



your health

# investing in your health

changes coming to your 2017 chevron benefits

---

human energy. yours.™





Your health is important to your quality of life, your family, your career and the health of our business. Over the last several years, Chevron has talked about the need to continue to improve employee health to help control our costs and reduce operating expenses. We know that making healthy choices, getting regular preventive care, managing existing health conditions and using your benefits efficiently affects the cost of health coverage for everyone. But there's more to it than just money. For many years we've focused on making sure every employee goes home safely each day. We wouldn't ignore an operational risk, and health risks *are* operational risks. A healthy workforce is a critical contributor to our future success.

For these reasons we're making changes to Chevron's medical, dental, wellness, disability, vacation and retiree benefit offerings effective January 1, 2017. We'll also introduce two new voluntary benefits.

Our benefits philosophy – particularly in the realm of health and wellness – has not changed. Chevron strives to provide you and your family with a choice in quality benefits that are cost efficient for both you and the company. And, we want your benefits to provide care that enables you to take action to be in good health, physically and mentally.

## **We can provide the opportunity and resources for you to improve and maintain your health, but it's up to you to play an active role.**

For several years, we've asked for your participation in:

- Using your benefits effectively.
- Working toward your best version of health.
- Playing an active role in considering the choices available to you.

This hasn't changed, but with the changes coming in 2017, we'll be expecting more involvement from you. For some of you, these increased expectations will come easily and aren't too different from what you already do. But for others, the changes might be harder. Many of the changes previewed here are designed to more directly encourage behaviors that help you improve and maintain your best version of health. You'll still have the choice of whether or not to participate. But now more than ever, your individual costs will be directly affected by your choices.

# contents

## 4 Preview the health changes

- New claims administrators
- New medical plan choices
- New hospital indemnity and critical illness insurance
- Company contribution to health savings account
- New medical plan deductible structures
- Save money when you get regular dental preventive care
- How to save up to \$750 annually on your medical premium
- Get a second opinion, save \$400

## 10 Caring for yourself and others

- Vacation policy changes to support your health
- Short-Term Disability Plan changes to support your recovery
- New bonding and family care benefits

## 12 Changes to the retiree medical program

- Why we're making changes
- What's changing

## 15 What to expect next

- Open enrollment
- Online resources
- Employee townhalls and webinars
- Onsite health fairs



**6** get up to \$1,000 in health savings account



**7** new medical deductibles



**9** get a second opinion save \$400



**10** vacation policy updates



**11** new bonding and family care benefits

# preview the health changes

changes effective january 1, 2017

**We know you want to understand what's coming, so here's a brief summary of what to expect. Benefits can be complicated, and there are always so many details to digest. We'll focus on each of the changes in more depth through additional communications, online resources and employee meetings between now through October. It's important that you understand your options and your role because that's the only way we'll achieve positive, long-term results. Our intent is to give you time before decisions are required or the changes take effect to understand what's changing and make informed choices when it's time.**



## **new claims administrators**

In a business climate where we are challenged to reduce our operating expenses, it's more important than ever that we operate smarter and more efficiently across all of the enterprise. Across the company, we're looking at our contracts to make sure we're getting what we need at a fair and reasonable price. We also routinely conduct the same kind of reviews with our benefits contracts. Chevron has selected the following new claims administrators beginning January 1, 2017. The selection of these claims administrators was the result of a detailed and structured evaluation process. These new partnerships will provide cost and administrative efficiencies for employees and for Chevron, while still providing you and your family with quality care, choices and resources to manage your health. A new claims administrator typically affects the administration of your plan — for example, the provider network, claims submission, phone numbers, ID cards and website addresses. We know you'll want to check if your current providers are included in the new networks. That level of detail isn't available now, but in September we'll provide the information and links you need to do this research in advance of open enrollment and the new year.

*Only the plans listed below have claims administrator changes. Chevron's other vendors will remain the same, including prescription drugs with Express Scripts, vision with VSP and the Global Choice Plan.*

### **Medical PPO**

UnitedHealthcare is replaced by Anthem Blue Cross (Anthem) (for medical services only)

### **High Deductible Health Plan**

UnitedHealthcare is replaced by Anthem Blue Cross (Anthem) (for medical services only)

### **Dental PPO**

United Concordia (UCCI) is replaced by Delta Dental (Delta)

### **Dental HMO**

United Concordia (UCCI) and Cigna Dental are replaced by DeltaCare USA (Delta)

### **Health Care Spending Account**

UnitedHealthcare is replaced by HealthEquity (in partnership with Anthem)

### **Dependent Day Care Spending Account**

UnitedHealthcare is replaced by HealthEquity (in partnership with Anthem)

### **Health Decision Support**

Best Doctors is replaced by Innovation Specialists LLC DBA 2nd.MD (2nd.MD)

## **new medical plan choices**

Chevron will currently continue to offer you a choice of medical plan options that suit a wide range of employee needs and situations — a traditional preferred provider organization (PPO) medical plan, a high-deductible health plan (also a PPO) and health maintenance organization (HMO) (where available). But there are changes coming in 2017 to your plan lineup:

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

A *second* high-deductible health plan — the Chevron High Deductible Health Plan (HDHP) Basic — will be available. Both the Chevron HDHP and HDHP Basic cover the same services; only your out-of-pocket costs — the premiums, deductibles, copayments and coinsurance — are different.

### **Chevron Medical PPO Option 1**

The Chevron Medical PPO Plan will be streamlined. The current Medical PPO Option 2 will still be offered at this time, but *Medical PPO Option 1 will no longer be offered*. You'll continue to have the flexibility to see whichever provider you'd like — network or out-of-network.

### **Chevron Medical HMO Plans**

Medical HMO plans will still be offered — where available — at this time, but there will be some changes to the plan design. (See Page 7.)

## **new hospital indemnity and critical illness insurance provide supplemental coverage**

Two new voluntary benefits will be available through payroll deductions starting in 2017. While these benefit choices are available to all employees eligible for Chevron benefits, these policies are most useful for those choosing to enroll in the Chevron HDHP, the Chevron HDHP Basic, or other similar plans with high deductibles. These new voluntary plans provide supplemental coverage — and peace of mind — in the event of a serious health event, like a hospital inpatient stay or a critical illness, such as cancer.



## how to get up to \$1,000 added to your benefitwallet health savings account in 2017

With the HDHP or HDHP Basic, you pay a low monthly premium in exchange for a high deductible — you pay less today and pay more when you actually need care. One feature that makes high-deductible health plans attractive is that they are compatible with a health savings account (HSA). And for the first time ever, Chevron will also contribute to your HSA in 2017.

**To help you build your HSA account more quickly from the start, Chevron will prefund \$500, \$750 or \$1,000 to the BenefitWallet HSA for eligible employees.\***

*\*Contribution amount depends on your coverage tier. Contributions only made to a BenefitWallet HSA for eligible employees who are enrolled in either the Chevron HDHP or Chevron HDHP Basic in 2017. Eligible new employees hired or rehired on or after July 1, 2017 will receive half the applicable Chevron HSA contribution.*

## **An HSA is not your typical savings account.**

The combination of a high-deductible health plan and an HSA gives you greater flexibility and control over how you pay for and save for health care. An HSA is like a savings plan for your health care. You contribute money to the account and you can use the money to pay for qualified medical expenses, such as satisfying your deductible or paying your coinsurance. And, there is no use it or lose it rule. You can use the money in your HSA to pay for qualified medical expenses this year or at any point in the future — even in retirement. The money in the account is yours, and you can take it with you if you change medical plans or when you leave Chevron. If you are eligible to open an HSA, then you can choose one from any institution that offers them. Employees enrolled in either the Chevron HDHP or HDHP Basic have access to contribute to a BenefitWallet HSA with the convenience of payroll deductions, as long as you meet the eligibility requirements to open an HSA.

## **Getting started is easier.**

Many people like the idea of having more control over health care dollars and saving for the future, but making the switch to the HDHP or HDHP Basic may feel daunting, especially if you don't already have some savings to help cover that first year at a higher deductible. To help you build your HSA account more quickly from the start, in 2017, Chevron will prefund either \$500, \$750 or \$1,000 to the BenefitWallet HSA for eligible employees who are enrolled in either the Chevron HDHP or Chevron HDHP Basic in 2017.

## new medical plan deductible structures save money when you use a network provider

It's more important than ever that we use our medical coverage effectively. Some costs we can't control, but there are others we can work together to reduce. Shopping for a quality provider that is also in your plan's network, whenever possible, is one of the most effective ways to reduce costs. Why? Network providers have agreed with your health plan to charge negotiated rates for services provided to plan members. Network providers save *you* money directly by reducing your out-of-pocket costs. They also help to lower overall claim costs for *all* of us. That's why we're making a change to the deductible structure in our plans that will save you money when you choose to use a network provider.

If you participate in the **Chevron Medical PPO Plan**, the **HDHP**, or the **HDHP Basic**, you have the choice to use any provider you want, network or out-of-network. You'll continue to have that choice, but starting January 1, 2017, you'll pay more out of your pocket when you choose to use an out-of-network provider. **That's because there are different deductible amounts for covered services depending on if you see a network or an out-of-network provider.** This is important to understand because a deductible is the amount *you* pay out-of-pocket before your health plan begins to help pay for covered services. After you reach the deductible, the plan will share the costs of covered services.

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

The Chevron HDHP and HDHP Basic have *one combined* deductible for medical, prescription drugs, mental health and substance abuse services. So, you'll need to pay out of pocket for all of these services until you hit the deductible. And, just like with the Medical PPO, beginning in 2017, there are different deductible amounts depending on if you see a network or an out-of-network provider. The deductibles will change in 2017 for the HDHP. Go to [hr2.chevron.com](http://hr2.chevron.com) to preview the 2017 deductible amounts and the new structure.

### Medical PPO Plan Deductibles

The Medical PPO Plan has *separate* deductibles for medical services and prescription drug costs. In addition, there are different deductible amounts for medical services depending on if you see a network or an out-of-network provider. The medical deductible will increase in 2017 for this plan. In 2017, the prescription drug deductible will not change, and the deductible amount is the same whether you use a network or out-of-network provider. There will currently continue to be no deductible for mental health and substance abuse services, network or out-of-network. Go to [hr2.chevron.com](http://hr2.chevron.com) to preview the 2017 deductible amounts and the new structure.

### New Medical HMO Deductibles

If you're in a Medical HMO Plan, you're required to use the plan's network. Out-of-network services are not covered (except for emergencies). That will *not* change. But in 2017, most HMOs will introduce a new **\$300 annual deductible**.\* You'll need to contact the HMO plan directly to understand what's included in your deductible. There will currently continue to be no deductible for *mental health* and *substance abuse* services, network or out-of-network, received under the Chevron Mental Health and Substance Abuse Plan. It's true that you'll need to pay more out of your pocket for care than you're accustomed to in a Medical HMO. But we expect everyone to make informed and thoughtful choices about health care, regardless of the plan for which you've enrolled. So that's why we're introducing changes to the deductible structure for nearly all of our medical plans. And the addition of a deductible also helped to keep lower monthly cost increases for the Medical HMO Plans in 2017.

\* Some Medical HMO Plans may have a different deductible, or no deductible at all. Contact your Medical HMO Plan for information specific to your plan.

All plans will continue to include 100 percent coverage with **no deductible** for certain preventive care services, as specified by the Affordable Care Act, when you see a **network provider**. Additional preventive screenings and services may also be covered, depending on factors like your age and gender. If you see an out-of-network provider, if allowed by your plan, your visit is subject to the deductible and copayments or coinsurance will apply.

## get regular dental preventive care, save money

The concept is simple: When you spot a disease or illness early, the cost for treatment may be reduced. And of course, early detection is better for your health, too. Most people know that getting an annual physical and recommended screenings are obvious ways to detect risk for serious conditions like cancer, heart disease, diabetes or stroke. But many people aren't aware of the connection between good oral health and these *same* conditions.

In one recent study, people with serious gum disease – or periodontitis – were 40 percent more likely to have a chronic condition such as diabetes or stroke.\* Periodontitis causes inflammation and a deterioration of bone structure. This inflammation can also contribute to problems in the rest of the body. It is possible to have gum disease and have *no* warning signs. That is one reason why simple regular dental checkups and periodontal examinations are very important.

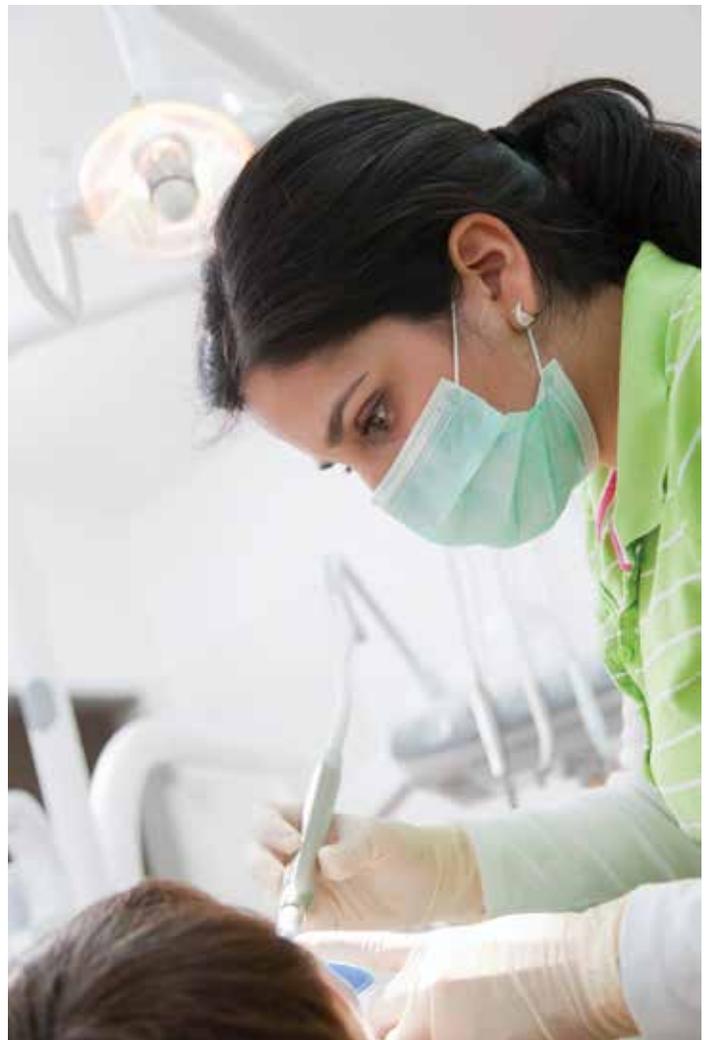
**If you are enrolled in the Chevron Dental Plan or a Chevron Dental HMO Plan, we expect you to take steps to protect your health and receive at least one preventive dental cleaning in 2017. If you do not participate in this preventive care measure in 2017, you will pay \$120 more for your annual dental plan premium in 2018.**

We know dental exams — like many other preventive care exams — are not exactly fun. But there's a reason they are covered by your plan; they are important to good health *and* they can save lives. Chevron's dental plans already cover at least two preventive dental cleanings per year; that will continue in 2017. And covered preventive dental services are generally 100 percent paid by your plan, with no annual maximum, deductible or copayment when you use a **network** provider (a copayment may apply for some dental HMOs).

\*Source: WebMD and the American Dental Association

## Participate in healthy habits and save up to \$750 annually on your medical premium.

What if you could take steps to improve your health and save some money? Studies show that 50 percent of health care costs could be eradicated simply by following five critical lifestyle habits: maintain a healthy weight, increase your exercise, quit smoking, eat fruits and vegetables, and improve your overall nutrition. Over time, these healthy habits help reduce your personal out-of-pocket health costs, in addition to laying the foundation to enjoy a healthy future. But you can also enjoy the rewards of healthy habits a little sooner. **In 2017, when you participate in qualifying healthy activities, you'll earn points. Earn enough points by the 2017 deadline and you can qualify to save up to \$750 annually on your Chevron medical coverage premium in 2018.** More details about the new health rewards opportunity will be released later this year and in early January 2017.



## getting a second medical opinion makes good sense

In business, some of our best work happens through the collaboration of opinions, experience and knowledge. Different opinions allow you to make informed decisions, explore alternatives and learn about new approaches which often lead to a better end result. Why not enlist the same collaboration when you're faced with a medical decision?

In fact, we feel so strongly about the benefits of getting a second medical opinion that starting in 2017, we request that you seek a second opinion through 2nd.MD — the new Health Decision Support Program administrator — prior to receiving any of the four medical procedures (on a non-emergency basis) listed below. If you decline to use the service for these four procedures, that's your choice. **But by doing so, you will be responsible for an additional \$400 added to your total claim cost for the procedure, whether or not you've met the deductible.**

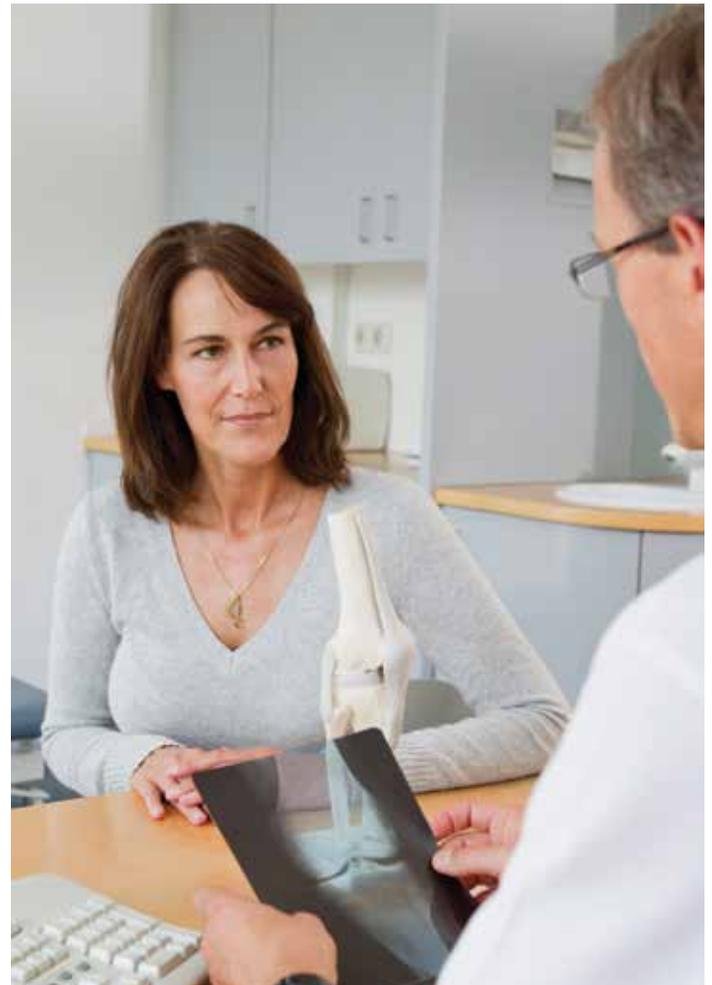
- Knee surgery
- Hip surgery
- Back surgery
- Spine surgery

Why these procedures? These procedures frequently have alternate treatment options before resorting to surgery. It's also a field in which new technology and approaches are being developed regularly. These procedures also require an extended recovery period.

The second medical opinion service is free to eligible employees enrolled in a Chevron medical plan. It's *always* your decision whether to follow the second opinion, or stay the course on your original treatment plan. **We simply asking that you seek a second opinion through the 2nd.MD service to help you make informed decisions about your care before your knee, hip, back or spine procedure.** In 2017, this requirement will only apply to eligible employees enrolled in the Chevron Medical PPO Plan, the Chevron HDHP and the Chevron HDHP Basic.

Our intention is to make getting this second opinion as easy as possible. You'll be able to request a consult online, through the 2nd.MD app or by calling 2nd.MD. After answering some questions and signing a consent form, 2nd.MD will collect the necessary records and work with experts in the field to review your case. Typically, within **three business days**, you'll be given an appointment to speak with an expert physician. That's right, you'll actually get to *speak* to a physician and ask as many questions as you'd like about your procedure or diagnosis. And you don't have to travel or go to an office for this advice. All second opinion medical consultations are conducted by phone or through a video conference on your computer, at a time that's convenient for you. Of course, 2nd.MD is available for second medical opinions about more than just these four procedures. In September, we'll introduce you to their service in more detail.

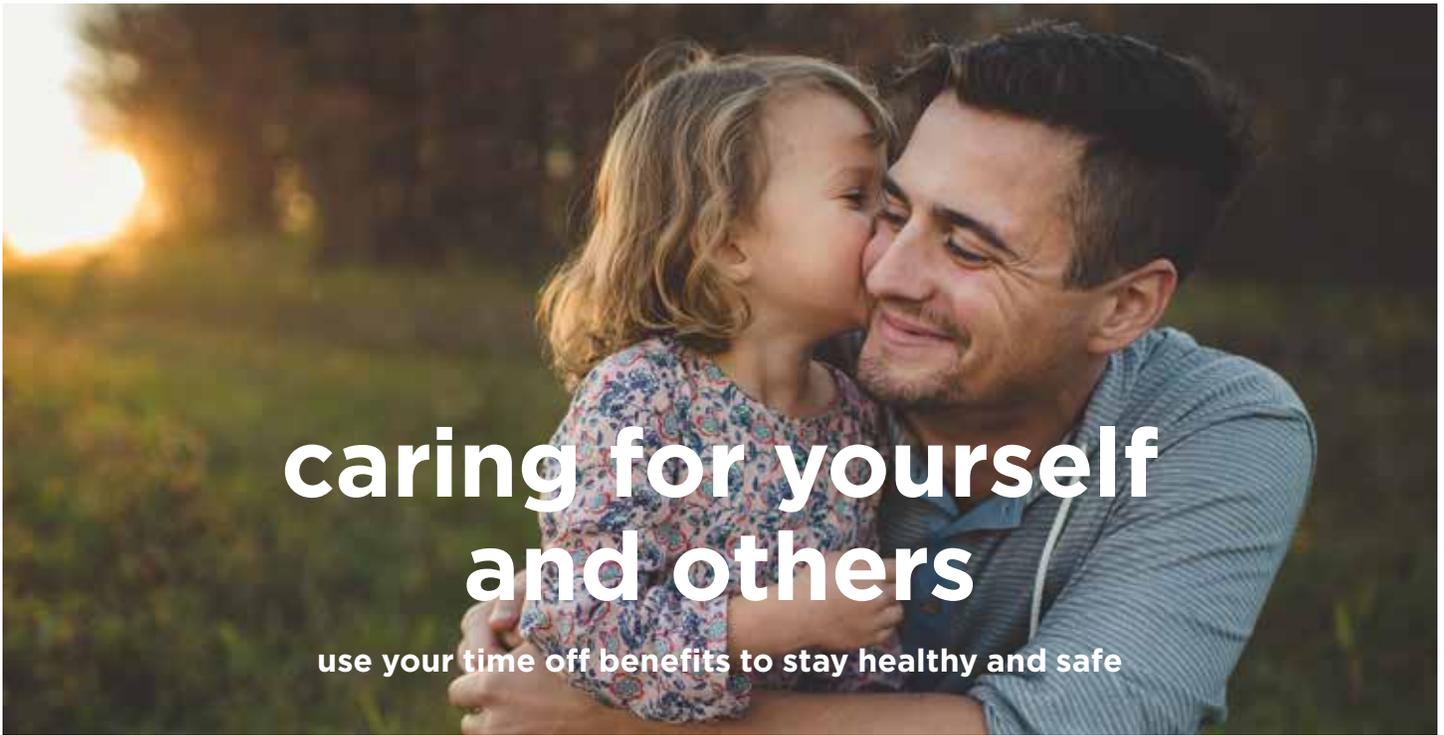
**61% of back surgeries are considered unnecessary based on second medical opinions.**



# \$28MM

## musculoskeletal procedures

The Medical PPO spent over \$28 million on musculoskeletal procedures. 65% of those costs were related directly to the voluntary procedures listed above.



# caring for yourself and others

use your time off benefits to stay healthy and safe

## **vacation policy changes to support your health**

Studies suggest that people who take regular vacations are happier, healthier, and more satisfied with their jobs and relationships than those who don't take time off. Not taking vacation can increase your levels of stress and anxiety. Chevron's vacation policy provides you with time off to relax and recharge, so you can be safe and effective at work.

The core of our vacation program remains unchanged:

- The amount of vacation time for which you qualify each year will not change.
- You will earn (or accrue) vacation throughout the year, just as you do now.
- You can take vacation at any time during the year, even if you have not yet earned all of it.

Here's what will be changing:

- Your vacation balance will show only earned vacation.
- There will be a limit, or *cap*, on the amount of vacation you can have in your bank.
- Vacation that is *earned* and unused as of your last day of employment will be paid out.

## **Your vacation balance will show only your earned vacation.**

There will be a change to how your vacation balance is shown. Currently, you see your entire year's allowance in your vacation bank on the first work day of January. To allow greater transparency into how vacation is actually earned, your bank will show only the hours you have earned and not used. For example, if you use all of your vacation in the previous year, your vacation bank will show zero hours on the first work day in January.

You will earn vacation on a daily basis up to your annual amount — just as you do now — so your balance will grow throughout the year. And you will still be able to take your full annual vacation allotment at any time during the year.

**If you take more vacation than you have earned, your vacation balance will show a negative amount until your accrual catches up.**

If you have a negative vacation balance when your employment ends, you will not be required to pay back the unearned hours already taken.

## **There will be a limit, or cap, on the amount of vacation you can have in your bank.**

We know that taking time off is good for your health and productivity, and we encourage you to use all of your vacation every year. That's why we're adding a cap to vacation balances.

**The cap will be 80 hours over your annual vacation amount.** For example, if your annual vacation allowance is 120 hours, your cap is 200 hours.

### **What happens if I reach the cap?**

If you reach the cap, you will stop earning (accruing) vacation in your bank until you take vacation and your balance falls below the cap. Once you reduce your balance below the 80-hour cap, you will begin to earn vacation again.

Any hours you could have earned while you were at the cap, **will not** be retroactively earned. Go to [hr2.chevron.com](http://hr2.chevron.com) to learn more about how the cap works.

We know some employees already have banks in excess of the cap today. That's why we're announcing this change early so that you'll have the opportunity to start working to reduce your vacation balance before January 1, 2017. Be sure to work with your supervisor or manager to determine the best way to do this.

## **Vacation that is earned and unused as of your last day of employment will be paid out.**

Any earned and unused vacation that's in your bank on your last day of employment will be paid out. This is different from how it works today, where advanced vacation is deemed earned.

## **short-term disability plan changes to support your recovery**

The Short-Term Disability (STD) Plan is there to support you when you need time to recover from an illness or injury so you can be safe and effective when you return to work. **To ensure that employees at all years of service have an appropriate amount of time to recover from a covered disability, the benefits for off-the-job disabilities will increase after one, five, 10 and 15 years instead of every year.**

This may result in an increase or decrease in the number of weeks for which you are currently eligible, depending on your years of service. In addition, **STD benefits will be restored to their maximum level after you have been back at work for 180 calendar days.** This is increasing from 90 calendar days. Go to [hr2.chevron.com](http://hr2.chevron.com) to learn more about the STD changes.

## **new bonding and family care benefits to give you time to focus on family**

We know there are times when you need to be away from work to care for your loved ones. That's why we have benefits and policies in place that provide time off to attend to personal or family needs. And while many states also have their own laws, we think it's important that all employees have access to similar benefits, regardless of location. For this reason, we're adding two new benefits, available to all eligible U.S.-payroll employees.

- **Bonding benefit.** This benefit will provide up to two weeks of paid time off per year for mothers and fathers to bond with their child within one year of the birth, adoption or placement for adoption or foster care.
- **Family Care benefit.** This benefit will provide up to one week of paid time off per year to care for an ill or injured family member.

Both the Bonding and Family Care benefits will run concurrently with applicable Chevron leaves and any other federal, state or local leave laws.

*For California employees: Based on recent changes in the law, we are discontinuing Kin Care. Family Care can be used similarly and provides a standard benefit across all states.*

# changes to the retiree medical program

access to affordable coverage with more flexibility and choice

**Chevron is making proactive changes to retiree health coverage that will allow us to manage health care costs, but also continue to provide access to affordable retiree health coverage. At a time when some organizations are eliminating retiree health plans, Chevron will currently continue to support retiree health coverage — we're just changing how it's provided. And for many eligible retirees, these changes will provide more flexibility and expanded choices in the health plans available to meet their individual needs and situations.**





### why we're making changes

It's no secret that health care has changed a great deal over the years. Changes to Medicare and the enactment of Medicare's Part D prescription drug coverage marked a major change to the health care options available to retirees that are eligible for Medicare. Today, Medicare-eligible retirees have many more health plan options at more competitive prices. These options simply were not available when company-sponsored retiree medical plans — like Chevron's — were originally implemented.

In addition, the cost of health care has increased significantly, and it continues to increase. Everyone — from the health care industry to government and private companies alike — has been challenged to find a solution. For its part, Chevron has also grappled with these rising costs, for both employees and retirees. Health care costs are hard to manage; it's difficult to know if next year the expenses will remain flat or if there will be a larger than expected increase. Over the years, we've had to steadily increase premiums and other out-of-pocket costs for our retirees. These increases aren't a sustainable long-term solution for Chevron, and especially not for our retirees.

The changes we're making take advantage of the affordable options, greater flexibility, and expanded choices now available in the health care market for retirees age 65 and over.

**While these changes don't directly affect you today as an active employee, you do need to understand them and consider how they may affect your retirement planning. Please go to [hr2.chevron.com](http://hr2.chevron.com) to read more details about the changes highlighted here.**

## what's changing

### Health care choices depend on age.

Today retiree health care choices depend primarily on eligibility for Medicare. Beginning in 2017, health care choices will depend on if you or your eligible dependents are under age 65 (**pre-65**) or are age 65 and over (**post-65**). The basic rules regarding points and years of service needed to be eligible to participate in retiree medical coverage aren't changing at this time.

- **Pre-65 eligible retirees and/or their pre-65 eligible dependents** will currently continue to be able to participate in generally the same group health choices offered to active Chevron employees, with only minor differences.
- **Post-65 eligible retirees and/or their post-65 eligible dependents** will only be able to enroll in individual medical, prescription drug, dental and vision coverage through a private health exchange managed by Towers Watson OneExchange. Effective December 31, 2016, Chevron will no longer offer the Chevron Medicare Plus Plan, Chevron Senior Care Plan, Chevron Medicare Standard Plan and Chevron Medicare Medical HMO Plans for post-65 participants.

A private Medicare exchange, like OneExchange — or an individual insurance market — enables you to shop for and enroll in individual Medicare plans. In fact, the individual insurance market offers more choice and flexibility to meet individual retiree's needs and situations. Chevron simply cannot provide comparable choice and flexibility by continuing to sponsor our own group health plans for post-65 retirees.

Don't confuse OneExchange private exchange with the public Health Insurance Marketplace developed in response to the Patient Protection and Affordable Care Act passed during President Obama's administration. OneExchange is completely separate from public health exchanges and is only open to select participant groups, such as Chevron's eligible retirees. Learn more online at [hr2.chevron.com](http://hr2.chevron.com).

### Changes to enrollment rules for all retirees

Today, if you don't enroll in Chevron retiree health coverage when you are first eligible, you can choose to enroll later at open enrollment or due to qualifying life events. Beginning in 2017, all benefits-eligible retirees must enroll in Chevron retiree health benefits upon reaching certain milestones. If you miss these select opportunities to enroll, you and your eligible dependents **will not** be permitted to return to Chevron retiree health benefits in the future, regardless of open enrollment periods or other qualifying life events. Learn more online at [hr2.chevron.com](http://hr2.chevron.com).

### The way the company contribution is applied to retiree medical coverage depends on age.

As you know, both you and Chevron currently share the monthly cost of medical coverage while you're an employee and, if you're eligible, when you're a retiree. That philosophy isn't changing at this time. The rules for determining eligibility for a company contribution and the contribution point scale will not change in 2017. Chevron will currently continue to maintain its contribution to retiree medical coverage.

However, effective January 1, 2017, the way the company contribution is applied to retiree medical coverage will also depend on age:

- **For pre-65 eligible retirees and their pre-65 eligible dependents**, the company contribution will continue to be automatically factored into your monthly premium for your Chevron group medical coverage.
- **Post-65 eligible retirees and their post-65 eligible dependents** will receive the monthly company contribution in an account, called a Health Reimbursement Arrangement, or HRA. The HRA account can be used to help pay Medicare Part B premiums or the monthly premiums for any of the individual medical, prescription drug, vision or dental plans offered through OneExchange. The HRA allows more flexibility in how the company contribution is spent.

Learn more online at [hr2.chevron.com](http://hr2.chevron.com).

### Changes to enrollment rules for dependents

Today, you can add and drop eligible dependents due to qualifying life events or during open enrollment regardless of your age. Beginning in 2017, retirees must enroll eligible dependents upon reaching certain milestones. If you miss these select opportunities to enroll eligible dependents, you cannot add new dependents, and existing dependents cannot return to your Chevron retiree health care coverage in the future. Remember, the age of your dependent will dictate if they will enroll in Chevron's pre-65 group health plans or the post-65 OneExchange individual health options. More details about dependent enrollment milestones for both pre-65 and post-65 retirees will be coming from Chevron in September.



# what to expect next

**This is just a preview of what's changing; we know you have more questions and there are still many details to share. You can expect to receive more information and have other opportunities to learn more about how these changes affect you in the coming months. The next communication about these changes will be released through email and mailed to your home mid-September 2016.**

## **save the date: open enrollment for 2017 benefits**

You'll need to take action and make important benefit decisions during the upcoming open enrollment period for 2017 benefits. This year, open enrollment is **October 17, 2016** through **October 28, 2016**.

## **your online resource**

The U.S. Benefits website is your one-stop source for information about these changes. It will be updated with additional details and upcoming events as they become available. You can access this website from work, from home or on any mobile device with internet access.

[hr2.chevron.com](http://hr2.chevron.com)

Click on **2017 Benefit Changes**

## **attend an employee townhall or webinar**

U.S. Benefits will conduct information sessions from August through September to talk about these changes. There will be townhall sessions at certain locations, and online webinars for those who cannot attend in person. To see the schedule and enroll for a session go to [hr2.chevron.com](http://hr2.chevron.com) and click on the **2017 Benefit Changes** link.

## **meet the new claims administrators at an onsite health fair**

The new benefit claims administrators will be attending select onsite health fairs this fall. To see the health fair schedule and determine if there is a location near you, go to [hr2.chevron.com](http://hr2.chevron.com) and click on the **2017 Benefit Changes** link.

**Chevron**

Human Resources Service Center  
P.O. Box 199708  
Dallas TX 75219-9708

Address Service Requested



The information in this newsletter applies to U.S.-payroll employees. 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.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

© 2016Chevron Corporation. All rights reserved. 2016USEEOVRVW 16 August 2016 25000

