider in the Cigna network. (See Page 9.)
- **If you need to obtain a prescription when you are inside the United States, use your Express Scripts ID card.** Your Cigna ID card is only for medical services or when you purchase a prescription *outside* the U.S.
- **Show your Cigna member ID card to your provider for medical services.** If they have questions about your coverage they should contact Cigna at the phone number listed on your ID card. Note that if you need to obtain a prescription when you are *inside* the U.S., use your Express Scripts ID card.
- **Covered dependents staying behind in the United States** will be issued a card with their own name on it and should always use their own Cigna ID card when receiving medical services.
- **If you visit a network provider in the United States,** you do not need to submit a claim form for reimbursement. You'll pay out of your own pocket for your portion of the medical service, if any, when you receive it. Your provider will work directly with Cigna. (See Page 8.)
- **If you visit an out-of-network medical provider in the United States,** you will generally need to pay for the service when you receive it, out of your own pocket. Be sure to ask your provider for assistance with completing a Cigna claim form, then return the claim form with the required copies of receipts and bills to Cigna. Remember, you have the choice to use a network or out-of-network provider in the U.S., but you'll generally pay more out-of-pocket when you choose to use an out-of-network provider.
- **Mail-order is only available through Express Scripts and only applies to addresses within the United States** because medications cannot be shipped overseas. In addition, medications cannot be shipped through Chevron pouch mail.

Starting January 1, 2017, Cigna will change how your out-of-network claims for covered medical services will be paid, which will affect your costs when you choose to use an out-of-network provider in the United States. See Page 2 to read about the maximum reimbursable charge (MRC) and how it affects your costs.

## Reminders about 365-day medication supply

When you are on an expatriate assignment, medications cannot be sent through international mail (including pouch mail). If you require medication on a regular basis, you'll need to plan ahead for your trips back to the United States. You can typically secure a 365 day prescription of daily required medication prior to departure back to your host country. There are no changes to this benefit feature or the process for obtaining a 356-day supply in 2017. The following information is provided as a reminder only. For more specific information about the deductible, copayment and coinsurance, review the [Global Choice Plan summary plan description](#) or call Express Scripts at Express Scripts Member Services at 1-800-987-8368.

**1. Speak with your health care provider and request the respective prescriptions.** You may be required to set an appointment with your provider, so plan ahead accordingly.

- The prescription must be written for **one year** or **365 days** (*not* 30-days with refills)
- The prescription must include the **dose per day**.
- The prescriptions must be written by a U.S.-licensed doctor.
- Be aware that certain controlled substances, by law, may be limited to *less than* a 365 day supply.

**2. Take your prescription to any Express Scripts network pharmacy in the United States.**

Remember, prescriptions obtained through the home delivery pharmacy program cannot be mailed to an address outside the U.S. (this includes pouch mail addresses). Chevron cannot control the delivery method or schedule of the home delivery pharmacy. So if your time is limited, you're encouraged to use a **U.S. network retail pharmacy** to fill the prescription.

- Show your prescription ID card to the pharmacist or provide your Express Scripts ID number when you hand in your prescription.
- The pharmacist will process your prescription, using the program's computer system to confirm your eligibility, and make sure the drug is covered under the plan. The computer system may notify the pharmacist if there's a potential problem with the prescription (such as a risk of adverse interaction with other drugs you're taking).

# how to submit claims

## cigna claims

Use the *same* Cigna claim form for:

- Medical services **inside** the U.S. If you go to a **network** provider for care, your provider files the claim for you. If you go to an **out-of-network provider** for care, you usually have to pay for the service and file a claim to be reimbursed.
- Medical services **outside** the U.S.
- Prescription drugs obtained **outside** the U.S.

You should file a claim as soon as you incur a covered charge, even if you haven't yet paid your deductible. Claim forms are available on the Cigna website. Claims forms are also available on [hr2.chevron.com](http://hr2.chevron.com). (Choose the **Your Benefits** tab and then select the **Global Choice (U.S.-Payroll Expatriates)** Plan from the page.)

You can submit claim forms and bills by mail, email or fax, or you can submit claims online at [CignaEnvoy.com](http://CignaEnvoy.com). **You are strongly encouraged to submit your claims online at CignaEnvoy.com. It's the fastest and easiest way to obtain reimbursement.** Keep a copy of your completed claim form and receipts for your records. You can track the status of your claim on [CignaEnvoy.com](http://CignaEnvoy.com) and you can contact Cigna if you have any questions. Cigna offers several options for reimbursement including international direct deposit, checks, electronic funds and wire transfers.

## express scripts claims

In the situations below you'll need to pay full price for your medication and send in a completed claim form to Express Scripts to request reimbursement of covered charges.

- Prescription drugs obtained **inside** the U.S. at an **out-of-network pharmacy**. If your prescriptions are filled at a network pharmacy or through the program's home delivery pharmacy, you pay your share of the cost when you order the medication you need. There are no claim forms to fill out.
- Your prescription is filled at a network U.S. pharmacy, but you don't have your prescription ID and the pharmacist is unable to verify your coverage.
- You submit a request for a prescription drug at a network U.S. pharmacy and your request is denied – for example, your ID card is rejected.

Claim forms are available on the Express Scripts website or by calling Express Scripts Member Services. Claims forms are also available on [hr2.chevron.com](http://hr2.chevron.com). (Choose the **Your Benefits** tab and then select the **Global Choice (U.S.-Payroll Expatriates)** Plan from the page.) When you fill out the claim form, use your full name and your member ID number located on your Express Scripts ID card. Attach the original receipt from the pharmacy. Mail the completed claim form to the address shown on the form. The receipt must contain the following information:

- Date prescription was filled.
- Name and address of the pharmacy.
- National Drug Code (NDC) number.
- Name of drug and strength.
- Quantity.
- Prescription (Rx) number.
- "Dispense as Written," if applicable.
- Amount paid for the medication.

# contact information

## Chevron Global Choice Plan (U.S. Payroll Expatriates)

<b>Claims administrator</b>	<b>Medical Services</b>	Cigna Global Health Benefits (Cigna) <i>(inside and outside U.S.)</i>
	<b>Prescription Drugs</b>	Cigna Global Health Benefits (Cigna) <i>(obtained outside U.S.)</i> Express Scripts <i>(obtained inside the U.S. and mail order)</i>
	<b>Vision Services</b>	VSP Vision Care (VSP) <i>(inside and outside U.S.)</i>
<b>Group account numbers</b>	<b>Medical Services</b>	Cigna 05721A008
	<b>Prescription Drugs</b>	Cigna 05721A008 Express Scripts 1839
	<b>Vision Services</b>	VSP 30021085
<b>Network name</b>	<b>Medical Services</b>	Open Access Plus network <i>(inside the U.S.)</i> There are no networks outside the U.S., but the CignaLinks program has partnerships with select, regional networks for additional cost savings and ease of access to health care.
	<b>Prescription Drugs</b>	Contact Express Scripts
	<b>Vision Services</b>	VSP Choice
<b>Websites</b>	<b>Medical Services</b>	Cigna: <a href="http://www.CignaEnvoy.com">www.CignaEnvoy.com</a>
	<b>Prescription Drugs</b>	Cigna: <a href="http://www.CignaEnvoy.com">www.CignaEnvoy.com</a> Express Scripts: <a href="http://www.express-scripts.com">www.express-scripts.com</a>
	<b>Vision Services</b>	VSP: <a href="http://www.vsp.com/go/chevron">www.vsp.com/go/chevron</a>
<b>Phone numbers</b>	<b>Medical Services</b>	<ul style="list-style-type: none"> <li>• 1-800-828-5822 (U.S. and Canada)</li> <li>• ATT Access Code* + 800-828-5822</li> <li>• 1-302-797-3871 (collect calls accepted)</li> </ul>
	<b>Prescription Drugs</b>	Cigna: See <i>medical services</i> line above for phone numbers Express Scripts: 1-800-987-8368
	<b>Vision Services</b>	1-800-877-7195 1-916-851-5000 (Press 0 for operator assistance)

# global choice plan

effective january 1, 2017



covered medical services



covered prescription drugs



covered mental health and substance abuse services

## 2017 employee monthly premium

- ↑ \$92 You only
- ↑ \$184 You + One adult
- ↑ \$156 You + Child(ren)
- ↑ \$247 You + Family

## annual deductibles

This is the amount you pay out of pocket before your health plan begins to help pay for covered health care services

### inside U.S. and outside U.S., combined

- \$300** You only
- \$600** You + One adult
- \$600** You + Child(ren)
- \$900** You + Family

### inside U.S.



- \$150** Individual
- \$300** Family

\*No deductible for mail-order prescriptions

### outside U.S.



**No deductible**  
but copayments  
or coinsurance do apply.

### inside U.S. outside U.S.



**No deductible**  
but copayments  
or coinsurance do apply.

## annual out-of-pocket maximum

This amount is the most you will have to pay out of pocket for covered health care expenses for the year. When you reach this amount, your medical plan begins to pay 100 percent of covered expenses when you receive care outside the U.S. or from network providers in the U.S., or 100 percent of the Maximum Reimbursable Charge (MRC) when you receive care inside the U.S. from an out-of-network provider. This amount is important because it protects you in the event you have a year with major health expenses.

- all services** + **outside U.S.** + **all services**
- \$2,300** You only
- \$4,600** You + One adult
- \$4,600** You + Child(ren)
- \$6,900** You + Family

### inside U.S.



- \$1,800** Individual
- \$3,600** Family

# tobacco surcharge

effective january 1, 2017

**Chevron has established a tobacco surcharge for Chevron medical and supplemental life insurance coverage. This means there are different monthly rates for this coverage for tobacco and non-tobacco users. The tobacco surcharge information here applies to all active U.S.-payroll employees (and those on a leave of absence). There are no changes to the tobacco surcharge for 2017. However, important reminders about the tobacco surcharge are included here for your reference. Go to [hr2.chevron.com](http://hr2.chevron.com) for additional details about the tobacco surcharge.**



## update your tobacco use status for 2017

### Open enrollment is your only opportunity to update your tobacco use status for 2017.

Open enrollment — October 17 through October 28, 2016 — is your only opportunity to change your tobacco use status for 2017. If you miss this deadline, you cannot change your 2017 tobacco use status until the next open enrollment period. And you cannot change your 2017 tobacco use status during the year, even if you experience a qualifying life event — like getting married or having a baby.

### do I need to do anything during open enrollment?

If your 2016 certification status is **Tobacco User, But Commit to Coaching**, you may need to take action during open enrollment to update your 2017 tobacco use status.

- If you do not make a new tobacco use certification during open enrollment, your 2017 tobacco use status will be automatically assigned as **Tobacco User** and the tobacco surcharge will apply to you for all of 2017.
- If you make a new 2017 tobacco use certification during open enrollment, your certification choice will determine whether or not the tobacco surcharge applies to you for all of 2017.

If your 2016 certification status is either **Not a Tobacco User**, **Tobacco User** or **Decline to Disclose**, your 2016 status will continue automatically in 2017 unless you make a change to your status during open enrollment. You do not need to do anything if this designation still accurately describes your tobacco use status.

## 2017 surcharge amounts

There is no change to the tobacco surcharge amounts effective January 1, 2017 so they continue to be as follows:

- **\$25** more each month for medical coverage, if enrolled.
- **20 percent** more each month for Chevron Supplemental Life Insurance Plan coverage, if enrolled.

## how to update your tobacco use status

You can update your tobacco use status October 17 through October 28, 2016, by calling the HR Service Center or by going online to Benefits Connection, the same website you use to make open enrollment elections. Open enrollment instructions will be sent to you in October or you can go to [hr2.chevron.com](http://hr2.chevron.com) to learn more.

## certification choices

Your 2017 tobacco certification choices and requirements are as follows:

- **Not a Tobacco User.** You will not be subject to the surcharge in 2017.
- **Tobacco User.** If you're a tobacco user and don't intend to stop using tobacco, the surcharge will apply to you in 2017.
- **Tobacco User, But Commit to Coaching.** If you commit to complete at least three Tobacco Cessation Specialty Coaching sessions through WebMD between July 1, 2016 and December 31, 2017, the surcharge will not apply to you in 2017. Tobacco Cessation Specialty Coaching combines one-on-one telephone coaching, nicotine replacement therapy and integrated online resources to help participants try to stop using tobacco products. Contact WebMD at **1-888-321-1544** (or **925-842-8346** from outside the U.S.) to enroll. You can use this service again, even if your past attempts to quit have been unsuccessful. Go to [hr2.chevron.com/wellness](http://hr2.chevron.com/wellness) to learn more about this and other Tobacco Free Program resources.
- **Decline to Disclose.** If you decline to disclose your tobacco use, you will be defaulted to Tobacco User and the surcharge will apply to you in 2017.

### What's considered tobacco use?

Indicate your tobacco use status only; you don't have to certify the tobacco use status of your spouse or domestic partner and other dependents for 2017. The definition of tobacco use has not changed for 2017. Any use, regardless of frequency or location, is considered use. This includes daily, occasional or social use. It also includes if it's used only at your home. Tobacco use means you've used any of the following at any point since July 1, 2016:

- Tobacco (cigarette, pipe, cigar).
- Smokeless tobacco (such as snuff or chewing tobacco).

The Federal Drug Administration now regulates e-cigarettes as tobacco, but they will not be included in the definition of tobacco use for purposes of the 2017 tobacco surcharge. Chevron does, however, intend to change the definition in 2018 to include e-cigarette use as tobacco use.