



good to know

health and welfare benefits when you leave chevron

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This overview is provided to help you understand how your health and welfare benefits may change and the steps you may need to take when your employment with Chevron ends. It also includes some basic information about how COBRA coverage works and a discussion about retiree health benefit enrollment milestones.

This information is a general overview intended to cover some but not all situations. Not all the benefits discussed here will apply to you and not all discussions will apply to your specific situation.

what's inside

This overview is divided into four sections. Read the section(s) that apply to your situation, as follows:

- 02** All departing employees should read the **important instructions** about benefit enrollment.
- 04** Read **Section 1** if you *are not eligible* for Chevron retiree health and welfare coverage when you leave.
- 11** Read **Section 2** if you *are eligible* for Chevron retiree health and welfare coverage when you leave.
- 21** Read **Section 3** to learn about retiree health benefits, enrollment milestones, and how to enroll.
- 30** Read **Section 4** to learn how to estimate 2019 pre-65 health coverage costs.
- 37** Read **Section 5** to learn about COBRA continuation coverage.

Also included in this document:

- 03** Key contacts and resources

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.



important instructions regarding the transition to a new benefits administration platform

Chevron is moving to a new benefits administration platform for the HR Service Center that includes a new website called BenefitConnect. Transition to the new benefits administration platform will take place over several months, *starting* in October 2018 with health and life insurance benefits and *ending* with pension benefits sometime later in 2019. During the transition, there will be a temporary process for accessing your personal benefits information and making certain health and welfare benefit enrollments, changes or updates.

- The transition applies to **COBRA benefits**; however, you'll receive information regarding any additional action that may be required with the COBRA information you'll receive under separate cover after you leave Chevron.
- The transition affects **pre-65 health benefits**.
- The transition affects **retiree life insurance** (if available).
- The transition **does not** apply to the Retiree HRA Plan or post-65 individual medical, prescription drug, vision or dental benefits through ViaBenefits.
- The transition **does not** apply to pension benefits at this time. You should follow the other instructions included in this package regarding your pension benefits.

retiree health and life insurance benefit enrollment

If you're eligible for pre-65 health and/or retiree life insurance benefits when you leave Chevron, note that during the transition to a new benefits administration platform, you'll only be able to make pre-65 health and retiree life insurance elections by phone; online elections generally may not be available at this time.

- When you're ready to make your pre-65 retiree health elections, or make changes to retiree life insurance elections, call the **HR Service Center** at **1-888-825-5247** and choose the option for **2019 health and welfare benefits** to get started.
- Note that you may receive additional personalized pre-65 retiree health and/or retiree life insurance information under separate cover from the HR Service Center, depending on the plans for which you're eligible.

As a reminder, the transition *does not* apply to post-65 medical, dental, vision or prescription drug benefits and the Retiree HRA; there is no change to the enrollment instructions for those benefits as discussed later in this package.

You should continue to access general Chevron benefit information by going to **hr2.chevron.com/retiree** or by calling **HR Service Center** at **1-888-825-5247**, just as you do today.



key contacts

Human Resources Service Center (HR Service Center)

The phone number hasn't changed, but during the transition, be sure to listen to the options carefully to ensure you speak with the correct representative to assist you.

- 1-888-825-5247
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BenefitConnect | COBRA

Contact BenefitConnect | COBRA for questions, enrollment, changes or billing regarding Chevron COBRA coverage.

- 1-877-292-6272 (858-314-5108 outside the U.S.)
 - <https://cobra.ehr.com>
 - You'll receive personalized website access information in your enrollment package.
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ViaBenefits (Formerly OneExchange)

Contact ViaBenefits by phone or online to enroll, manage or ask questions about the Retiree HRA Plan or post-65 individual medical, prescription drug, vision or dental benefits.

- 1-844-266-1392 (Inside the U.S.)
 - 1-801-994-9805 (Outside the U.S.)
 - my.viabenefits.com/chevron
-

Retiree Benefit Websites

The hr2.chevron.com/retiree website should always be the first place to start to access information and make changes to your retiree benefits. It's especially important to start from this website during the transition to a new benefits platform. That's because the website will contain important instructions and links to guide you through any applicable transition processes, including access to these benefit systems:

Benefits Connection (hr2.chevron.com/benefits-connection)

This is the current benefits website you're already familiar with. You'll continue to use your current PIN password when you access this system during the transition. Continue to access the Benefits Connection website during the transition to:

- Review or update personal information such as your address and phone number.
- Update beneficiary designations.
- Manage your Chevron pension benefits.

BenefitConnect (hr2.chevron.com/BenefitConnect)

This is the new benefits platform we are in the process of transitioning to. Access the new BenefitConnect website during the transition to:

- Manage your 2019 pre-65 health benefits, including 2019 premium payments.
- Manage 2019 retiree life insurance benefits (if available), including 2019 premium payments.

section 1

if you *are not* eligible for retiree health and welfare benefits

This section applies to you if you were eligible for health and welfare benefits while employed with Chevron, but you *are not eligible* for Chevron retiree medical, dental, and other retiree health and welfare benefits after you leave Chevron.

This section describes what happens to your active employee benefit plans and programs when you leave Chevron. You should also read **Section 5** for additional information about COBRA continuation coverage for your health and welfare benefits.

what's my eligibility status?

If you aren't sure about your eligibility status for retiree health and welfare benefits you can:



Call the **HR Service Center** and ask.



medical coverage

If you're enrolled in a company-sponsored medical plan, you'll be covered until the last day of the month in which your employment ends. You can elect COBRA coverage for you and your covered dependents for this plan. If you timely elect COBRA coverage, your medical coverage will be retroactive to the date your active employee coverage ended. COBRA medical coverage will continue to include prescription drug and basic vision benefits. If you wish to continue medical coverage, you must make an election to continue it. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.



dental coverage

If you're enrolled in a company-sponsored dental plan, you'll be covered until the last day of the month in which your employment ends. You can elect COBRA coverage for you and your covered dependents for this plan. If you timely elect COBRA coverage, your dental coverage will be retroactive to the date your active employee coverage ended. If you wish to continue dental coverage, you must make an election to continue it. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.



mental health and substance abuse coverage

The Mental Health and Substance Abuse Plan (MHSA) ends the last day of the month in which your employment ends. You can elect COBRA coverage for you and your enrolled, eligible dependents for this plan. If you timely elect COBRA coverage your MHSA coverage will be retroactive to the date your coverage ended. If you wish to continue MHSA coverage, you must make an election to continue it. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.



vision plus program coverage

The Vision Plus Program is an optional benefit that provides prescription eyewear coverage beyond the basic vision benefit included when you're enrolled in a Chevron medical plan. If enrolled, you'll be covered until the last day of the month in which your employment ends. You can elect COBRA coverage for you and your enrolled, eligible dependents for this plan. If you timely elect COBRA coverage your Vision Plus coverage will be retroactive to the date your active employment coverage ended. If you wish to continue Vision Plus coverage, you must make an election to continue it. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.



health savings account (benefitwallet hsa)

Your BenefitWallet HSA is portable, so the money in your account belongs to you – including any applicable company contributions – when you leave Chevron. This means you can keep your BenefitWallet account and continue to use the funds to pay for qualified medical expenses. You can also move the funds in your account to another HSA provider of your choice. You will be responsible for the monthly service fee, if any. You will also be responsible for all other fees for debit cards, stop payment and other fees. Contact BenefitWallet directly at 1-855-234-7722 for additional questions regarding account fees and rates that may apply.

If you currently contribute to a health savings account (HSA) or have contributed in the past, there are some important considerations to keep in mind:

- If you are contributing to the BenefitWallet health savings account (HSA) with payroll deductions at the time your employment ends, your payroll deductions will automatically stop. However, you can continue to save money directly to your HSA as long as you meet the IRS eligibility requirements to contribute to an HSA. It's your responsibility to determine if you're still eligible to save money to your HSA. Go to **www.irs.com** and read **Publication 969** for more information about eligibility rules.
- You can continue to use funds from an established HSA to pay for qualified medical expenses regardless of what medical plan you're participating in at the time (including Medicare). Go to **www.irs.com** and read **Publication 502** for more information about qualified medical expenses.
- When you enroll in Medicare, you are no longer eligible to open or contribute to an HSA.
- If you are 65 or older but *don't* enroll in Medicare, you may be able to continue to save money to an HSA as long as you meet the other IRS eligibility requirements to participate. Go to **www.irs.com** and read **Publication 969** for more information.
- When you turn 65, you may be able to use your HSA funds to pay certain insurance premiums, such as Medicare Parts A and B, Medicare HMO or your share of retiree medical coverage offered by a former employer. However, you can't currently use funds tax-free to purchase Medigap or Medicare supplemental policies. Go to **www.irs.com** and read **Publication 502** for more information about qualified medical expenses.



health care spending account (HCSA)

If enrolled, your participation will end the date your employment ends. If you are eligible, you can elect COBRA coverage for the HCSA plan. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.

- Generally, **you can elect COBRA coverage for your HCSA** only if your account is underspent – in other words, the cost of coverage for the remainder of the plan year does not exceed the amount of benefits available for the remainder of the plan year. If you are eligible for and elect COBRA coverage for your HCSA, your participation will continue on an after-tax basis through the end of the year. If you choose to continue participation, it must be at the same contribution rate as when you were an active employee. This means your cost will be your monthly election amount *plus* the 2% administrative fee. You can continue to use the funds in your account through the end of the year in which you left Chevron.
- **If you do not elect COBRA coverage for your HCSA**, your participation ends the date your employment ends. If you choose not to continue HCSA participation, you will not be reimbursed for any services received after the date your participation ends. However, you may request reimbursement for eligible expenses incurred during your period of participation by no later than June 30 of the following year.
- You cannot use your HCSA debit card after termination from Chevron, regardless of whether or not you choose to elect COBRA coverage for the HCSA. You must pay for the expense and submit a claim for reimbursement either by using the form, the online tool, or the mobile app. Go to healthequity.com/chevron for more information about claims for reimbursement.



dependent day care spending account (DCSA)

If enrolled, your contributions end the date your employment ends. COBRA coverage is not available for this plan. You can continue to use your remaining balance by submitting requests for reimbursement of eligible expenses incurred at **any time** during the calendar year in which your employment ends. Claims for reimbursement must be filed no later than June 30 of the following year. You must pay for the expense and submit a claim for reimbursement either by using the form, the online tool, or the mobile app. Go to healthequity.com/chevron for more information about claims for reimbursement.



group critical illness insurance

Group Critical Illness Insurance is a voluntary benefit that pays you a lump-sum cash benefit when you or a covered dependent are diagnosed with a covered illness. You can use the cash help with doctor bills, hospital stays and even some everyday living expenses. If you are enrolled in this coverage, your participation will end on the first of the month following your termination date. However, you can continue this coverage under an individual policy at individual rates if you contact **Aflac** at **1-800-274-4833** within 31 days of your termination date. If you choose to continue this coverage under an individual policy, your premiums may change and you will pay for this coverage through direct bill with Aflac.

group hospital indemnity insurance

Group Hospital Indemnity Insurance is a voluntary benefit that enhances your current medical and disability coverage by helping with out-of-pocket costs associated with a covered hospital stay. If you are enrolled in this coverage, your participation will end on the first of the month following your termination date. However, you can continue this coverage under an individual policy at individual rates if you contact **Aflac** at **1-800-274-4833** within 31 days of your termination date. If you choose to continue this coverage under an individual policy, your premiums may change and you will pay for this coverage through direct bill with Aflac.



health decision support program (2nd.MD)

Your eligibility to participate will end on the last day of the month in which your employment ends. However, you can choose to elect COBRA coverage to continue participation in the Health Decision Support Program. If you timely elect COBRA coverage, your participation will continue on an after-tax basis, and your monthly cost will include a 2% administrative fee. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.



healthy heart program

Your eligibility to participate will end on the last day of the month in which your employment ends. However, you can choose to elect COBRA coverage to continue participation in the Healthy Heart Program. If you timely elect COBRA coverage, your participation will continue on an after-tax basis, and your monthly cost will include a 2% administrative fee. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.



wellness credit

If you are currently receiving reduced Chevron medical premiums because you qualified for the Wellness Credit, you will not be eligible to receive the reduced medical premiums when your employment ends – whether due to retirement or for any other voluntary or involuntary reasons. You will forfeit the remainder of your annual premium reduction amount for the Wellness Credit Period effective the date your coverage ends as an eligible employee. You will not be paid the balance of the annual premium reduction you were potentially eligible to receive in cash or in any other form. COBRA coverage is not available.



short-term disability (STD) plan

Your coverage under the STD Plan ends the day your employment ends, so you are not eligible for benefits under the STD Plan after you leave the company. You cannot convert (or port) this coverage into an individual plan. Note: If you became disabled prior to termination, you may be eligible for continued benefits. Please call the **HR Service Center** to discuss your situation.

long-term disability (LTD) plan

Your coverage under the LTD Plan ends the day your employment ends. You cannot convert (or port) this coverage into an individual policy. However, if you're disabled when your coverage ends, your eligibility for benefits for that disability isn't affected. If you're currently receiving LTD benefits, those benefits can continue for the period specified in the LTD Plan. If you have questions about benefits or claims, call the **HR Service Center** to discuss your situation.

disability insurance program (california only)

If you are enrolled in the Chevron Voluntary Disability Insurance Plan, your coverage ends on the date your employment ends. You cannot convert (or port) this coverage into an individual policy. However, you could be eligible for benefits after your employment ends if:

- **You're disabled on your termination date.** Benefits can continue if you remain disabled (for that disability only). If you need to file a claim for benefits under the Chevron Voluntary Disability Insurance Plan, contact the HR Service Center, and listen for the option to report a disability.
- **If you become disabled after your termination date,** you may be eligible for benefits from the California State Disability Insurance Program. Contact the nearest office of the Employment Development Department to determine if you're eligible for benefits from the state.



basic life insurance plan

Coverage will end on the date your employment ends. You can convert all or a portion of your company-paid life insurance to an individual policy at individual rates with **MetLife**. You must elect to convert within 31 days of the date your employment ends. You may not have to provide proof of good health if you convert your existing coverage. Premiums are paid directly to MetLife. MetLife will provide additional information regarding conversion separately, or you can call them directly at **1-800-638-6420**.

supplemental life insurance plan

If enrolled, coverage will end on the date your employment ends. You can convert all or a portion of your coverage to an individual policy at individual rates with **MetLife**. You must elect to convert within 31 days of the date your employment ends. You may not have to provide proof of good health if you convert your existing coverage. Premiums are paid directly to MetLife. MetLife will provide additional information regarding conversion separately, or you can call them directly at **1-800-638-6420**.

dependent life insurance plan (spouse, domestic partner, child)

If enrolled, coverage will end on the date your employment ends. You can convert all or a portion of this coverage to an individual policy at individual rates with **MetLife**. You must elect to convert within 31 days of the date your employment ends. You may not have to provide proof of good health if you convert your existing coverage. Premiums are paid directly to MetLife. MetLife will provide additional information regarding conversion separately, or you can call them directly at **1-800-638-6420**.

voluntary group accident insurance

If enrolled, coverage will end on the last day of the last period for which a premium is paid. You cannot convert (or port) this coverage into an individual policy.

on-the-job accident insurance

Your coverage will end on the day your employment ends. You cannot convert (or port) this coverage into an individual policy.

business travel accident insurance

Your coverage will end on the day your employment ends. You cannot convert (or port) this coverage into an individual policy.

long-term care insurance plan

If enrolled, your coverage ends the last day of the month in which your employment ends. You and any dependents enrolled in the plan can continue your coverage directly with **Genworth Life**, but your rates may change. Genworth Life will provide additional information to you regarding continuing coverage, or you can call them at **1-888-825-5247**. If you continue coverage, you will receive bills from and make payments directly to Genworth Life.

group auto and home insurance

If enrolled, coverage will end on the date your employment ends. You can continue your policy with **MetLife**, but your premiums will change. You must elect to continue individual coverage within 31 days of the date your employment ends. If you continue coverage, you will receive bills from and make payments directly to MetLife. MetLife will provide additional information regarding continuing coverage separately, or you can call them directly at **1-800-638-6420**.

section 2

if you *are* eligible for retiree health and welfare benefits

This section applies to you if you were eligible for health and welfare benefits while employed with Chevron, and you *are eligible* for Chevron retiree medical, dental, and other retiree health and welfare benefits after you leave Chevron.

This section describes what happens to your active employee benefit plans and programs when you leave Chevron. The information in this section assumes you, the retiree, are eligible for Chevron retiree health benefits and your dependent(s) also meet the definition of an eligible dependent.



If you're eligible for Chevron retiree health and welfare benefits when you leave Chevron, you'll receive a personalized enrollment worksheet from the HR Service Center under separate cover. You should refer to this worksheet for the benefits that apply to you and your specific situation.



You should also read **Section 3** for further information and instructions about retiree health benefit choices and enrollment milestones, and **Section 5** for additional information about COBRA continuation coverage for your health and welfare benefits.

what's my eligibility status?

If you aren't sure about your eligibility status for retiree health and welfare benefits you can:



Call the **HR Service Center** and ask.

topics covered in this section

- 12 Medical and dental coverage choices at retirement
- 13 Retiree medical and dental enrollment timing
- 14 What happens to all other benefits at retirement



medical and dental coverage

If you're enrolled in a company-sponsored active employee medical or dental plan, you'll be covered until the last day of the month in which your employment ends. If you're eligible for retiree health benefits, you must enroll in Chevron retiree health benefits and/or the Retiree HRA Plan upon reaching certain **enrollment milestones**. You must also enroll your eligible dependents at certain enrollment milestones. If you miss these select opportunities to enroll, you and your eligible dependents must wait until the next applicable enrollment milestone, if any, to return to Chevron retiree health benefits and/or the Retiree HRA Plan in the future. *Please note that open enrollment is not one of the retiree health benefit enrollment milestones.*



Retirement from Chevron is an important enrollment milestone for retiree medical and dental (health) benefits.

If you qualify as an eligible retiree at the time of your termination of employment with Chevron, you will have these three options for you and your enrolled, eligible dependents:

- Elect Chevron retiree health benefits now, when you leave Chevron
- Elect COBRA continuation coverage now, Chevron retiree health benefits later
- Waive both COBRA coverage and Chevron retiree health benefits

Elect Chevron retiree health benefits now, when you leave Chevron

You can elect Chevron pre-65 and/or post-65 retiree health coverage and the Retiree HRA Plan (as applicable) at the time you leave Chevron. This is the *Retirement from Chevron* enrollment milestone. See **Section 3** for important information about retiree health benefit choices and instructions for enrollment.

Elect COBRA continuation coverage now, Chevron retiree health benefits later

You can elect to temporarily continue the employee health benefits for which you (and your eligible dependents) are enrolled through COBRA continuation coverage. You can then choose to enroll in retiree health benefits *later* at the *Loss of Chevron COBRA Coverage* enrollment milestone. Note that you and your eligible dependents cannot simultaneously participate in both COBRA and Chevron retiree health benefits. See **Section 3** and **Section 5** for important information and instructions.

Waive both COBRA coverage and Chevron retiree health benefits

You can choose to decline enrollment in Chevron retiree health benefits or Chevron COBRA coverage when you retire. For example, you might have access to group health plan coverage through another employer, your spouse's employer's group health plan or other private insurance; the choice is yours. If you choose to waive all coverage, know that:

- You must wait until the next applicable retiree health benefit enrollment milestone, if any, to start retiree health coverage in the future. See **Section 3** for more information.
- Your ability to add dependents to your Chevron retiree health coverage in the future will be limited.
- In some situations, you and your eligible dependents may lose eligibility to participate in the Retiree HRA Plan in the future.
- If you die and are not covered under Chevron retiree coverage or Chevron COBRA coverage, your surviving dependents may not have access to this Chevron coverage in the future, depending on the situation.



important:
understand the chevron retiree medical and dental benefit enrollment process timing

You may need to take action up to four months in advance of your termination date.

Retirement from Chevron is an important retiree health benefit enrollment milestone. If you miss this enrollment milestone, you and your eligible dependents must wait until the next applicable milestone – if any – to enroll in retiree health benefits. For this reason, it's important to understand the timing necessary for enrollment in retiree health benefits. See **Section 3** for more information, but in general:

pre-65

If you or any eligible dependents are pre-65, call the **HR Service Center** within **31 days of your termination date** to enroll in retiree pre-65 group health coverage.

post-65

If you or any eligible dependents are post-65, **Medicare Part B** is required to enroll in health coverage through ViaBenefits and to activate the Retiree HRA Plan. In addition, post-65 eligible participants must enroll in at least medical coverage through ViaBenefits to be eligible to participate in the Retiree HRA Plan. Coverage is not automatic.

- Start enrollment in Medicare Part A and Medicare Part B at least **four months** in advance of your termination date to avoid a gap in health coverage.
- Call ViaBenefits **three months** in advance of your termination date to understand and begin the enrollment process. Failure to timely enroll through ViaBenefits could result in a gap in coverage.
- Call the HR Service Center within **31 days of your termination date** from Chevron to activate the Retiree HRA Plan for post-65 eligible participants.



Retirement from Chevron is one of the few retiree health benefit enrollment milestones in which you can add eligible dependents to health coverage and/or the Retiree HRA Plan, even if they were not enrolled in your Chevron health coverage when you left Chevron. Your opportunities to add dependents at future enrollment milestones may be very limited. See **Section 3** for more information prior to making enrollment decisions.



mental health and substance abuse coverage

The Mental Health and Substance Abuse Plan (MHSA) ends the last day of the month in which your employment ends.

- You can elect COBRA coverage for you and your enrolled, eligible dependents for this plan. If you timely elect COBRA coverage your MHSA coverage will be retroactive to the date your coverage ended. If you wish to continue MHSA coverage, you must make an election to continue it. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.
- If you enroll in retiree health benefits, coverage under the MHSA plan continues only for participants who are *not* eligible for Medicare and who are enrolled in the Medical PPO, High Deductible Health Plan (HDHP) or the HDHP Basic. Participants enrolled in a Chevron Medical HMO plan have mental health and substance abuse coverage under their HMO plan only.



vision plus program coverage

The Vision Plus Program is an optional benefit that provides prescription eyewear coverage beyond the basic vision benefit included when you're enrolled in a Chevron medical plan. If enrolled, you'll be covered until the last day of the month in which your employment ends. This plan is not available in retirement; however, you can elect COBRA coverage for you and your enrolled, eligible dependents for this plan. If you timely elect COBRA coverage your Vision Plus coverage will be retroactive to the date your active employment coverage ended. If you wish to continue Vision Plus coverage, you must make an election to continue it. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.



health savings account (benefitwallet hsa)

Your BenefitWallet HSA is portable, so the money in your account belongs to you – including any applicable company contributions – when you leave Chevron. This means you can keep your BenefitWallet account and continue to use the funds to pay for qualified medical expenses. You can also move the funds in your account to another HSA provider of your choice. You will be responsible for the monthly service fee, if any. You will also be responsible for all other fees for debit cards, stop payment and other fees. Contact BenefitWallet directly at 1-855-234-7722 for additional questions regarding account fees and rates that may apply.

If you currently contribute to a health savings account (HSA) or have contributed in the past, there are some important considerations to keep in mind:

- If you are contributing to the BenefitWallet health savings account (HSA) with payroll deductions at the time your employment ends, your payroll deductions will automatically stop. However, you can continue to save money directly to your HSA as long as you meet the IRS eligibility requirements to contribute to an HSA. It's your responsibility to determine if you're still eligible to save money to your HSA. Go to **www.irs.com** and read **Publication 969** for more information about eligibility rules.
- You can continue to use funds from an established HSA to pay for qualified medical expenses regardless of what medical plan you're participating in at the time (including Medicare). Go to **www.irs.com** and read **Publication 502** for more information about qualified medical expenses.
- When you enroll in Medicare, you are no longer eligible to open or contribute to an HSA.
- If you are 65 or older but *don't* enroll in Medicare, you may be able to continue to save money to an HSA as long as you meet the other IRS eligibility requirements to participate. Go to **www.irs.com** and read **Publication 969** for more information.
- When you turn 65, you may be able to use your HSA funds to pay certain insurance premiums, such as Medicare Parts A and B, Medicare HMO or your share of retiree medical coverage offered by a former employer. However, you can't currently use funds tax-free to purchase Medigap or Medicare supplemental policies. Go to **www.irs.com** and read **Publication 502** for more information about qualified medical expenses.



health care spending account (HCSA)

If enrolled, your participation will end the date your employment ends. This plan is not available in retirement; however, if you are eligible, you can elect COBRA coverage for the HCSA plan. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.

- Generally, **you can elect COBRA coverage for your HCSA** only if your account is underspent – in other words, the cost of coverage for the remainder of the plan year does not exceed the amount of benefits available for the remainder of the plan year. If you are eligible for and elect COBRA coverage for your HCSA, your participation will continue on an after-tax basis through the end of the year. If you choose to continue participation, it must be at the same contribution rate as when you were an active employee. This means your cost will be your monthly election amount *plus* the 2% administrative fee. You can continue to use the funds in your account through the end of the year in which you left Chevron.
- **If you do not elect COBRA coverage for your HCSA**, your participation ends the date your employment ends. If you choose not to continue HCSA participation, you will not be reimbursed for any services received after the date your participation ends. However, you may request reimbursement for eligible expenses incurred during your period of participation by no later than June 30 of the following year.
- You cannot use your HCSA debit card after termination from Chevron, regardless of whether or not you choose to elect COBRA coverage for the HCSA. You must pay for the expense and submit a claim for reimbursement either by using the form, the online tool, or the mobile app. Go to healthequity.com/chevron for more information about claims for reimbursement.



dependent day care spending account (DCSA)

If enrolled, your contributions end the date your employment ends. This plan is not available in retirement, and COBRA coverage is not available for this plan. You can continue to use your remaining balance by submitting requests for reimbursement of eligible expenses incurred at **any time** during the calendar year in which your employment ends. Claims for reimbursement must be filed no later than June 30 of the following year. You must pay for the expense and submit a claim for reimbursement either by using the form, the online tool, or the mobile app. Go to healthequity.com/chevron for more information about claims for reimbursement.



group critical illness insurance

Group Critical Illness Insurance is a voluntary benefit that pays you a lump-sum cash benefit when you or a covered dependent are diagnosed with a covered illness. You can use the cash help with doctor bills, hospital stays and even some everyday living expenses. If you are enrolled in this coverage, your participation will end on the first of the month following your termination date. However, you can continue this coverage under an individual policy at individual rates if you contact **Aflac** at **1-800-274-4833** within 31 days of your termination date. If you choose to continue this coverage under an individual policy, your premiums may change and you will pay for this coverage through direct bill with Aflac.

group hospital indemnity insurance

Group Hospital Indemnity Insurance is a voluntary benefit that enhances your current medical and disability coverage by helping with out-of-pocket costs associated with a covered hospital stay. If you are enrolled in this coverage, your participation will end on the first of the month following your termination date. However, you can continue this coverage under an individual policy at individual rates if you contact **Aflac** at **1-800-274-4833** within 31 days of your termination date. If you choose to continue this coverage under an individual policy, your premiums may change and you will pay for this coverage through direct bill with Aflac.



health decision support program (2nd.MD)

Your eligibility to participate will end on the last day of the month in which your employment ends. This plan is not available in retirement; however, you can choose to elect COBRA coverage to continue participation in the Health Decision Support Program. If you timely elect COBRA coverage, your participation will continue on an after-tax basis, and your monthly cost will include a 2% administrative fee. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.



healthy heart program

Your eligibility to participate will end on the last day of the month in which your employment ends. This plan is not available in retirement; however, you can choose to elect COBRA coverage to continue participation in the Healthy Heart Program. If you timely elect COBRA coverage, your participation will continue on an after-tax basis, and your monthly cost will include a 2% administrative fee. See **Section 5 - COBRA Continuation Coverage** for more information and instructions about continuing coverage.



wellness credit

If you are currently receiving reduced Chevron medical premiums because you qualified for the Wellness Credit, you will not be eligible to receive the reduced medical premiums when your employment ends – whether due to retirement or for any other voluntary or involuntary reasons. You will forfeit the remainder of your annual premium reduction amount for the Wellness Credit Period effective the date your coverage ends as an eligible employee. You will not be paid the balance of the annual premium reduction you were potentially eligible to receive in cash or in any other form. COBRA coverage is not available.



short-term disability (STD) plan

Your coverage under the STD Plan ends the day your employment ends, so you are not eligible for benefits under the STD Plan after you leave the company. You cannot convert (or port) this coverage into an individual plan. Note: If you became disabled prior to termination, you may be eligible for continued benefits. Please call the **HR Service Center** to discuss your situation.

long-term disability (LTD) plan

Your coverage under the LTD Plan ends the day your employment ends. You cannot convert (or port) this coverage into an individual policy. However, if you're disabled when your coverage ends, your eligibility for benefits for that disability isn't affected. If you're currently receiving LTD benefits, those benefits can continue for the period specified in the LTD Plan. If you have questions about benefits or claims, call the **HR Service Center** to discuss your situation.

disability insurance program (california only)

If you are enrolled in the Chevron Voluntary Disability Insurance Plan, your coverage ends on the date your employment ends. You cannot convert (or port) this coverage into an individual policy. However, you could be eligible for benefits after your employment ends if:

- **You're disabled on your termination date.** Benefits can continue if you remain disabled (for that disability only). If you need to file a claim for benefits under the Chevron Voluntary Disability Insurance Plan, contact the HR Service Center, and listen for the option to report a disability.
- **If you become disabled after your termination date,** you may be eligible for benefits from the California State Disability Insurance Program. Contact the nearest office of the Employment Development Department to determine if you're eligible for benefits from the state.



basic life insurance plan

Coverage will end on the date your employment ends. You can convert all or a portion of your company-paid life insurance to an individual policy at individual rates with **MetLife**. You must elect to convert within 31 days of the date your employment ends. You may not have to provide proof of good health if you convert your existing coverage. Premiums are paid directly to MetLife. MetLife will provide additional information regarding conversion separately, or you can call them directly at **1-800-638-6420**.

If you are a former Texaco employee enrolled in the **former Texaco Term Life Insurance plan**, you may be eligible for continued life insurance upon your retirement. Your *Health and Welfare Benefits at Termination of Employment* worksheet will display the benefit(s) for which you are eligible, if this plan applies to you.

supplemental life insurance plan

If enrolled, coverage will automatically continue at employee rates. You can drop this coverage by contacting the HR Service Center; however, keep in mind that you will not have another opportunity to enroll at employee rates in the future.

Assignment of Insurance

If you've made an irrevocable assignment of one or more types of insurance coverage for Basic Life Insurance Plan and Supplemental Life Insurance Plan, the assignment you made as an active employee remains in effect in retirement, if you are eligible for and elect retiree life insurance. The assignee you chose has the option to change the beneficiary or to exercise the conversion privilege. The assignee will be mailed a form under separate cover. MetLife will also send a conversion notice to your assignee after your termination date. Your assignee should follow the instructions above if he or she wishes to convert the amount of life insurance that is reduced at your retirement.

dependent life insurance plan (spouse, domestic partner, child)

If enrolled, coverage will end on the date your employment ends. You can convert all or a portion of this coverage to an individual policy at individual rates with **MetLife**. You must elect to convert within 31 days of the date your employment ends. You may not have to provide proof of good health if you convert your existing coverage. Premiums are paid directly to MetLife. MetLife will provide additional information regarding conversion separately, or you can call them directly at **1-800-638-6420**.

voluntary group accident insurance

If enrolled, coverage will end on the last day of the last period for which a premium is paid. You cannot convert (or port) this coverage into an individual policy.

on-the-job accident insurance

Your coverage will end on the day your employment ends. You cannot convert (or port) this coverage into an individual policy.

business travel accident insurance

Your coverage will end on the day your employment ends. You cannot convert (or port) this coverage into an individual policy.

long-term care insurance plan

If enrolled, your coverage ends the last day of the month in which your employment ends. You and any dependents enrolled in the plan can continue your coverage directly with **Genworth Life**, but your rates may change. Genworth Life will provide additional information to you regarding continuing coverage, or you can call them at **1-888-825-5247**. If you continue coverage, you will receive bills from and make payments directly to Genworth Life.

group auto and home insurance

You can continue your Group Auto and Home Insurance directly with MetLife at the discounted group rate. MetLife will provide additional information to you regarding continuing coverage. If you continue coverage, you will receive bills from and make payments directly to MetLife. MetLife will provide additional information regarding continuing coverage separately, or you can call them directly at **1-800-638-6420**.

section 3

retiree health and welfare benefits information, enrollment milestones and enrollment instructions

This section applies to you if you were eligible for health and welfare benefits while employed with Chevron, and you *are eligible* for Chevron retiree medical, dental, and other retiree health benefits after you leave Chevron.

This section provides an overview of retiree health benefits, when you can enroll, who you can cover and how to enroll. The information in this section assumes you, the retiree, are eligible for Chevron retiree health benefits and your dependent(s) also meet the definition of an eligible dependent.



This document provides a basic overview of retiree health benefit information to help you start to understand choices and think about your decisions. It's not intended to be a complete summary. Read further details about the topics described here from the applicable summary plan description posted online at hr2.chevron.com/retiree:

- For **pre-65 health benefits**, see the Chevron Pre-65 Retiree Health Benefits summary plan description.
- For **post-65 health benefits**, see the Chevron Post-65 Retiree Health Benefits summary plan description.

topics covered in this section

- 22** Retiree health benefits overview
- 24** Covering eligible dependents
- 26** Retiree health benefit enrollment milestones
- 27** Dropping or adding dependents at a later date
- 28** Cost of retiree health coverage
- 29** Enrollment process



retiree health benefits overview

Chevron's retiree health benefit choices depend on if you or your eligible dependents are **pre-65** (under age 65) or are **post-65** (age 65 or over). All benefits-eligible retirees must enroll in Chevron retiree health benefits and/or the Retiree HRA Plan upon reaching certain **enrollment milestones**. You must also enroll your eligible dependents at certain enrollment milestones. If you miss these select opportunities to enroll, you and your eligible dependents must wait until the next applicable enrollment milestone, if any, to return to Chevron retiree health benefits and/or the Retiree HRA Plan in the future.

pre-65 retiree health benefits

Pre-65 (under age 65) eligible retirees and/or their pre-65 eligible dependents participate in generally the same *group health choices* offered to active Chevron employees, with only minor differences. Currently these group health choices may include:

- **Medical PPO Plan (Anthem)***
- **High Deductible Health Plan (Anthem)***
- **High Deductible Health Plan Basic (Anthem)***
- **Medical HMO Plans** - Depending on your zip code.
- **Dental PPO Plan (Delta)**
- **Dental HMO Plan (DeltaCare USA)** - Depending on your zip code.
- **Mental Health and Substance Abuse Plan (Beacon Health Options)** - If enrolled in the Medical PPO Plan, the High Deductible Health Plan or the High Deductible Health Plan Basic and are not eligible for Medicare.

**Includes automatic enrollment in the Prescription Drug Program (Express Scripts) and the Vision Program (VSP) for basic vision benefits.*

post-65 retiree health benefits

Health benefits for post-65 (age 65 or over) eligible retirees and/or their post-65 eligible dependents consist of the following:

- Access to **individual medical, prescription drug, dental and vision coverage** through a private health exchange managed by ViaBenefits.
- Eligibility to participate in the **Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan (Retiree HRA Plan)**. The Retiree HRA Plan is the health reimbursement arrangement that Chevron sponsors for post-65 eligible retirees and their post-65 eligible dependents to receive their company contributions to retiree health coverage. The Retiree HRA Plan can be used to reimburse the monthly premiums for Medicare Part B or any of the individual medical plans offered to Chevron retirees through ViaBenefits. You can also use your Retiree HRA Plan account to pay for any other prescription drug, vision or dental plan premiums.

Post-65 eligible participants *must* be enrolled in both **Medicare Part A** and **Medicare Part B** to enroll in the individual health plans offered through ViaBenefits and to participate in the Retiree HRA Plan.

what's a private health exchange?

Chevron partners with ViaBenefits to provide post-65 eligible retirees and their post-65 eligible dependents with access to a private Medicare exchange. A private exchange, like ViaBenefits, enables you to shop for and enroll in individual Medicare plans.

- The private exchange offers access to **five types of plans** – Medicare Advantage, Medicare Supplement (Medigap), Prescription Drug (Part D), dental and vision. You're permitted to choose from any combination of medical, dental or vision coverage.
- ViaBenefits is separate from the public Health Insurance Marketplace. Private exchanges like this one are **only open to select participant groups**, such as Chevron's post-65 eligible retirees and their post-65 eligible dependents.
- This private exchange is managed by **ViaBenefits**. Chevron does not choose the health plans offered through this exchange or the network providers who contract with the health plans.
- The **insurance carrier** determines what coverage is provided and the monthly premium cost for each of your individual health plans. You'll also communicate directly with the insurance carrier for all administrative matters such as claims for covered services, monthly premium payments, or ID cards.
- The **insurance carrier also determines the rules** surrounding your eligibility for and participation in their plan – who is eligible for coverage, when coverage starts, when coverage ends, and when you can make coverage changes. You have to be a Chevron post-65 eligible retiree or a post-65 eligible dependent of a Chevron eligible retiree to be able to access the plans in the private exchange, but each individual insurance carrier will further determine your eligibility for that particular coverage.

do deductibles carry over into retiree medical coverage?

If you paid all or part of your current annual deductible under your Chevron medical plan as an active employee, the transfer of your retiree deductible depends on your age:

- If you are **pre-65** and enroll in Chevron pre-65 eligible retiree medical coverage in the same medical plan, any amount you've already paid toward your deductible for the plan year will carry over to your retiree plan.
- If you are **post-65**, you cannot continue your current medical coverage. You'll have to start coverage in a new plan for post-65 eligible retirees, so you will have to start over and meet a new deductible (if applicable) under your new plan.



post-65 and living abroad

If you reside outside of the U.S., you generally cannot receive Medicare benefits (unless you live in a U.S. territory), and ViaBenefits does not offer health coverage options outside the U.S. Furthermore, to enroll in post-65 health coverage through ViaBenefits and receive the Chevron company contribution in the Retiree HRA Plan, you must have a permanent U.S. address. For these reasons, if you reside outside the U.S. or in a U.S. territory, you are not eligible to enroll in the individual health coverage offered to Chevron eligible retirees and their eligible dependents through ViaBenefits.



coverage for dependents

The age of your eligible dependent will dictate the health benefits in which they can participate:

- **Pre-65 eligible dependents** can participate in Chevron's pre-65 retiree group health plans if all eligibility requirements are met. Note that you, the eligible retiree, must be enrolled in health coverage offered to Chevron retirees (medical only, dental only or both medical and dental) to cover your pre-65 eligible dependents in Chevron group health coverage.
- **Post-65 eligible dependents**
 - Can participate in the post-65 ViaBenefits individual health coverage if all eligibility requirements are met. Note that, in order for your post-65 eligible dependents to participate, you, the retiree, must be enrolled in at least Chevron retiree **medical** coverage (pre-65 or post-65).
 - Can participate in the Chevron Retiree HRA Plan if all eligibility requirements are met. Note that, to participate in the Retiree HRA Plan, your post-65 eligible dependent must be enrolled in at least **individual medical coverage** through ViaBenefits and you, the retiree, must also be enrolled in at least Chevron retiree **medical** coverage (pre-65 or post-65).
 - Must be enrolled in both **Medicare Part A** and **Medicare Part B** to participate in the post-65 ViaBenefits individual health coverage and the Retiree HRA Plan.
- If there are both **post-65** and **pre-65** eligible participants in your family, pre-65 participants will participate in Chevron group health coverage and post-65 participants will participate in individual health coverage through ViaBenefits.



Don't forget, you must enroll your eligible dependents at certain enrollment milestones. If you miss these select opportunities to enroll, your eligible dependents must wait until the next applicable enrollment milestone, *if any*, to return to Chevron retiree health benefits and/or the Retiree HRA Plan in the future. Your opportunities to add dependents at future enrollment milestones may be very limited depending on your age and the age of your dependents. You should also note that Retirement from Chevron is one of the few retiree health benefit enrollment milestones in which you can add eligible dependents to health coverage and/or the Retiree HRA Plan, *even if they were not enrolled in your Chevron health coverage when you left Chevron*. See the **Enrollment Milestones** heading in this section for more information prior to making enrollment decisions.



open enrollment

If you are enrolled in retiree health benefits, you can make changes each year during the open enrollment period, usually held in the fall. Any changes you make during open enrollment will be effective the following January 1.

- **Pre-65 eligible participants** can make open enrollment choices for pre-65 group health coverage through the HR Service Center during the Chevron open enrollment period. Chevron's open enrollment is usually held for two weeks each fall. Pre-65 participants will receive open enrollment instructions and information from Chevron each year before open enrollment begins. You can also go to hr2.chevron.com/openenrollment for more information.
- **Post-65 eligible participants** can make open enrollment choices for post-65 individual health coverage through ViaBenefits during the Medicare open enrollment period. Medicare's open enrollment is usually October 15 through December 7 of each year. Post-65 participants will receive an open enrollment reminder from ViaBenefits each year before open enrollment begins.

As a reminder, open enrollment is not an enrollment milestone. This means if you, the retiree, are not currently participating in the health benefits offered to Chevron eligible retirees, you cannot enroll for coverage during open enrollment. You must wait until you meet the next applicable enrollment milestone – if any – to start participating in Chevron retiree health benefits. See the **Enrollment Milestones** heading in this section for more information.



if you die

Your eligible survivor(s) must take action to report your death to the **HR Service Center** within **31 days** of your death to remain eligible for health coverage, if applicable.

- **Pre-65 eligible survivors** must contact the **HR Service Center within 31 days** of the date of your death to enroll in the health coverage offered to pre-65 survivors.
- **Post-65 eligible survivors** must contact **ViaBenefits within 31 days** of the date of your death to start enrollment in the individual health coverage offered to post-65 survivors. They must also call the **HR Service Center within 31 days** of the date of your death to activate the Retiree HRA Plan. As a reminder, Medicare Part A and Part B is required to enroll in individual health coverage through ViaBenefits and to activate the Retiree HRA Plan.



Read the **If You Die** chapter of the summary plan description for **Chevron Retiree Health Benefits** posted online at hr2.chevron.com/retiree for more information and additional important considerations.



retiree health benefit enrollment milestones

All benefits-eligible retirees must enroll in Chevron retiree health benefits and/or the Retiree HRA Plan upon reaching certain **enrollment milestones**. You must also enroll your eligible dependents at certain enrollment milestones. If you miss these select opportunities to enroll, you and your eligible dependents must wait until the next applicable enrollment milestone, if any, to return to Chevron retiree health benefits and/or the Retiree HRA Plan in the future. The basic retiree health benefit enrollment milestones are as follows:



When you retire from Chevron.

You can also add eligible dependents to your coverage at this milestone.



At the loss of Chevron COBRA coverage (including Chevron subsidized COBRA).

- Pre-65 eligible retiree, enroll at the end of Chevron subsidized COBRA *or* at the end of your Chevron COBRA eligibility period (generally 18 months).
- Post-65 eligible retiree, enroll when COBRA ends for any reason, including the end of Chevron subsidized COBRA or at the end of your Chevron COBRA eligibility period.
- You can add eligible dependents to your coverage at this milestone, but your dependents must have also been enrolled in Chevron COBRA coverage to be eligible to enroll in the Retiree HRA Plan and/or health coverage offered to Chevron retirees.

You must call the HR Service Center to enroll within **31 days** of loss of Chevron subsidized COBRA or Chevron COBRA to enroll in retiree health benefits.



When you lose Chevron or other employer group health coverage.

The loss of Chevron or other employer group health plan* coverage is an enrollment milestone. If you — the Chevron eligible retiree — are covered (whether as a primary or as a dependent) under Chevron or another employer's group health coverage and you lose that coverage — regardless of your age — you must call the HR Service Center to enroll within **31 days** of the loss of employer group health coverage. You can add eligible dependents to coverage at this milestone, as long as they are *also* losing the same employer group health coverage. You will be asked to provide proof of loss of employer group health coverage for you and any eligible dependents. In addition, the loss of Chevron or other employer group health plan coverage must be considered a qualifying event that triggers a Medicare Special Enrollment Period (SEP). Contact Medicare directly or go to www.medicare.gov to learn more about Medicare SEPs and the qualifying events that trigger a Medicare SEP.



When you turn age 65 and become Medicare eligible.

Turning age 65 and becoming Medicare-eligible is an enrollment milestone. When you — the Chevron eligible retiree — turn age 65, you may enroll in Chevron retiree health benefits and/or the Retiree HRA Plan at this time. You can also add eligible dependents to coverage at this milestone.

*An employer group health plan is defined as an employee health benefit plan established or maintained by an employer or by an employee organization (such as a union), or both, that provides medical care for participants or their dependents directly or through insurance, reimbursement, or otherwise. Retiree health insurance from a former employer or union, or COBRA continuation coverage are not considered coverage based on current employment and therefore do not qualify as an employer group health plan for purposes of Chevron's retiree health benefit enrollment.

dropping or adding dependents to retiree health coverage at a later date

You can add eligible dependents to the Retiree HRA Plan and/or the health benefits offered to Chevron retirees according to the rules described for each of the enrollment milestones. If you don't add eligible dependents when you enroll at these milestones, your ability to add dependents at a later date depends on your age and the age of your dependent. In addition, it's always your choice to drop eligible dependents from health benefits offered to Chevron retirees, but your ability to add your eligible dependents to retiree health benefits again at a later date also depends on your age and the age of your dependent.

pre-65

You, the retiree, are **pre-65** and enrolled in Chevron pre-65 group health coverage (medical only, dental only or both medical and dental)

- You may add **pre-65 eligible dependents** to Chevron pre-65 group health coverage during Chevron's open enrollment period or within 31 days of a qualifying life event as long as the dependent continues to meet eligibility requirements and both you and your dependent are under age 65.
 - You must wait until the next applicable enrollment milestone – if any – to re-enroll your **post-65 eligible dependent** in the Retiree HRA Plan.
-

post-65

You, the retiree, are **post-65** and enrolled in at least individual medical coverage through ViaBenefits

- You can continue to cover eligible dependents that are already currently enrolled in health coverage offered to Chevron retirees (pre-65 or post-65 coverage), but you cannot enroll any other existing or new dependents that are not currently enrolled or that were previously dropped from coverage, regardless of their age.
-



your dependent's participation is tied to your participation

Your dependent's eligibility to participate in health benefits is tied to your — the retiree's — participation. Keep in mind that if you stop participating in applicable retiree health benefits, your dependent's coverage will also end, including participation in the Retiree HRA Plan.



cost of coverage

You're responsible for contributions to your company-sponsored retiree medical and dental plans. You'll receive detailed payment instructions after you enroll. If your coverage is canceled due to nonpayment, you must wait until the next enrollment milestone – if any – to re-enroll.

- The enrollment worksheet provided to you under separate cover from the Chevron HR Service Center at the time you terminate employment with Chevron will provide more information about the cost for **pre-65 retiree group health coverage** and **retiree life insurance benefits**, if eligible. You can also see **Section 5** for information about how to estimate the 2019 health coverage costs.
- Your COBRA enrollment package will provide more information about the cost for **COBRA coverage**.
- You can contact ViaBenefits for information about the costs for **post-65 retiree coverage** prior to your termination from Chevron. Please note that ViaBenefits cannot provide information about the company contribution to the Retiree HRA Plan, if eligible, prior to leaving Chevron.

company contributions to retiree coverage

If you're eligible, the company currently shares in the cost of your retiree medical and dental coverage.

- The amount of company contribution to **retiree medical** coverage is based on how many points you have when you leave the company and the point scale for which you are eligible. Your points are the total of your age and your years of health and welfare eligibility service. Points do not change after you leave Chevron. In addition, the company contribution is different for pre-65 and post-65 participants.
- The company contribution toward **retiree dental** coverage is a fixed amount that does not vary according to your points.

Retiree health plans generally cost more than employee plans because retirees' health expenses are higher. This means that your premiums may be higher and you'll still need to pay for retiree coverage, even if you receive the maximum starting company contribution of 100%.



retiree health benefit enrollment process

This is information about how to enroll for retiree health benefits for you and your dependents. The information below assumes you, the retiree, are eligible for Chevron retiree health benefits and your dependent(s) also meet the definition of an eligible dependent. It also assumes you are enrolling at any of the approved enrollment milestones.

If you reach an enrollment milestone, you must make a timely election for yourself (and your eligible dependents, if applicable) to enroll in available retiree health benefits, if desired. Coverage is not automatic.

pre-65 eligible participants

- Call the **HR Service Center within 31 days** of an enrollment milestone to report the event and to enroll in pre-65 group health coverage, if applicable.
- Before a dependent's enrollment is processed, you may be required to provide proof of his or her eligibility (such as, a marriage license, a birth certificate or adoption papers, or affidavit of domestic partnership). You'll receive more information about this if it applies to you when you enroll.

post-65 eligible participants

- Start enrollment in **Medicare Part A** and **Medicare Part B** at least **four months in advance** of an enrollment milestone, if you're not already enrolled.
- Call **ViaBenefits three months in advance** of an enrollment milestone to understand and begin the enrollment process. Failure to timely enroll through ViaBenefits could result in a gap in coverage. You will work directly with your own ViaBenefits benefit advisor who will walk you through the entire decision-making and enrollment process. You can also create and update your personal profile on the ViaBenefits website prior to your enrollment appointment. This step is not required, but it does make for an easier and quicker enrollment. If you are currently an active employee, ViaBenefits can also provide information about how your coverage choices might be affected should you decide to participate in COBRA coverage upon retirement. ViaBenefits will be able to advise you of the cost and coverage levels for the individual medical, prescription drug, dental and vision plans available in your area. However, ViaBenefits will not have your monthly company contribution amount to the Retiree HRA Plan until after you leave Chevron.
- Call the **HR Service Center within 31 days** of an enrollment milestone to report the event and activate the Retiree HRA Plan for post-65 eligible participants, if applicable.

Post-65 participants are required to enroll in Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) to enroll and participate in the post-65 individual health coverage offered to Chevron retirees through ViaBenefits. You must have your Medicare information to enroll through ViaBenefits. If you aren't enrolled in Medicare Part A and Part B or don't have the information, ViaBenefits cannot complete your enrollment. If this situation occurs, it's possible you will experience a gap in health coverage, or in some situations, you will miss the opportunity to participate in retiree health coverage and/or the Retiree HRA Plan until the next enrollment milestone, if any. **For this reason, it's important to take proactive action to enroll in Medicare Part A and Part B; do not wait until on or after an enrollment milestone to act.**

section 4

how to estimate your premium cost for 2019 pre-65 retiree health benefits

This section applies to you if you were eligible for health and welfare benefits while employed with Chevron, and you are eligible for Chevron retiree medical, dental, and other retiree health and welfare benefits after you leave Chevron. It also assumes you are eligible for the company contribution to retiree health benefits.

To assist with planning purposes, this section describes how to *estimate* your premium cost for 2019 pre-65 retiree health benefits. The instructions and examples in this section pertain to common pre-65 retiree health eligibility situations and is intended as an overview only; your actual cost at the time of benefit commencement may vary.

For additional details about how the company contribution to retiree health benefits is determined, or for information about other eligibility situations - including contributions for pre-65 Medicare-eligible participants, rehired employees or post-65 health benefits - see the **Supplement: Company Contributions to Health Coverage** available on the **Summary Plan Descriptions** page of the **U.S. Benefits website** on the Internet. (See **Key Contacts** section.)



Read the **Company Contributions to Health Coverage** supplement to the summary plan descriptions posted online at hr2.chevron.com/retiree for more information about how the company contribution works and how it's calculated.

The information in this section generally describes the Chevron Corporation Policy regarding its contribution to the cost of pre-65 health benefits that are eligible for a Chevron company contribution. This is not a plan text, a summary plan description or a summary of material modification because the amount of the company contribution and how it is determined is not itself part of a pre-65 retiree health plan or the Retiree HRA Plan. There are no vested rights with respect to Chevron medical plans or any company contributions toward the cost of such medical 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 was previously subject to a grandfathering provision. Some benefit plans and policies described in the Supplement may be subject to collective bargaining and, therefore, may not apply to union-represented employees.



pre-65 retiree medical

If you're a pre-65 eligible retiree, the company currently continues to share the cost of your medical coverage. For pre-65 eligible retirees, the company contribution is automatically factored into your monthly medical premium for your Chevron pre-65 retiree group medical coverage. Chevron Corporation reserves all rights for any reason and at any time to amend, change or terminate the medical plans or to change or eliminate the company contribution toward the cost of such medical plans. If you're a pre-65 eligible retiree, your company contribution to pre-65 retiree group medical coverage is currently determined as follows:

pre-65 company contribution formula

\$

Your **starting company contribution amount*** is based on the maximum company contribution amount for *active* employees for the applicable plan and coverage level in the calendar year in which you retire. To determine your starting company contribution amount, go to the *2019 Maximum Company Contribution Amounts* table on Page 33 and find the dollar amount for the coverage level you intend to choose.

times
%

Your starting company contribution amount is then **prorated** based on the applicable percentage that corresponds to your points at retirement. See the instructions on Page 33 to learn how to find the company contribution percentage you are eligible for at retirement. *Please note that the total premium cost of retiree group medical coverage is usually greater than the maximum company contribution, so even if you have enough points to receive 100 percent of the starting company contribution, you will still have to pay for your pre-65 retiree group medical coverage.*

equals
\$

This calculation will provide your **final company contribution amount** to pre-65 retiree group medical coverage. *Please note that your final company contribution amount generally doesn't change until you turn age 65, unless your coverage level changes during a subsequent open enrollment or as a result of a qualifying life event. Your contribution amount will be recalculated based on the new coverage level in this situation.*

your
monthly
premium
cost
\$

To determine *your* monthly premium cost, go to the *2019 Full Pre-65 Group Medical Premium Cost* table on Page 34-35 and find the full premium cost that corresponds to the plan and coverage level you desire. Subtract your **final company contribution amount** from the **full premium cost** to estimate how much you'll pay for pre-65 group medical coverage in the 2019 Plan Year.

**Chevron limits future increases to the applicable pre-65 company contribution to no more than 4 percent each year, applied to the starting company contribution amount.*

example pre-65 group medical calculation



Example eligible employee starts pre-65 group medical coverage effective January 1, 2019 with:

- You + Family coverage
- High Deductible Health Plan (HDHP)
- 78 points at retirement (eligible for the 80-point scale)

\$1,495

Starting company contribution amount is based on the maximum company contribution amount for *active* employees for the applicable plan and coverage level in the calendar year in which you retire.

- Maximum company contribution for active employee coverage for You + Family coverage in the HDHP in 2019 is \$1,495.

**times
95%**

Your starting company contribution amount is then **prorated** based on the applicable percentage that corresponds to your points at retirement.

- 78 points at retirement is a proration of 95% of the starting company contribution amount.

**equals
\$1,420
per month**

The final result is your **final company contribution amount** to pre-65 retiree group medical coverage.

**retiree's
monthly
premium
cost
\$592**

2019 Full Premium Monthly Premium Cost (HDHP You + Family): \$2,012

Final company contribution amount (monthly): - \$1,420

Sample retiree's monthly premium cost for HDHP You + Family coverage in the 2019 Plan Year is **\$592**.

information needed to estimate your monthly premium for 2019 pre-65 group medical coverage

Find your *starting company contribution* amount here:

2019 Maximum Company Contribution Amounts Pre-65 Medical (Not Medicare Eligible)

Coverage Level	2019 Maximum Monthly Company Contribution
You Only	\$553
You + One Adult	\$1,107
You + Child(ren)	\$941
You + Family	\$1,495
Dependent Adult Only	\$554
Dependent Child(ren) Only	\$388
Dependent Adult + Child(ren) Only	\$942

Find your *percentage of proration* based on points at retirement here:

Go to hr2.chevron.com/benefits-connection and log in to the **Benefits Connection** website.



- Click **Retirement Plan** from the top navigation.
- Click **Planning Tools** under **I want to** on the left navigation.
- Click **Retirement Estimator** from the screen. Run a projection of retirement benefits based on your projected last date of employment and Annuity Start Date.
- A results page will generate. Scroll down to the second table on the page, **Estimated Post-Retirement Health and Welfare Information**.
- Look for the row called **Projected Percentage of Company Contribution to Retiree Medical as of Final Day of Employment**. The percentage amount listed on the row is your estimated percentage of proration.

Find the *full* pre-65 medical premium cost for your desired plan here:

**2019 Full Premium Cost
Pre-65 Medical (Not Medicare Eligible)**

Pre-65 Medical Plans	Full 2019 Monthly Cost by coverage Level			
	You Only	You + One Adult	You + Child(ren)	You + Family
Medical PPO Plan	\$962	\$1,923	\$1,419	\$2,381
High Deductible Health Plan (HDHP)	\$812	\$1,626	\$1,199	\$2,012
High Deductible Health Plan Basic (HDHP Basic)	\$784	\$1,566	\$1,157	\$1,941
Medical HMO - Health Net California	\$2,316	\$4,632	\$3,409	\$5,725
Medical HMO - Health Plan Hawaii	\$993	\$1,985	\$1,462	\$2,455
Medical HMO - HMO Blue TX	\$1,576	\$3,152	\$2,320	\$3,896
Medical HMO - Humana USW, Local 447	\$2,209	\$4,418	\$3,755	\$5,964
Medical HMO - Humana Louisiana	\$1,918	\$3,836	\$2,823	\$4,742
Medical HMO - Kaiser Colorado	\$912	\$1,825	\$1,344	\$2,257
Medical HMO - Kaiser Hawaii	\$739	\$1,479	\$1,089	\$1,829
Medical HMO - Kaiser Washington	\$1,178	\$2,356	\$1,735	\$2,913
Medical HMO - Kaiser Northern California	\$977	\$1,955	\$1,440	\$2,417
Medical HMO - Kaiser Southern California	\$977	\$1,955	\$1,440	\$2,417
Medical HMO - Kaiser Northwest	\$930	\$1,860	\$1,370	\$2,300
Medical HMO - Kaiser USW Local 5 \$15 Plan	\$1,352	\$2,703	\$2,298	\$3,649
Medical HMO - Kaiser USW Local 5 \$500 Deductible Plan	\$858	\$1,716	\$1,458	\$2,316

	Dependent Adult Only	Dependent Child(ren) Only	Dependent Adult + Child(ren) Only
Medical PPO Plan	\$961	\$457	\$1,419
High Deductible Health Plan (HDHP)	\$814	\$387	\$1,200
High Deductible Health Plan Basic (HDHP Basic)	\$782	\$373	\$1,157
Medical HMO - Health Net California	\$2,316	\$1,093	\$3,409
Medical HMO - Health Plan Hawaii	\$992	\$469	\$1,462
Medical HMO - HMO Blue TX	\$1,576	\$744	\$2,320
Medical HMO - Humana USW, Local 447	\$2,209	\$1,546	\$3,755
Medical HMO - Humana Louisiana	\$1,918	\$905	\$2,824
Medical HMO - Kaiser Colorado	\$913	\$432	\$1,345
Medical HMO - Kaiser Hawaii	\$740	\$350	\$1,090
Medical HMO - Kaiser Washington	\$1,178	\$557	\$1,735
Medical HMO - Kaiser Northern California	\$978	\$463	\$1,440
Medical HMO - Kaiser Southern California	\$978	\$463	\$1,440
Medical HMO - Kaiser Northwest	\$930	\$440	\$1,370
Medical HMO - Kaiser USW Local 5 \$15 Plan	\$1,351	\$946	\$2,297
Medical HMO - Kaiser USW Local 5 \$500 Deductible Plan	\$858	\$600	\$1,458



pre-65 retiree dental

If you're eligible for pre-65 retiree group dental coverage, the company currently continues to share the cost of your dental coverage. If you're eligible for pre-65 retiree group dental coverage and the company contribution, the contribution to retiree group dental coverage is based on a fixed dollar amount for each coverage tier. Chevron Corporation reserves all rights for any reason and at any time to amend, change or terminate the dental plans or to change or eliminate the company contribution toward the cost of such dental plans.

The table below provides *your* monthly premium cost for pre-65 group dental coverage for the 2019 Plan Year.

2019 Pre-65 Group Dental Premium Cost

Pre-65 Dental Plans	Your 2019 Monthly Cost by coverage Level			
	You Only	You + One Adult	You + Child(ren)	You + Family
Dental PPO Plan	\$46.17	\$92.24	\$78.47	\$123.20
Dental HMO Plan	\$15.30	\$30.70	\$26.02	\$40.08
Dental PPO Plan – Hawaii Dental Service	\$41.87	\$83.75	\$71.68	\$113.85
	Dependent Adult Only	Dependent Child(ren) Only	Dependent Adult + Child(ren) Only	
Dental PPO Plan	\$46.07	\$32.30	\$77.03	
Dental HMO Plan	\$15.40	\$10.72	\$24.78	
Dental PPO Plan – Hawaii Dental Service	\$41.88	\$71.98	\$29.81	

section 5

COBRA continuation coverage

This section applies to you if you were enrolled in health and welfare benefits while employed with Chevron at the time of your termination of employment.

The federal legislation known as the Consolidated Omnibus Budget Reconciliation Act (COBRA) allows certain employees and their covered dependents to continue participation in company sponsored health care plans beyond the time when it would normally end. COBRA coverage applies when certain qualifying events occur, such as a termination of employment. Chevron is *required* to offer you the right to continue your health care coverage under the provisions of COBRA. Pursuant to Chevron policy, your domestic partner and any of your domestic partner's dependent children who are covered by a Chevron health plan on the day before a qualifying event occurs are also eligible for continuation coverage that is similar to COBRA.

This section describes how Chevron COBRA coverage works, the enrollment process, and important considerations you should note before making an enrollment decision.



If you were enrolled in Chevron health and welfare coverage at the time you left Chevron, all terminated employees will receive a **COBRA package** within 44 days of leaving Chevron, even if you're eligible for Chevron retiree medical coverage. The COBRA package is separate from the When You Leave Chevron package you receive from the HR Service Center. The package includes a personalized enrollment worksheet, your costs for coverage, and detailed information about enrollment procedures and payment requirements. You have 60 days from the date the COBRA package is postmarked or your termination date (whichever is later) to elect coverage. Your enrollment will be retroactive to the date your active employee coverage ended, if you elect COBRA coverage within the 60-day deadline.

topics covered in this section

- 38 COBRA highlights
- 38 Subsidized COBRA
- 39 Enrollment process
- 40 Considerations if you're eligible for retiree health benefits

COBRA coverage highlights

- **COBRA coverage is available for these plans:** medical, dental, mental health and substance abuse, vision plus, health care flexible spending account, Health Decision Support and Healthy Heart.
- **You must make an election** to continue coverage for you and any eligible dependents. Enrollment is not automatic. You have **60 days** from the date the COBRA package is postmarked or your termination date (whichever is later) to elect coverage.
- **COBRA coverage is available for a limited time.** COBRA coverage is typically available for up to 18 months. In some cases, due to disability or subsequent qualifying events, coverage may be available up to 29 or 36 months.
- **The cost for COBRA coverage is 102 percent of the total group cost.** The total group cost is the employee contribution *plus* the company contribution. In general, the company does not contribute to (or subsidize) COBRA coverage. There are some exceptions, though, so see the *Reduced COBRA Coverage Premiums or Subsidies* heading in this section for details.
- **Your enrollment will be retroactive** to the date your active employee coverage ended, if you elect COBRA coverage within the 60-day deadline.
- **You're only eligible to elect COBRA coverage for the plans in which you're enrolled** at the time of your termination of employment. So, if you're not enrolled in Chevron plan(s) at the time of your termination, you cannot elect COBRA coverage.
- **You're only eligible to elect COBRA coverage for eligible dependents that are enrolled** at the time of your termination of employment. And your dependents can only elect continuation coverage for the plans in which they are enrolled at the time of your termination of employment. So, if your dependents are not enrolled in Chevron plan(s), you cannot elect COBRA coverage for those dependents.

Subsidized COBRA

If you're currently eligible for subsidized COBRA due to a qualifying severance, the COBRA enrollment worksheet and your COBRA invoices accurately reflect your current premium payment amount at the subsidized rate. Your enrollment package will also indicate the date your subsidized rates expire. Your invoices will automatically reflect the new monthly premium rate when your six-month subsidized COBRA coverage period has expired; you will not receive a reminder when the subsidy period ends. As a reminder, if you are eligible for Chevron retiree health benefits, you must enroll yourself and any eligible dependents in retiree coverage upon reaching certain enrollment milestones. **Loss of subsidized Chevron COBRA coverage is one of the enrollment milestones for retiree health benefits. This means you may be eligible to enroll yourself and eligible dependents in retiree health benefits when your subsidized COBRA coverage ends. You have 31 days from the loss of subsidized COBRA coverage to report the enrollment milestone and start the retiree health benefit enrollment process, if desired.** See **Section 3** for more information.



COBRA coverage enrollment process

receive enrollment package

When your employment ends, your active employee coverage is terminated until you submit your COBRA elections and payment. All terminated employees will receive a COBRA package within 44 days of leaving Chevron, even if you're eligible for Chevron retiree medical coverage. The package includes a personalized enrollment worksheet, your costs for coverage, and detailed information about enrollment procedures and payment requirements.

enroll for coverage, if desired

Your enrollment package provides instructions for enrollment. In general, to elect COBRA continuation coverage, you'll call or go to the BenefitConnect | COBRA website. Under federal law, you have 60 days after the date of this notice to decide whether you want to elect COBRA continuation coverage. To minimize the lapse in coverage between active employee coverage and COBRA coverage, make your elections and payment as soon as possible. If you do not enroll by your enrollment deadline, you will lose your right to elect COBRA continuation coverage. If you reject COBRA continuation coverage before the enrollment deadline date, you may change your mind as long as you contact BenefitConnect | COBRA before the enrollment deadline date.

submit first payment

Once you've made your enrollment choices, your first invoice will be sent to you in the mail. Your COBRA enrollment elections are not complete until your first payment is received in full. Your first payment must be received no later than 45 days after the date of your election. You can inquire about the amount due for your first payment on the BenefitConnect | COBRA website or by calling BenefitConnect | COBRA. Remember, if you don't make your first payment in full within 45 days after the date of your election, you'll lose all COBRA continuation coverage rights with respect to that qualifying event. You're responsible for making sure that the amount of your first payment is correct.

coverage starts

If you elect to continue coverage, your enrollment will be retroactive to the date your active employee coverage ended. Your coverage will be reinstated and the plan carrier(s) notified once you have completed and returned all required elections and have paid your first premium due. If you incur any eligible health care expenses before the plan carrier(s) have been notified of your reinstated coverage, you can submit a claim directly to your carrier for reimbursement. This means you may have to pay out of your own pocket at the time of service and submit a claim to be reimbursed later.

periodic payments

After you make your first payment for COBRA continuation coverage, you'll have to make periodic payments for each coverage period that follows. The enrollment package you receive will explain the process for making payments and the applicable due dates for ongoing payments.



if you're eligible for retiree health benefits

As you know, all benefits-eligible retirees must enroll in Chevron retiree health benefits and/or the Retiree HRA Plan upon reaching certain **enrollment milestones**. You must also enroll your eligible dependents at certain enrollment milestones. If you miss these select opportunities to enroll, you and your eligible dependents must wait until the next applicable enrollment milestone, if any, to return to Chevron retiree health benefits and/or the Retiree HRA Plan in the future.

If you qualify as an eligible retiree at the time of your termination of employment with Chevron, you can enroll in retiree pre-65 and/or post-65 health benefits at the **Retirement from Chevron** enrollment milestone. However, you can also elect to temporarily continue the employee health benefits for which you (and your eligible dependents) are enrolled through COBRA continuation coverage. **Loss of Chevron COBRA Coverage** is another one of the enrollment milestones for retiree health benefits. This means you may be eligible to enroll yourself and eligible dependents in retiree health benefits when your Chevron COBRA coverage ends.

considerations before you make an enrollment decision ...

- If you choose to enroll in COBRA coverage now and retiree health benefits later, you have **31 days from the loss of Chevron COBRA** coverage to report the enrollment milestone and start the retiree health benefit enrollment process, if desired. If you miss the Loss of Chevron COBRA milestone to enroll, you and your eligible dependents must wait until the next applicable milestone – if any – to enroll in retiree health benefits.
- If you are a pre-65 eligible retiree, you can enroll at the end of **Chevron subsidized COBRA** or at the end of your **Chevron COBRA eligibility period** (generally 18 months).
- If you are a post-65 eligible retiree, you can enroll **when Chevron COBRA ends for any reason**, including the end of Chevron subsidized COBRA or at the end of your Chevron COBRA eligibility period.
- **COBRA coverage may affect future post-65 health coverage choices.** If you choose to participate in COBRA continuation coverage prior to starting Chevron retiree health benefits, there can be a significant impact to your post-65 individual medical and prescription drug plan choices through ViaBenefits due to guarantee issue rules. Contact ViaBenefits to discuss this guarantee issue situation further prior to making an enrollment decision.
- You can add eligible dependents to your coverage at the Loss of Chevron COBRA coverage milestone, but **your dependents must have also been enrolled in Chevron COBRA coverage** to be eligible to enroll in the Retiree HRA Plan and/or health coverage offered to Chevron retirees at the Loss of Chevron COBRA milestone.
- You and your eligible dependents **cannot simultaneously participate in both COBRA and Chevron retiree health benefits**. In addition, you cannot participate in the Retiree HRA Plan and receive a company contribution to the HRA while you participate in COBRA.
- The **costs** for Chevron retiree health coverage and COBRA continuation coverage will differ. Keep in mind the company contributes to retiree health coverage, if you're eligible, but generally doesn't contribute to COBRA continuation coverage (except in limited circumstances).
- There could be implications to access for pre-65 and post-65 health benefits for your eligible dependents **in the event you die** while participating in COBRA continuation coverage. See the **If You Die** chapter of the summary plan description for **Chevron Retiree Health Benefits** posted online at hr2.chevron.com/retiree for more information and additional important considerations.