

# 2018 chevron benefit changes

**This section includes information about changes to your Chevron benefits that take effect on January 1, 2018.**

**Certain sections of this newsletter (Page 8-33) 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.

## **Women's health and cancer rights notice**

To comply with the Women's Health and Cancer Rights Act of 1998, Chevron reminds you that all medical plans the company offers cover medically necessary mastectomy and related breast reconstructive surgery, including reconstruction of the breast on which the mastectomy is performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment remedies for physical complications during all stages of the mastectomy, including lymphedema.

# medical PPO plan

The **Medical PPO Plan** is a preferred provider organization (PPO) health plan, so you can choose to see any provider you want. However, remember that you pay more out-of-your pocket if you visit an out-of-network provider. The Medical PPO Plan includes **medical** coverage with Anthem Blue Cross (Anthem) and **prescription drug** coverage with Express Scripts. You're also automatically enrolled in the Vision Program for **basic vision** coverage with VSP, and the Mental Health and Substance Abuse Plan with Beacon Health Options. The Medical PPO Plan changes described in this section take effect on January 1, 2018.

## new benefits and features for 2018

The Medical PPO Plan includes the following new benefits features effective January 1, 2018. See Page 15 for further details.

- Hearing aid coverage for adults.
- New condition-specific prescription drug programs.

## monthly premium

Chevron will currently continue to share the monthly cost of coverage — the premium — with eligible employees.

### Employee monthly premium

**\$138** You only  
**\$276** You + One adult  
**\$235** You + Child(ren)  
**\$373** You + Family

### Employee monthly premium if wellness credit obtained

**\$75.50** You only  
**\$213.50** You + One adult  
**\$172.50** You + Child(ren)  
**\$310.50** You + Family

There's still time to receive this reduced monthly premium in 2018. The deadline to qualify for the 2018 Wellness Credit is October 27, 2017. See Page 20

## annual deductibles

The Medical PPO Plan has separate deductibles, one for **medical services** and the other for **prescription drug costs**. There is no deductible for **mental health and substance abuse** services.

### Covered prescription drugs deductible

The Medical PPO Plan prescription drug deductible is not changing in 2018; this information is provided for your reference only. The prescription drug deductible is the same whether you use a network or out-of-network provider. As a reminder, mail-order prescriptions are *not* subject to the annual deductible.

	Coverage category	Network or Out-of-network
	You Only	\$150
	You + One Adult* You + Child(ren)* You + Family*	\$300

\*Each covered individual has a maximum deductible equal to the **You Only** amount.

### Covered medical services deductible

The Medical PPO Plan deductible for covered medical services is not changing in 2018; this information is provided for your reference only. There are different deductible amounts for covered **medical** services depending on if you see a network or an out-of-network provider. Amounts paid for covered medical services provided by a network provider also count toward the out-of-network annual deductible. Amounts paid for covered medical services provided by an out-of-network provider also count toward the network annual deductible.

	Coverage category	Network	Out-of-network
	You Only	\$1,000	\$2,000
	You + One Adult*	\$2,000	\$4,000
	You + Child(ren)*	\$2,000	\$4,000
	You + Family*	\$3,000	\$6,000

\*Each covered individual has a maximum deductible equal to the **You Only** amount.



## hearing aid coverage for adults

Under current plan rules, coverage for hearing aids is only available to children under age 26. Effective January 1, 2018, the Medical PPO Plan, the High Deductible Health Plan (HDHP) and the High Deductible Health Plan Basic (HDHP Basic) will expand hearing aid coverage to **all plan participants**, including adults. Effective January 1, 2018, the plan pays covered charges, after the deductible, for hearing aids, including bone anchored hearing aids (BAHA) when medically necessary. Hearing aids are covered up to a maximum of **\$5,000 once every 4 years**. Cochlear implants in adults are governed by a separate plan rule and are not affected by this plan change.

### Medical PPO Plan

<b>Network</b>	80% of contracted rates after deductible.
<b>Out-of-network</b>	80% of the maximum allowable amount after deductible.

### High Deductible Health Plan (HDHP)

<b>Network</b>	80% of contracted rates after deductible.
<b>Out-of-network</b>	80% of the maximum allowable amount after deductible.

### High Deductible Health Plan Basic (HDHP Basic)

<b>Network</b>	70% of contracted rates after deductible.
<b>Out-of-network</b>	70% of the maximum allowable amount after deductible.

### Hearing aids

Coverage includes the hearing aid device and fitting. Batteries and routine maintenance of the device are not covered.

### Bone Anchored Hearing Aids (BAHA)

Coverage for BAHA includes the actual hearing device as well as the surgery\* to attach or remove the device. Coverage for BAHA is limited to the following conditions:

- Craniofacial anomalies where abnormal or absent ear canals preclude the use of a wearable hearing aid.
- Hearing loss of sufficient severity exists that would not be adequately remedied by a wearable hearing aid.

\*The surgery is covered by a separate Surgical benefit under the plan. See the **Surgical** heading in the **What the Plan Pays** section in the **Medical coverage** chapter of your plan's summary plan description available online at [hr2.chevron.com](http://hr2.chevron.com).

## new condition-specific prescription drug programs

### diabetes, oncology, inflammatory conditions, multiple sclerosis, and pulmonary conditions

If you are enrolled in the Medical PPO Plan, the High Deductible Health Plan (HDHP) or the High Deductible Health Plan Basic (HDHP Basic), you automatically have prescription drug coverage through the Prescription Drug Program with Express Scripts. The Prescription Drug Program currently has specialty drug and specialty pharmacy requirements in place, including access to specialist pharmacists, nurses and other clinicians who are trained to your specific condition.

Effective January 1, 2018, a variety of specialized services and support tools will be available. These programs are already in place for hepatitis and cholesterol care, but Express Scripts will expand these programs to now include:

- Diabetes Care Value Program<sup>SM</sup>
- Oncology Care Value Program<sup>®</sup>
- Inflammatory Conditions Care Value Program<sup>SM</sup>
- Multiple Sclerosis Care Value Program<sup>SM</sup>

The end goal of these programs is to help you stay on your medication regime for the long-term. Studies show that adhering to proper and consistent medication therapies can help you avoid hospital visits or a recurrence of dangerous symptoms and complications.

These changes provide additional access to services; they don't affect your current prescription drug benefit. You'll be notified by Express Scripts if your condition and medication is subject to any of these programs during 2018, including what you need to do, if anything. Starting October 16, 2017, to find out if your prescription drug is subject to the specialty drug program and these condition-specific services, contact Express Scripts Member Services at 1-800-987-8368.

#### First fill at Accredo, the Express Script Specialty Pharmacy

As a reminder, if you are prescribed certain specialty drugs to treat conditions like the ones above, you may be required to have them dispensed from the Express Scripts Specialty Pharmacy – Accredo – starting with the **first fill**. This is not a change from current practice; this specialty pharmacy and the fill requirement is already part of your prescription drug benefit. The affected medications will not be covered if supplied by your doctor or another pharmacy. You will receive refill reminders and they will schedule and quickly ship all your specialty medications, including those that require special handling, such as refrigeration. You'll be notified by Express Scripts if your condition and medication is subject to this requirement. You can also call Express Scripts Member Services at 1-800-987-8368 for information.

### pay your 90-day supply in 30-day installments

Express Scripts will allow you to opt to pay for your 90-day supply in three installments using only your credit card, bank debit card, Health Care Spending Account (HCSA) card, or health savings account (HSA) card. By using the Extended Payment Program you can get a long-term supply of your medication but continue to pay for that prescription as though you're filling a short-term supply. It's a cost-effective way to adhere to your therapy long-term. There is no minimum dollar amount required for participation and there is no service fee. You can sign up for the Extended Payment Program either by speaking with Express Scripts Member Services at 1-800-987-8368 or through the payment options available on [www.express-scripts.com](http://www.express-scripts.com).

### **Pulmonary Care Value Program<sup>SM</sup>**

In addition to the condition-specific programs above, Express Scripts will also introduce the Pulmonary Care Value Program<sup>SM</sup> for Chevron participants starting January 1, 2018. This program targets pulmonary conditions including asthma and chronic obstructive pulmonary disease (COPD) with an enhanced level of care including:

- All pulmonary prescriptions will be filled through Express Scripts Home Delivery at a 90-day supply quantity level. This requirement ensures you have consistent access to your medication to promote adherence.
- Qualified members will also have voluntary access to the Mango Health app or Pulmonary Remote Monitoring via a Bluetooth enabled device. These high-tech tools will help you learn how to use your pulmonary therapy effectively and consistently.

If you are currently taking any of the affected medications, you will receive detailed information directly from Express Scripts in early December. You don't need to do anything now.

### **Diabetes Care Value Program<sup>SM</sup>**

This program includes specialized services and support tools, similar to the other Express Scripts condition-specific programs. In addition, covered medication will be filled through Express Scripts Home Delivery up to a 90-day supply quantity level. This requirement ensures you have consistent access to your medication to promote adherence.

### **Therapeutic Resource Centers<sup>®</sup>**

All of Express Scripts' condition-specific programs include no-cost access to Therapeutic Resource Centers<sup>®</sup> (TRC). TRCs are pharmacy practices that specialize in caring for participants with the most complicated and chronic conditions, including cardiovascular disease, diabetes, cancer, HIV, asthma, depression, and many rare and specialty conditions. You'll be able to engage directly with specialist pharmacists and nurses who can help you:

- Understand your medication and how to take it.
- Avoid dangerous medication mistakes.
- Get help saving money on your prescriptions.

You can access a TRC specialist pharmacist by calling Express Scripts Member Services at **1-800-987-8368** and requesting counseling from a specialist pharmacist. You can also send an email by logging into the Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com)