welcome to chevron
health and welfare benefits
This introduction to Chevron’s health and welfare benefits provides you with highlights about the many Chevron health and welfare benefits (such as life, accident and disability benefits) available to you in 2020. It also provides you with information about how to enroll in these benefits during your upcoming open enrollment period, **October 14 through October 25, 2019**, and additional action that may be required of you to prepare for the transition to new medical, prescription drug, vision and dental coverage.

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**Please note:** This newsletter applies to former non-represented Pasadena Refining Systems, Inc. U.S.-payroll employees who are eligible for Chevron health and welfare benefits effective January 1, 2020. This communication provides only certain highlights of benefits provisions. It is not intended to be a complete explanation. If there are any discrepancies between this communication and legal plan documents, the legal documents will prevail to the extent permitted by law. This is not a plan text or a summary plan description. There are no vested rights with respect to Chevron health care plans or any company contributions toward the cost of such health care plans. Rather, the plan sponsor and Chevron reserve 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.
Open enrollment – **October 14 through October 25, 2019** – is your opportunity to enroll in Chevron health and welfare benefits. *If you miss the open enrollment deadline, you will not have coverage under some Chevron benefits in 2020, such as medical, prescription drug, vision, or dental plans.* You generally cannot enroll again until the next open enrollment period in the fall of 2020 for 2021 benefits. However, you can make changes to certain benefits outside of the open enrollment period within the 31-day deadline after a qualifying life event, such as a marriage or birth. Benefit choices you make during open enrollment, October 14 through October 25, 2019, generally become effective **January 1, 2020**. The *Do I Need to Enroll* section on Page 6 outlines all the Chevron health and welfare plans available and if you need to do anything to have coverage.

**The HR Service Center manages enrollment for most of Chevron’s benefit plans.**

All Chevron enrollment occurs either using online enrollment website(s) or by phone with the HR Service Center. There are no paper forms to complete and your local HR or benefits administration personnel cannot make your elections for you for reasons of personal privacy.

**by phone**

1-888-825-5247  
1-832-854-5800 (outside the U.S.)

call the HR service center

Representatives available  
Monday through Friday  
6 a.m. to 5 p.m. Pacific time  
8 a.m. to 7 p.m. Central time

Extended hours  
October 16 and October 23  
4 a.m. to 6 p.m. Pacific time  
6 a.m. to 8 p.m. Central time

Customer Service Representatives can take your open enrollment elections by phone until 5 p.m., Pacific time (7 p.m., Central time) on October 25, 2019.

For quicker service, avoid peak call hours. Peak hours are all day Monday and 9 a.m. to 10 a.m. Pacific time (11 a.m. to noon Central time) on other weekdays.

**online 24/7**

hr2.chevron.com/PRSI  
BenefitConnect website

The BenefitConnect website will be available for you to make open enrollment elections until **midnight Pacific time on October 25, 2019**. This website is available even if you don’t have access to a Chevron computer. You can log in to the BenefitConnect enrollment site from any computer or mobile device with an Internet connection, even while you’re at home. *If you need help accessing or navigating the BenefitConnect website, please call the HR Service Center for assistance.*
key resources
prepare for the move to chevron benefits

We’ve provided only the highlights about your Chevron health and welfare benefits in this introduction guide. There are more resources online you should access to get other details that will help you make decisions. These resources are available from your Chevron workstation or from any computer, tablet or smartphone connected to the internet.

hr2.chevron.com/PRSI
We’ve created this page for former PRSI non-represented employees as you prepare for the transition to Chevron benefits starting January 1, 2020. The tools and resources listed here and throughout this guide are available from this page. Many of these tools will continue to also be available after the transition by visiting hr2.chevron.com/PRSI.

attend onsite events
Intro to Chevron Health & Welfare Benefits
Lunch and Learn at the West Plant Cafeteria
• October 14 10:30 – 11:30 a.m.
• October 17 10:30 – 11:30 a.m.

One-on-one help and questions
Administration Building cafeteria
• October 22 8 a.m. – 5 p.m.
Representatives cannot advise on the plan(s) you should pick, but can help you enroll or answer other general questions.

videos
Sometimes reading about it isn’t enough. We have a library of short videos available to help you compare medical plan features, learn about a health savings account and more.

find a provider
With new claims administrators in 2020 for your medical, dental, vision and prescription drug coverage, we know it’s important that you know if your current provider is a part of the network. Access web links, phone numbers and instructions that make it easier to research your provider options.

summary of benefits and coverage
Summary of Benefits and Coverage (SBCs) provide summary information about your health plans, such as benefits, copayments, coinsurance, deductibles, and plan contact information. SBCs can help you understand the key differences among the options available to you.

monthly cost, phone numbers, and more …
Review the costs for health coverage, research your prescription drugs, access phone numbers to talk directly to your benefit plans like Anthem and Delta Dental, get continuation of care forms, see schedule of benefits, review summary plan descriptions, and more.
transition checklist
prepare for the move to chevron health and welfare benefits

It’s important to spend some time learning about your Chevron health and welfare choices before you’ll make enrollment decisions - **October 14 through October 25, 2019**. We know it’s a lot to think about, so here’s a summary of some of the most important decisions and actions you don’t want to miss this fall.

**make enrollment elections october 14 through october 25, 2019**
The Do I Need to Enroll section on Page 6 outlines all the Chevron health and welfare plans available and if you need to do anything to have coverage. Enrollment for most Chevron health and welfare plans is October 14 through October 25, 2019. Be sure to mark these dates on your calendar; if you miss this deadline you will not have certain benefits like Chevron medical and dental coverage in 2020. Due to plan rules, Chevron is unable to take late enrollments.

**preview network physicians, dentists and pharmacies**
With new claims administrators in 2020 for your medical, dental, vision and prescription drug coverage, we know it’s important that you know if your current provider is a part of the network. Go to hr2.chevron.com/PRSI to access web links, phone numbers and instructions that make it easier to research your provider options. Chevron cannot choose the providers offered in a network; that is the sole responsibility of the claims administrator. For example, Anthem has not chosen Kelsey Seybold as part of the Anthem provider network. Be aware that claims administrators like Anthem and Delta Dental may be currently negotiating contracts with new or existing providers and that their network could change over time. We strongly advise that you check with the claims administrator and/or your provider regularly to verify network status.

**plan ahead for your continuation of care and prescription drugs**
If you are currently receiving treatment and/or take prescription drugs regularly, it’s important to plan for this transition because you are moving to a new health plans. Your action may be required prior to January 1, 2020. See the information on Page 11 for the steps you may need to take.

**use your resources to learn more**
This newsletter provides a lot of information about many of your new Chevron benefits, but it’s only an overview. You’ll need to consult additional resources for further details about individual benefits. Go to hr2.chevron.com/PRSI for access to these tools.
do i need to enroll?

As a Chevron U.S.-payroll employee eligible for benefits, some plans and programs you’ll automatically receive effective January 1, 2020; for others, you need to enroll within certain deadlines if you want coverage. Here’s an overview of enrollment requirements and deadlines. See the other sections of this newsletter for more information about each of the health and welfare benefits discussed below.

enrollment required

October 14 through October 25, 2019

As a former PRSI employee, the upcoming Chevron open enrollment period, **October 14 through October 25, 2019** is your opportunity to enroll yourself and your dependents for the following plans. If you enroll, coverage is effective January 1, 2020. **If you miss this deadline, you and your dependents will not have this coverage in 2020.** Your next opportunity to enroll will be Chevron’s open enrollment period in 2020, or within 31 days of a qualifying life event.

- Medical
- Dental
- Vision Plus Program
- Group Critical Illness Insurance
- Group Hospital Indemnity Insurance
- Health Care Spending Account (flexible spending account)
- Dependent Day Care Spending Account (flexible spending account)
- Voluntary Group Accident Insurance

You can enroll in the coverage below at any time, if you’re eligible. But if you enroll during open enrollment, October 14 - October 25, 2019, you can take advantage of these limited-time offers.

- **Supplemental Life Insurance, Dependent Life Insurance, Optional Long-Term Disability coverage**
  If you enroll during the upcoming open enrollment, proof of good health is generally not required, depending on the level of coverage you choose. If you enroll after October 25, 2019, standard proof of good health requirements will apply.

- **BenefitWallet Health Savings Account (HSA)**
  If you are eligible to open and contribute to the BenefitWallet HSA through payroll deductions, you can receive a 2020 company contribution to your account if you enroll in the BenefitWallet HSA during open enrollment. If you enroll after October 25, 2019, you will not receive the 2020 company contribution, but you’re still allowed to contribute your own funds. See Page 22 for more HSA company contribution rules.

- **Long Term Care Insurance**
  A new Long Term Care Insurance (New LTC Plan) offering will be available to all eligible Chevron U.S.-payroll employees, including former PRSI employees. Genworth will offer a special enrollment period for active, full-time employees to apply for the New LTC Plan with reduced medical underwriting. From October 14 through November 8, 2019, active employees age 65 and under may complete a Modified Guaranteed Issue Comprehensive application. More information about Long Term Care Insurance, including proof of good health rules is included on hr2.chevron.com/PRSI.
enrollment required
no deadline, enroll now or later

You **must enroll** to participate, but you can choose to enroll in these benefits at **any** time:

- Employee Savings Investment Plan
- Group Auto and Home Insurance

As previously mentioned, you can also enroll in the benefits below at any time, if you’re eligible. But you must meet the enrollment deadline to take advantage of the limited-time offers previously described on Page 6.

- Supplemental Life Insurance Plan
- Dependent Life Insurance Plan
- Optional Long-Term Disability coverage
- BenefitWallet HSA
- Long Term Care Insurance

no enrollment required
coverage is automatic

You **do not** need to enroll for the following benefits. You’re automatically covered effective January 1, 2020, if you’re eligible:

- Adoption Reimbursement Program
- Basic Life Insurance Plan
- Basic Long-Term Disability
- Basic Vision
- Bonding Benefit
- Business Travel Accident Insurance
- Chevron Retirement Plan (pension benefit)
- Child care and parenting resources
- Dependent Care Travel Expense Reimbursement
- Employee Assistance & WorkLife Services
- Family Care Benefit
- Health Decision Support
- Health Rewards
- Holidays
- Mental Health and Substance Use Disorder Plan
- On-the-Job Accident Insurance
- Recognition and award programs
- Rethink parenting resources
- Short-Term Disability
- Vacation
- Wellness programs

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1 Information about this topic is not included in this communication. This topic will be discussed in subsequent communications. No action is required during open enrollment.

2 To be eligible for this coverage, you must be enrolled in a Chevron-sponsored medical plan. If you enroll in a Chevron medical plan, then you will also automatically receive this coverage.
who can i cover?

If you enroll you also may enroll your eligible dependents for coverage under the same medical, dental, vision and certain other benefit plans. Eligible dependents include your **spouse** or **domestic partner** and eligible **children**. You can’t enroll your dependent for coverage if he or she is on active duty in the armed forces of any state, country or international authority, is enrolled as an eligible employee, is enrolled as an eligible retiree, or - in the case of dependent children – is already covered as a dependent by another eligible employee or eligible retiree.

An overview of the requirements for eligible dependents are briefly included below, but you can read the full requirements in the **Eligibility** section for each plan’s summary plan description (SPD) on hr2.chevron.com/PRSI. **Eligibility documentation will be required** (see Page 10).

**eligible spouse**

You can enroll your spouse for coverage if you were legally married under the law of a state or other jurisdiction where the marriage took place.

**eligible domestic partner**

A domestic partnership is established when you and your partner meet the criteria set forth on the one of the [Chevron Affidavit of Domestic Partnership Form (F-6)](hr2.chevron.com/PRSI). You can preview the full list of criteria on hr2.chevron.com/PRSI. If you enroll a domestic partner for coverage, you and your partner will be required to complete and return a notarized Chevron Affidavit of Domestic Partnership Form (F-6) to the HR Service Center as part of the dependent verification process (see Page 10). By signing the affidavit, you certify that you and your partner meet one of the qualifications outlined in the affidavit. A personalized affidavit will be provided to you when you enroll, but a sample is currently available on hr2.chevron.com/PRSI to preview, if desired.

**eligible child**

You can enroll a dependent child for coverage if he or she is **all** the following:

- You or your spouse's/domestic partner's natural child, stepchild, legally adopted child, foster child, or a child who has been placed with you or your spouse/domestic partner for adoption.
- Younger than age 26 (or age 25 for Child Dependent Life Insurance and Voluntary Group Accident Insurance coverage).
other eligible dependent

You can enroll an "other dependent" for coverage if he or she is all the following:

- Not married.
- Younger than age 26 (or age 25 for Child Dependent Life Insurance and Voluntary Group Accident Insurance coverage).
- Is a member of your household.
- Someone for whom you act as a guardian.
- Dependent on you (or on your spouse/domestic partner) for more than 50 percent of his or her financial support.

Please note that an “other dependent” is not eligible for coverage under the Group Hospital Indemnity Plan, the Group Critical Illness Insurance Plan, or Dependent Life Insurance.

incapacitated child

Chevron currently allows an eligible dependent child to continue certain benefit coverage beyond the maximum allowed age if the eligible dependent child meets the applicable benefit plan’s definition of an incapacitated (or disabled) child. In addition, incapacitated children over age 26 can be added to coverage only if they were disabled before age 26 and had other health care coverage immediately before being added as a dependent under a Chevron plan. If you need to request coverage for an incapacitated (disabled) child, please contact the HR Service Center during open enrollment, October 14 through October 25, 2019, and ask for the Request for Continuation of Coverage for Incapacitated Dependent Child form. More information about covering an incapacitated child is available on hr2.chevron.com/PRSI.

chevron couples

Keep in mind that there are some restrictions on the dependents you can cover if you are married to or in a domestic partnership with another Chevron employee or retiree. For example, you can’t cover your spouse or domestic partner if he or she is already enrolled as an eligible Chevron employee or retiree. If both you and your spouse or domestic partner are eligible employees and/or eligible retirees, each of you can enroll for individual coverage, or one of you can cover the other as a dependent. Only one of you can cover all your eligible child dependents.
dependent verification required

**60 days**

Employees are required to verify the eligibility of any dependents you enroll in Chevron health plans. If you enroll your dependent(s) in health coverage during open enrollment, you have up to 60 days to obtain and submit requested documentation that verifies your dependent(s) are eligible to participate in Chevron’s health benefits. If you don’t provide acceptable documentation by the deadline, your dependent(s) will be disenrolled from coverage.

Dependent verification will be required if you enroll dependent(s) in health benefits, including medical, dental and the Vision Plus Program.

**how the process works**

1. **During open enrollment, add eligible dependents to your health coverage, if desired.** Complete your enrollment elections and check out. You will not be able to complete the dependent verification process until you check out and finalize your elections.

2. As soon as you check out, look for the **Needs Verification** message on the BenefitConnect website. You can find it on your **Confirmation Screen** or from the **System Alerts (top right of screen)**. Click the message and you’ll be directed to the **Dependent Verification** screen. Follow the on-screen instructions to upload electronic documents or send copies by mail or fax to the HR Service Center. You can also call the HR Service Center to request that the documents you need to complete the verification process be mailed to you.

3. After you submit your documentation, a **statement confirming your dependent’s eligibility** to participate will be sent to you from the HR Service Center.
   - If **additional information** is required, you’ll be notified.
   - If your dependent is **not eligible** to participate, the dependent will be disenrolled from the plan at the end of the month in which you receive notification.
   - If the 60-day deadline to submit the documentation expires and the HR Service Center has received **no documentation** or **insufficient documentation**, then the dependent will be disenrolled from the plan at the end of the month in which the 60-day deadline occurs.

If your dependent is disenrolled from coverage, you are still allowed to re-enroll your dependent(s) again at the next open enrollment period or within 31-days of a qualifying life event, but you’ll be required to follow the dependent verification process again at that time.

**more information online**

More details about the dependent verification process, including a list of acceptable proof documentation, is available on [hr2.chevron.com/PRSI](http://hr2.chevron.com/PRSI).
continuing your care
plan ahead to ensure you continue to receive the care you need during the transition to chevron’s health plans

medical services
Continuation of care allows you to continue to receive medical care for certain conditions from providers who do not participate in your new plan’s network. You might need continuation of care if you are already in active treatment for certain ongoing conditions on January 1, 2020. Examples of conditions eligible for continuation of care might include:

- Be in an active course of treatment for an acute medical condition.
- Be pregnant, regardless of trimester.
- Have a terminal illness.
- Have a surgery or other procedure that has been authorized by your previous plan scheduled to occur within 180 days of January 1, 2020.

The Chevron medical plans administered by Anthem – Medical PPO, HDHP and HDHP Basic – are preferred provider organization plans, so you can continue to use any provider you choose, network or out-of-network. However, the deductible and out-of-pocket amounts are lower when you see a provider that is in Anthem’s network. To qualify for a continuation of care benefit, you can apply for it starting October 14, 2019, and the final deadline to apply is March 1, 2020.

- The application form is available on hr2.chevron.com/PRSI and is also available by calling Anthem at 1-844-627-1632.
- In 2020, a letter will be sent to you outlining the decision or requesting additional information, if needed. You can contact Anthem to confirm if your request has been received.
- If approved, you’ll have a set amount of time — typically a minimum of 180 days — to continue to see your provider and continue to receive the network level of coverage for that condition. After that, you will need to choose a physician from within the Anthem network to receive the network level of coverage.
- Keep in mind that continuation of care approval does not guarantee a treatment is medically necessary, and it also doesn’t mean you are pre-approved for any medical services. All medical services must be medically necessary. Pre-approval by Anthem may still be required. Talk to Anthem to discuss your personal situation.

The Chevron Medical HMO Plan is a health maintenance organization (HMO) medical plan option, so you must visit a provider in the HMO’s network, otherwise your services aren’t covered.
continuing your care (cont’d)

dental services
For participants with a **qualifying orthodontia treatment in progress** you may be able to continue the treatment you started under your previous dental plan. For all other treatments, there are no treatment in progress provisions. Payment of claims for service depends on the service date. For service dates in 2019, your previous dental plan will process claims and payment. For 2020 service dates, your Chevron dental plan (if elected) will process claims and payment.

The **Dental PPO Plan** is a preferred provider organization plan, so you can continue to use any provider you choose, network or out-of-network. If you began active orthodontic treatment prior to January 1, 2020, ask your orthodontist to submit an orthodontic treatment claim to Delta Dental. You should have your orthodontist do this regardless if they are a Delta Dental network provider or not. Delta Dental will then work with your provider regarding the care. The claim form is available on [hr2.chevron.com/PRSI](http://hr2.chevron.com/PRSI) or on the Delta Dental website. Any standard claim form can also be used. The claim should include:

- All charges and fees (including the down payment or installments paid by your previous dental plan).
- Banding date and length of active treatment.
- Brief description of the dentition, appliance (including type) and treatment.
- If you are covered by more than one plan, information about the other carrier.

The **Dental HMO Plan** is a health maintenance organization (HMO) dental plan option, so you must visit a provider in the HMO’s network, otherwise your services aren’t covered. If you or an enrolled dependent has started orthodontic treatment under your previous Cigna dental plan, you may be able to continue that coverage if you switch to the DeltaCare Dental HMO Plan in 2020. Through a provision called orthodontic treatment in progress, your DeltaCare plan allows you to continue treatment you started under your previous dental plan. You can visit the same orthodontist and have the same coverage and copayments as your previous plan. You pay the same amount that you would have paid under your previous coverage, as long as you remain eligible for coverage under your DeltaCare plan.

If you started orthodontic treatment in 2019 (or earlier) under your previous Cigna dental plan, and if banding has taken place, you are eligible for continuous orthodontic coverage under your DeltaCare USA Dental HMO Plan and may continue to visit the same orthodontist. If banding has not occurred, you are not eligible for continuous orthodontic coverage. In that case, orthodontic treatment must be provided by a DeltaCare network orthodontist in accordance with the copayments, limitations and exclusions defined in your DeltaCare USA Dental HMO Plan.

You must sign up between **January 1** and **January 31, 2020** to receive this continuous orthodontic coverage. Go to [hr2.chevron.com/PRSI](http://hr2.chevron.com/PRSI) or the DeltaCare website to download the Continuous Orthodontic Coverage Form and a claim form. Please have your treating orthodontist complete and submit both forms by January 31, 2020. DeltaCare will coordinate benefits as necessary with your orthodontist.
Continuing Your Care (Cont’d)

Mental Health and Substance Use Disorder Services

Transition care allows you to continue to receive behavioral health care from providers who do not participate in Beacon Health Options’ network. You might need transition care if you are already in active behavioral health treatment on or before December 31, 2019. To prepare for the transition, please call Beacon Health Options at 1-800-847-2438 on or after December 1, 2019, to determine if your current provider is also a Beacon Health Options network provider.

- If your current provider is a Beacon network provider, simply inform your current provider that effective January 1, 2020 your new claims administrator is Beacon Health Options with Chevron. No additional action is required.
- If your current provider is not a Beacon network provider, inform the representative that you are a former PRSI employee that needs to register for transition of care.

If approved for transition of care, you’ll be granted a set amount of time — approximately 180 days — to see your current out-of-network provider and continue to receive the network level of coverage for medically necessary outpatient services. After that period of time, typically any one the following may occur:

- Your treatment with the out-of-network provider is complete.
- Your out-of-network provider has successfully applied for and joined the Beacon network.
- You locate and choose a new provider that is part of the Beacon network.
- You have contacted Beacon and requested consideration for a single case agreement in which the out-of-network status of the provider is waived due to continuity of care.
continuing your care (cont’d)

prescription drugs

There is no formal continuation of care process for prescription drugs, so you need to plan to ensure you continue to have timely access to your medication during the transition.

Your first step is to check the provider network.

- If you enroll in the Chevron Medical HMO option, your prescribing physician and/or retail pharmacy must be in the plan’s network. Additional action will be required if your provider(s) are not in your HMO’s network.

- If you enroll in the Medical PPO, HDHP or HDHP Basic, Express Scripts is the administrator for prescription drug coverage. You can use any retail pharmacy you choose, but additional time and attention may be required if your current retail pharmacy is not in Express Scripts’ network.

If you use a retail pharmacy for your current prescription(s)

- If your current pharmacy is in your new plan’s prescription drug network and you have enough refills remaining, you will not need a new prescription prior to January 2020. Be sure to show your new Chevron prescription drug ID card for refills in 2020.

- If your current pharmacy is not in your new plan’s prescription drug network and you have refills remaining, you will need to have your current prescribing physician provide you with a new prescription or transfer the prescription to a network pharmacy. We strongly suggest you plan and contact your physician prior to January 1, 2020 – especially if you don’t intend to (or cannot) continue with that physician as of January 2020.

- If you know you’ll need to refill your current prescription(s) on or around January 1, 2020, we strongly suggest you contact your prescribing physician prior to January 1, 2020 for a refill – especially if you don’t intend to (or cannot) continue with that physician as of January 2020.

- If you need or want to change physicians in 2020, be sure to make new appointments with your new physicians as soon as possible in January 2020 to ensure your prescriptions are timely refilled or transferred as needed.

if you use mail order for your current prescription(s)

Your prescription cannot be transferred; advanced planning and action is required to prepare for the transition. Starting October 14, 2019, contact Express Scripts Member Services at 1-800-987-8368 for the steps you need to take to begin mail order effective on or after January 1, 2020. Next, contact your current physician and request a new prescription prior to January 1, 2020. You should allow at least two weeks for a new mail order prescription, so if you need medication immediately, ask your physician for two prescriptions – one for a small supply at a retail pharmacy, and one for 90 days by mail order.
health benefits

medical | prescription drugs | vision | dental
mental health and substance use disorder
medical coverage

Chevron provides you with access to four medical plan options:

- Medical PPO Plan
- High Deductible Health Plan (HDHP)
- High Deductible Health Plan Basic (HDHP Basic)
- Medical HMO Plan: HMO plan options vary based on your zip code. The Medical HMO Plan - HMO Blue Texas is the plan choice generally available in the Houston area.

No one plan is right for every person and there’s more to choosing a plan than the monthly cost. Be sure to understand how each plan works and weigh all the factors against your personal situation when choosing your health coverage. The information provided here provides you with a basic overview of the key similarities and differences to help you get to know Chevron’s medical plans and focus on the factors that are most important to your decision. This newsletter doesn’t cover the 2020 monthly premium amounts, deductibles, coinsurance, copayments and other rules, requirements and eligibility. Be sure to review the more detailed information available online at hr2.chevron.com/PRSI.

looking for monthly cost, deductibles and other numbers?

This newsletter doesn’t provide 2020 monthly premium amounts, deductibles, coinsurance, copayments and other rules, requirements and eligibility. That information is currently available online at hr2.chevron.com/PRSI.
how all the medical plans are the same

Chevron’s medical plan choices all share some basic features:

- **Who is covered and who you can cover** — the eligibility rules — are the same. In addition, dependent verification is required when you enroll a dependent in your health coverage (see Page 10).
- Chevron currently automatically **shares the monthly cost of coverage** — the premium — with you.
- All plans include access to **medical services, prescription drugs, and basic vision care**.
- All plans offer comprehensive coverage for the same **major medical services** you’d expect, including office visits, emergency services, hospital care, lab services, outpatient care, pregnancy and newborn care and rehabilitative services.
- All plans include access to 100 percent coverage with no deductible for certain **preventive care services**, as specified by the Affordable Care Act, when you see a network provider. If you see an out-of-network provider, if allowed by your plan, your visit is subject to the deductible and copayments/coinsurance will apply.
- All plans include **out-of-pocket maximum protection**, which means there’s a defined limit on how much you need to pay for covered services during a plan year. This is an important feature because it protects you in the event of major medical expenses during the year.
- If you enroll in any of Chevron’s medical plans, you and your enrolled dependents will also automatically have access to a **second opinion service** through the Chevron Health Decision Support Program with 2nd.MD. Starting January 1, 2020, you can request a second opinion by calling 1-866-768-1880 or going to www.2nd.md/chevron.
- All plans offer access to one of two tax-advantaged **health accounts** — either the Health Care Spending Account (HCSA) or a health savings account (HSA). The premise of these accounts is simple. You contribute money, and later you can use the money in your account to help pay for certain out-of-pocket health care costs. However, be sure to take a closer look. Their names sound similar, but they have very different rules. The account you can use depends on the medical plan you choose. See Page 22 for more information about both health accounts.

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**network vs. out-of-network**

A network is a group of independent health care providers — physicians, hospitals and other facilities — that have agreed with your health plan to charge contracted rates for services provided to plan members. If your plan allows the choice to use a network or an out-of-network provider, try to use the network when possible. Why? Network providers typically save you money by reducing your out-of-pocket costs. **With the Chevron medical plans, there are different deductible, coinsurance, copayment, and out-of-pocket maximum amounts for many of the medical plans depending on if you see a network or an out-of-network provider.**
<table>
<thead>
<tr>
<th>Medical PPO</th>
<th>HDHP</th>
<th>HDHP Basic</th>
<th>Medical HMO HMO Blue Texas</th>
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<tbody>
<tr>
<td><strong>Medical Services</strong>&lt;br&gt; Anthem Blue Cross (Anthem)&lt;br&gt; <strong>Prescription Drug Program</strong>&lt;br&gt; Express Scripts&lt;br&gt; <strong>Basic Vision (Chevron Vision Program)</strong>&lt;br&gt; VSP</td>
<td><strong>Medical services</strong>&lt;br&gt; Prescription drugs&lt;br&gt; Basic vision&lt;br&gt; HMO Blue Texas</td>
<td><strong>Limited Flexibility</strong>&lt;br&gt; No coverage if you go outside the network. Physician, hospital, pharmacy must be in the network to receive coverage. If you choose a provider outside of the HMO network, you will not have coverage, except in emergencies. You need a referral to see a specialist.</td>
<td><strong>Overview</strong>&lt;br&gt; These plans allow you to choose any physician, hospital, retail pharmacy, in or out of the plan’s network. Try to use the network when possible because they typically save you money by reducing your out-of-pocket costs. There are different deductible, coinsurance, copayment, and out-of-pocket maximum amounts depending on if you see a network or an out-of-network provider. You don’t need a referral to see a specialist.</td>
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<tr>
<td><strong>Network</strong>&lt;br&gt; <strong>Monthly premium</strong>&lt;br&gt; <strong>Deductible</strong>&lt;br&gt; <strong>Health accounts</strong>&lt;br&gt;</td>
<td><strong>The premium for the Medical PPO is higher than the HDHP or HDHP Basic, but lower than the Medical HMO plan.</strong>&lt;br&gt;</td>
<td><strong>The premium for the HDHP is the middle of the road premium. It’s lower than the Medical PPO plan but higher than the HDHP Basic.</strong>&lt;br&gt;</td>
<td><strong>The premium for the Medical HMO – HMO Blue Texas is the most expensive of all your Chevron plan choices.</strong>&lt;br&gt;</td>
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dental coverage

Chevron provides you with access to two dental plan options:

- **Dental PPO Plan**: Delta Dental (Delta)
- **Dental HMO Plan**: DeltaCare USA. HMO plan options vary based on your zip code.

Both the Chevron Dental PPO and the Dental HMO help you pay for diagnostic, preventive, basic restorative and major dental care, up to the plan’s benefit maximums. Both plans include routine preventive cleanings and x-rays (bitewings) for you and your dependents each year that are 100 percent paid by the plan with no deductible and no copayment when you visit a network provider.

### Dental PPO

With the **Dental PPO**, you can see any dentist you choose, but using a network provider saves you money directly by reducing your out-of-pocket costs. Delta offers two different types of networks: Delta Dental PPO Network and the Delta Dental Premier Network. Both options are considered network providers, so they cover the same services, have the same annual maximums, the same coinsurance or copayment levels, and covered services from these providers aren’t subject to the deductible. You also don’t have to worry about balance billing when you see a provider from either network option. The difference between the two comes down to the reduced fees the dentists have agreed to provide Dental PPO plan participants. You’ll want to find a dentist in the Delta Dental PPO℠ network to get the greatest savings on your covered dental services. That’s because these dentists have agreed to the greatest reduced fees. If you can’t find a Delta Dental PPO℠ network dentist, a Delta Dental Premier® dentist offers the next best opportunity to save. Delta Dental Premier® dentists also have agreed to reduced fees, but the savings on these fees aren’t as much as with the Delta Dental PPO℠ network dentists.

### Dental HMO

With an HMO you must visit a provider in the DeltaCare USA network, otherwise your services aren’t covered (except for certain emergency situations). If your provider is not in the network, you will need to change providers or choose a new dental plan option to ensure that your dental services continue to be covered.

In addition, you must visit your selected DeltaCare USA primary care dentist to receive benefits under your Dental HMO Plan. Most services not performed by your primary care dentist must be authorized by DeltaCare. When you first enroll in the Dental HMO Plan, you will be auto assigned to a primary care dentist, when applicable, by DeltaCare. You will receive a confirmation in the mail containing your primary care dentist name, along with instructions about how you can change the primary care dentist auto assigned to you. Be sure you act right away if you want to change to another DeltaCare USA network primary care dentist.

### Dental Surcharge

If you enroll in the Chevron Dental PPO or Dental HMO Plan for 2020*, you’re encouraged to take steps to protect your health and receive at least one preventive dental cleaning** between January 1 and December 31, 2020. If you do not participate in this preventive care measure in 2020, you will pay $120 more for your annual Dental PPO or Dental HMO Plan premium in 2021. It’s still your choice to receive a cleaning or not, but if you choose to participate, you’ll save money in 2021. Learn more on hr2.chevron.com/PRSI.

*Please note that the dental surcharge does not apply to former PRSI employees for 2020, so you are not required to get a preventive dental cleaning prior to December 31, 2019.

** For participants with dentures, receive at least one oral exam in lieu of a cleaning.
vision plus program

If you enroll in the Chevron Medical PPO Plan, the HDHP or the HDHP Basic, you are also automatically enrolled in the Chevron Vision Program for basic vision coverage. The Vision Plus Program provides additional coverage for prescription eyewear that goes beyond your basic vision coverage. Any U.S.-payroll employee eligible for Chevron’s health plans can enroll, and you can enroll even if you waive Chevron health coverage. VSP is the insurer for the Vision Plus Program.

If you want to participate in the Vision Plus Program, you must enroll during open enrollment, October 14, through October 25, 2019.

mental health and substance use disorder (MHSUD) plan

The MHSUD plan provides confidential support for a wide range of personal issues — from everyday challenges to more serious problems. You and your dependents have access to support services 24 hours a day for a variety of concerns:

- Family/relationship issues.
- Personal and work concerns.
- Depression.
- Work-life balance.
- Stress and anxiety.
- Eldercare concerns.
- Drug and alcohol recovery.
- Grief and loss.

Here are some important things to keep in mind about your MHSUD benefit:

- **Beacon Health Options** is the claims administrator.
- **You do not need to enroll.** This benefit is automatically provided to you, as long as you’re eligible to participate. You’re also still covered by this plan even if you are not enrolled in a medical plan offered by Chevron.
- **Your eligible dependents are covered,** if they are enrolled in a medical plan to which Chevron contributes, such as the Medical PPO, HDHP, HDHP Basic or a Medical HMO.
- **You do not pay a monthly cost for this coverage** like you do for your medical and dental benefits. Chevron currently pays the full monthly cost for coverage. However, you do share a portion of the costs if you receive benefits under the plan.
- If you’re enrolled in the Medical PPO Plan, a Chevron Medical HMO Plan or not enrolled in a Chevron medical plan, there is **no deductible to satisfy.**
• If you’re enrolled in the HDHP or HDHP Basic, these plans have **one combined deductible** for medical, prescription drugs (both retail and mail-order), mental health and substance use disorder services. This means you’ll have to pay the full cost for covered services and supplies until you reach your combined deductible for the year.

• If you enroll in a **Chevron Medical HMO Plan**, you have the choice to use the mental health and substance use disorder benefits provided by your HMO, or use the benefits provided by the MHSUD Plan (but not both for the same service). If you choose to use the MHSUD benefit, you *must* use a network provider to receive benefits. Out-of-network benefits are not covered, except for emergency services.

• Your MHSUD Plan allows you to visit **any provider you choose** (except for Medical HMO Plan participants as noted above), but you pay less if you use a provider that is in the Beacon network.

For more information about the MHSUD Plan, including what’s covered and notification requirements, review the summary plan description available on [hr2.chevron.com/PRSI](http://hr2.chevron.com/PRSI).

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**The Mental Health and Substance Use Disorder Plan (MHSUD) is a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act**

Chevron Corporation believes the Chevron Corporation Mental Health and Substance Use Disorder Plan (the MHSUD Plan) is a grandfathered health plan under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-888-825-5247. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.
supplemental health benefits

health accounts | wellness programs | second opinion service

critical illness and hospital indemnity insurance
All of Chevron’s medical plans offer access to one of two tax-advantaged accounts, either the Health Care Spending Account (HCSA) or a health savings account (HSA). The premise of these accounts is simple. You contribute money, and later you can use the money in your account to help pay for certain out-of-pocket health care costs. However, be sure to take a closer look. Their names sound similar, but they serve two very different purposes.

Enrolling in either health account is a voluntary choice, and the account you can use varies based on the medical plan you choose. In addition, you can’t be enrolled in both accounts at the same time. The side-by-side comparison on the next page highlights how they’re similar and how they’re different.

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The health savings account (HSA) is exactly that, a savings account.

This account is designed for long-term savings so the focus is on putting in as much money as you can. This means there is no pressure to use the money in your account right away. If you want to pay for an expense out-of-pocket and keep the money in your account, you can. If you would rather use the money in your account, that’s your choice too.

The health care spending account (HCSA) is a flexible spending account.

This account is a flexible spending account designed for short-term spending. The account only lasts for the calendar year, and any unspent and unclaimed money after the annual deadline will be forfeited. The focus for this account is on setting aside a small amount of money and spending it all as soon as you can.

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Health savings account (HSA) enrollment

If you want to participate in the BenefitWallet HSA with the convenience of payroll deductions, you must enroll in either the Chevron HDHP or HDHP Basic during open enrollment, October 14 through October 25, 2019.

You can open your HSA at any time on the BenefitConnect website, and you can start, stop or change your HSA contributions at any time. However, if you want Chevron to contribute to your BenefitWallet HSA in 2020, you must also enroll in the BenefitWallet HSA during open enrollment, October 14 through October 25, 2019. The 2020 company contribution to your account is based on the coverage level you choose during open enrollment: You Only $500 / You + One adult $750 / You + Child(ren) $750 / You + Family $1,000

Health care spending account (HCSA) enrollment

If you want to participate in the Health Care Spending Account (HCSA) you must enroll during open enrollment, October 14 through October 25, 2019.
Health Savings Account (HSA)

An HSA is a personal account separate from your Chevron benefits.

You must enroll in a high deductible health plan to open or contribute.
- High Deductible Health Plan (HDHP)
- High Deductible Health Plan Basic (HDHP Basic)

You can choose an HSA from any institution that offers them but open a BenefitWallet HSA and you can contribute via pre-tax payroll deductions.

Chevron contributes.
Chevron will contribute if you have an open BenefitWallet HSA and you’re enrolled in the HDHP or HDHP Basic as of January 1, 2020.

The IRS limits your annual contributions.
2020 IRS HSA limits:
Individual: $3,550 | Family: $7,100
You can make an extra $1,000 in catch-up contributions starting the calendar year you turn age 55.

Any money you contribute to an HSA is yours.
It rolls over from year to year and you can use it to pay for qualified medical expenses now or at any time in the future, regardless of the medical plan you’re enrolled in at the time.

You can invest the money in your account.
When you reach a certain balance, you can invest the money in your account among any of the investment choices offered by your HSA provider.

There is a one-time account opening requirement.
You do not need to re-enroll every year, but you should monitor your contributions against annual IRS limits.

You can start, stop, or change your HSA contributions at any time.

If you retire or leave Chevron, you can take your HSA with you.

Healthcare Spending Account (HCSA)

The HCSA is a flexible spending account plan offered as part of your total Chevron benefits package.

Cannot be enrolled in a high deductible health plan to participate. You can be enrolled in:
- Medical PPO Plan
- Medical HMO Plans

This is a benefit plan, so if enrolled, you’ll contribute via pre-tax payroll deductions.

Chevron does not contribute.

The IRS limits your annual contributions.
As of this printing, the 2020 IRS limit is not yet available. For your reference, the 2019 IRS flexible spending account limit is $2,700. There are no catch-up contributions.

This account does not roll over.
The money you contribute must be spent by December 31 and you have until June 30 of the following year to submit claims for qualified expenses. After that, any unspent and unclaimed money will be forfeited.

You cannot invest the funds in your account, and your account does not earn interest.

You must re-enroll every year during open enrollment to participate.

Your open enrollment election to participate and the amount you choose to contribute applies until December 31. It generally cannot be changed.

If you retire or leave Chevron, your HCSA will not go with you, unless you elect to continue it through COBRA.

Learn more on hr2.chevron.com/PRSI
dependent day care spending account (DCSA)

The DCSA is Chevron’s flexible spending account plan for dependent day care expenses for a qualified dependent — like after-school child care, a licensed child care provider, or school tuition up to kindergarten — so you and your spouse can go to work. This plan allows you to pay for certain eligible dependent day care expenses with before-tax dollars. Each month, you contribute a set amount to your account through before-tax payroll deductions. Then you use the funds in your account to pay for eligible dependent care expenses. The money in your account can be used only for eligible dependent care expenses. It’s important to make sure that any expenses you’ve planned can be reimbursed.

The contribution limit for the DCSA is generally $5,000 ($2,500 if married and filing a separate federal income tax return), subject to other IRS limitations. If you enroll in the DCSA for 2020, your account can be used to reimburse eligible expenses you incur from January 1 through December 31, 2020. You have until June 30, 2021, to file a claim to be reimbursed for eligible expenses you incurred in 2020. If you do not use all your account funds to pay for eligible expenses incurred during this period, money left unspent or unclaimed in your account will be forfeited.

If you want to participate in the Health Care Spending Account (HCSA) you must enroll during open enrollment, October 14 through October 25, 2019.
group critical illness insurance

The Group Critical Illness Insurance plan pays you a lump-sum cash benefit when you or a covered dependent are diagnosed with a covered critical illness. You can use this cash for out-of-pocket expenses, including medical expenses. Some examples of covered critical illnesses include: cancer, heart attack, stroke, major organ transplant and coronary artery bypass surgery. To review a complete list of covered critical illnesses and the corresponding benefit face amounts, see the Certificate of Insurance available on hr2.chevron.com/PRSI or contact Mercer Voluntary Benefits at 1-800-274-4833.

Your benefit is paid directly to you, unless otherwise assigned. The amount is in addition to what your medical plan may cover. An insured may receive 100 percent of the benefit amount in effect upon the diagnosis of a covered critical illness. The current benefit amounts are:

- Up to $20,000 for you as an eligible employee.
- Up to $10,000 for your covered spouse, domestic partner or covered child(ren).

There are no pre-existing condition limitations. You can view premiums on the BenefitConnect website when you enroll, or you can call the HR Service Center. Premiums are based on your age as of January 1 of each year. Premiums increase on January 1 of each year if a new age band is reached.

If you want to participate in Group Critical Illness Insurance you must enroll during open enrollment, October 14 through October 25, 2019.

group hospital indemnity insurance

The Group Hospital Indemnity Insurance plan pays you a cash benefit (Hospital Admission) when you or a covered dependent are admitted as an inpatient for a covered injury or illness, including pregnancy. It then pays additional benefits each day you are confined, as well as for time spent in an intensive care unit (Hospital Confinement, Hospital Intensive Care Unit, and Intermediate Intensive Care Step-Down Unit). You receive cash benefits directly, so you have the flexibility to use the money any way that’s best for you, even for day-to-day expenses such as mortgage or rent. To review a complete list of covered injuries or illnesses and the corresponding schedule of benefit payments, see the Certificate of Insurance available on hr2.chevron.com/PRSI or contact Mercer Voluntary Benefits at 1-800-274-4833.

Your benefit is paid directly to you, unless otherwise assigned. The amount is in addition to what your medical plan may cover. There are two different levels of coverage you can purchase, Hospital Indemnity High and Hospital Indemnity Low. See the Certificate of Insurance for details. There are no pre-existing condition limitations. You can view premiums on the BenefitConnect website when you enroll, or you can call the HR Service Center.

If you want to participate in Group Hospital Indemnity you must enroll during open enrollment, October 14 through October 25, 2019.
Health Decision Support with 2nd.MD. is available to help you when you’re faced with an important medical decision. Based on the traditional practice of getting a second opinion, but with additional features, this service works with leading medical specialists to review your case and then provide feedback on your diagnosis and treatment plan. Health Decision Support is another resource for you to collect information about your diagnosis and treatment plan so you can make informed decisions about your care.

When you contact 2nd.MD. to start a consultation, with your permission, the 2nd.MD team will collect and analyze all your relevant medical records and then connect you with a specialist, via phone or video, to discuss your case and conduct a full review of your diagnosis and treatment plan. 2nd.MD has helped many people avoid unnecessary procedures, spot misdiagnoses and improve existing treatment plans. Sometimes the second opinion might confirm your current course of action; other times it might provide a different viewpoint. **You are under no obligation to follow the recommendations provided by 2nd.MD. In fact, you’re strongly encouraged to share the information with your physician and discuss next steps or options together.** After the consult, 2nd.MD can work with your local physician to help carry out the treatment plan or help you find a new physician in your area.

- **You do not need to enroll.** This benefit is automatically provided to you, as long as you’re enrolled in the Chevron Medical PPO Plan, the HDHP, the HDHP Basic, or a Medical HMO. If your eligible dependents are enrolled in a Chevron medical plan, they are also covered by this plan.
- **You do not pay a monthly cost for this coverage** like you do for your medical and dental benefits. Chevron currently pays the full monthly cost for coverage. However, please be aware that any additional tests or services you elect to undertake as a result of information contained in your 2nd.MD second opinion will be paid according to the provisions of your selected health plan.

Learn more about this service on [hr2.chevron.com/PRSI](http://hr2.chevron.com/PRSI). Starting January 1, 2020, you can start using this service by going to [www.2nd.md/chevron](http://www.2nd.md/chevron) or calling 1-866-768-1880.

**Second opinion requirement for certain surgeries**

If you are enrolled in the Medical PPO, HDHP or HDHP Basic, Chevron requests that you seek a second opinion through 2nd.MD *prior to receiving* knee, hip, back or spine surgery on a non-emergency basis. If you decline to use the second opinion service for these procedures, that’s your choice; however, you’ll be responsible for an additional $400 of out-of-pocket costs for the procedure, whether or not you’ve met your annual deductible.

**Attention former PRSI employees:** Due to your transition to Chevron benefits, you’ll be granted a temporary grace period from the second opinion requirement if you have a scheduled knee, hip, back or spine surgery dates from **January 1, 2020** through **March 31, 2020**. For surgeries scheduled on or after **April 1, 2020**, the second opinion requirement described above will begin to apply.
health rewards and the wellness credit

Take control of your health and improve your health habits as you earn points towards health rewards. Health rewards are Chevron’s way of recognizing your personal commitment to get and stay healthy. With the health rewards program, you can complete qualifying wellness activities to accumulate points. If you accumulate the required points by the deadline and meet all the program eligibility requirements, you can qualify for the Wellness Credit. The Wellness Credit is currently up to $750 in annual savings on your Chevron medical coverage premium. It’s your choice to participate in the health rewards program or not.

As a former PRSI employee, you’ll be eligible to start participating in the health rewards program starting January 1, 2020. This means you be able to start accumulating points in 2020 toward the reduced medical premiums for medical coverage effective January 1, 2021 through December 31, 2021. Please note that you’ll see emails and other reminders about the October 25, 2019 deadline to earn points toward reduced medical premiums in 2020. As a reminder, you are not eligible for the reduced medical premiums in 2020 because you are not currently eligible to participate in the program and earn points toward reduced medical premiums in 2020.

In January 2020, a new health rewards program will be announced to all Chevron employees with more information about the program, participation instructions, and how to earn points. No action is required of you at this time.
protection benefits
life and accident insurance | group auto and home insurance
long term care insurance | disability benefits
life insurance

A basic overview of each of the life insurance options available at Chevron are included below. You can read more about each of these plans at hr2.chevron.com/PRSI. Coverage cost information for 2020 is not yet available. When you enroll during the upcoming open enrollment period, October 14 through October 25, 2019, your personalized coverage choices and the cost for coverage (if applicable) will be provided at that time.

basic life insurance

The Basic Life Insurance Plan provides a lump-sum benefit equal to two times your annualized regular pay if you die for any reason while you’re covered under the plan. You’ll also have access to grief counseling services through LifeWorks. Currently, this coverage is provided at no additional cost to eligible employees. You cannot cover dependents. Your coverage will begin automatically effective January 1, 2020; you do not need to enroll.

supplemental life insurance

The Supplemental Life Insurance Plan is available for you to purchase additional life insurance coverage for yourself. You cannot cover dependents. You’ll also have access to will preparation and funeral planning services when you enroll. This is an optional benefit; if you want coverage you must enroll. You can enroll in this coverage during open enrollment, October 14 through October 25, 2019. If you enroll, you’ll pay the full cost of coverage at group rates.

dependent life insurance

The Dependent Life Insurance Plan is available for you to purchase life insurance coverage for your eligible dependents. You’re automatically the beneficiary of any benefits payable under this plan. This is an optional benefit; if you want coverage you must enroll. You can enroll in this coverage during open enrollment, October 14 through October 25, 2019. If you enroll, you’ll pay the full cost of coverage at group rates. You’ll have the option to choose one or both of the following coverage choices, as applicable:

- **Spouse or Domestic partner coverage.** Remember, if your spouse or domestic partner is also a Chevron employee, neither of you can be enrolled for this coverage.
- **Child coverage.** If you elect this coverage, all your eligible children (under age 25) are automatically covered. Coverage continues as long as you have at least one child eligible for coverage, but you need to cancel coverage when all of your children become ineligible. “Other dependents” are not eligible for coverage. If your spouse or domestic partner is also a Chevron employee, only *one* of you can carry Dependent Life Insurance – Child Coverage.

proof of good health requirement

Proof of good health is required for some benefit plans, depending on when you enroll, the amount of coverage you choose, or the types of changes you are making. **As a reminder, former PRSI employees that enroll from October 14 through October 25, 2019, will generally not be subject to proof of good health requirements, depending on the coverage level you choose.** If proof of good health is required, your coverage will not take effect until you complete the process and your request is approved. You will be notified if proof of good health is required.
accident insurance

A basic overview of each of the accident insurance options available at Chevron are included below. You can read more about each of these plans at hr2.chevron.com/PRSI.

voluntary group accident insurance

The Voluntary Group Accident Insurance Plan pays benefits if you or a covered dependent suffers a covered loss as a result of an accident. This is an optional benefit; if you want coverage you must enroll. You can only enroll in this coverage during open enrollment, October 14 through October 25, 2019.

If you enroll, you’ll pay the full cost of coverage at group rates. Coverage cost information for 2020 is not yet available. When you enroll, your personalized coverage choices and the cost for coverage will be provided at that time.

If you enroll, you’ll choose the type of coverage (You Only or You + Family) as well as the principal sum of coverage.

- The Plan pays a percentage of your principal sum if you suffer a covered loss as the result of an accident. The percentage the Plan pays is based on a schedule of benefits.
- If your covered dependent suffers a covered loss as a result of an accident, the Plan pays a percentage of the principal sum. The amount of benefits payable under family coverage is determined by the composition of your family and is based upon a percentage of your principal sum of coverage.

on-the-job accident insurance

On-the-Job Accident Insurance pays a benefit if you die, are dismembered, or lose the use of a body part as a result of an accident that occurs while you’re at work. Benefits are in addition to any other company benefits, workers’ compensation or Social Security which may apply. Currently, this coverage is provided at no additional cost to eligible employees. You cannot cover dependents. Your coverage will begin automatically effective January 1, 2020; you do not need to enroll.

business travel accident insurance

Business Travel Accident Insurance is designed to provide you and your family added financial security if you suffer a covered loss or you die as a result of an accident while traveling on a company-paid business trip. Currently, this coverage is provided at no additional cost to eligible employees. Your eligible spouse/domestic partner and dependent children are also covered if they accompany you on a business trip that is authorized by and paid for in whole, or in part, by Chevron. Your coverage will begin automatically effective January 1, 2020; you do not need to enroll.

designate your beneficiaries

When you enroll online or by phone, be sure to take a moment to designate your beneficiaries for your life and accident insurance benefits. A beneficiary is a person or trust that you designate to receive certain benefits upon your death. If you don’t designate a beneficiary, or if your beneficiary dies before you, Chevron plans typically pay benefits according to the standard succession of beneficiaries as defined in each Plan’s summary plan description.
long term care insurance

Long Term Care Insurance is designed to help you pay for long term care services received at home or in a nursing facility in the event you or a family member can no longer perform everyday activities such as eating, bathing, toileting or dressing. Although most people associate long term care with their later years, it's important to know that the need for long term care can happen at any time and at any age as the result of an unexpected illness or accident. The costs of these types of services are expensive and often can exhaust financial savings.

- This is an optional benefit; if you want coverage you must enroll.
- Coverage is available to you, your eligible dependents, and other eligible family members age 75 and under.
- Enroll for this coverage directly with Genworth; you cannot make an enrollment election from the BenefitConnect enrollment website.
- If you enroll, you’ll pay the full cost of coverage at group rates. Coverage cost information for 2020 is not yet available.

A new Long Term Care Insurance offering will be available to all eligible Chevron U.S.-payroll employees, including former PRSI employees. You’ll be able to enroll in this benefit October 14 through November 8, 2019. More information about Long Term Care Insurance will be provided with the Chevron open enrollment and 2020 U.S. benefit plan changes information mailed to you under separate cover in early October.

group auto and home insurance

Group Auto and Home Insurance offers access to a wide range of personal property and casualty insurance policies. Eligible employees can take advantage of group rates on auto and home insurance and the ease of payroll deduction for premium payments. You pay the full cost of coverage.

- This coverage is insured through MetLife Auto & Home and administered by Mercer Voluntary Benefits.
- This is an optional benefit; if you want coverage you must enroll.
- Enroll for this coverage directly with Mercer on or after January 1, 2020. Your eligibility for this coverage will display on the BenefitConnect website, but you cannot enroll there.
- You can go to VoluntaryBenefitsforChevron.com or call Mercer at 1-800-274-4833 to learn more about the products offered at any time. You won’t be able to get a quote or start a policy until on or after January 1, 2020.

enroll on or after january 1, 2020

- For group auto: Request a quote online at VoluntaryBenefitsforChevron.com or by calling Mercer at 1-800-274-4833.
- For group home: Quote requests are only available by phone with Mercer at 1-800-274-4833.
disability benefits

A basic overview of each of the disability insurance options available at Chevron are included below. You can read more about each of these plans at hr2.chevron.com/PRSI.

short-term disability (sick pay)

Sick time at Chevron generally falls under the Chevron Short-Term Disability (STD) Plan. The STD Plan is designed to help protect your income if you’re unable to work due to a qualifying on-the-job or off-the-job illness, injury or medical condition. Currently, this coverage is provided at no additional cost to eligible employees. You cannot cover dependents. Your coverage will begin automatically effective January 1, 2020*; you do not need to enroll.

Under the STD Plan you have two benefit banks - one for on-the-job disabilities and one for off-the-job disabilities.

- **On-the-job benefits** under the plan is 26 weeks of full-pay and 26 weeks of half-pay (52 total weeks), regardless of your years of health and welfare eligibility service (HWES).

- **Off-the-job benefits.** Your off-the-job benefits are based on your years of health and welfare eligibility service (or your enhanced STD date, if applicable). A chart of how off-the-job benefits accrue is included on Page 34. The maximum benefit you can accrue under the plan is 26 weeks of full-pay and 26 weeks of half-pay (52 total weeks).

- **There is no waiting period when you are sick.** You receive full-pay (100 percent of regular pay) on the first day of illness.

- **Plan benefits are based on your regular pay.** In general, your regular pay is your base wage, including regularly scheduled overtime and certain shift differentials. Your regular pay doesn’t include special payments (such as Chevron Incentive Plan (CIP) or other bonuses or incentives) or any pay you may receive for work you do outside your regular work schedule.

- **Each time you receive benefits from the plan, your account is reduced by the benefits used.** The plan also includes a benefit restoration feature when you meet time and work requirements after using sick time off.

*If you are on a short-term disability that began prior to January 1, 2020, you will be required to report your disability through Chevron’s Disability Management Program. A Chevron disability management advisor will contact you to assist with this transition.*

See the hr2.chevron.com/PRSI website to learn how to report when you are sick, or how to file a claim for benefits, and to read the Short-Term Disability summary plan description.
*Once you have completed six months of continuous service, you will receive off-the-job disability benefits in accordance with the above schedule upon each health and welfare service anniversary date. However, if you’re not working your full regular work schedule (unless you’re on a vacation or a leave of absence with pay) on the last workday before your service anniversary date, your off-the-job disability bank isn’t adjusted until you return to work on your full regular work schedule.

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<th>Health and Welfare Eligibility Service</th>
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<th>Off-the-Job Disability*</th>
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<td>Full Regular Pay</td>
<td>Half Regular Pay</td>
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<td>15 or more years</td>
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long-term disability

The Long-Term Disability (LTD) Plan provides benefits to eligible employees who remain disabled after 180 days or use all of their Chevron Short-Term Disability (STD) and earned vacation benefits, whichever is later.

There are two parts to the LTD Plan: **Basic coverage** and **Optional coverage**.

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**Basic Coverage**

This coverage can pay disability benefits of **40 percent** of your annualized regular pay, up to the Internal Revenue Code limit (this limit is currently $280,000 but is adjusted periodically based on inflation). If your annualized regular pay is less than $52,500, Chevron pays for Basic Coverage of **60 percent** of your annualized regular pay up to $35,000.

- **You do not need to enroll.** This coverage begins automatically effective January 1, 2020 (as long as you are actively at work)*.
- Currently, this coverage is provided **at no additional cost** to eligible employees.
- This benefit is **only for employees**. Dependents are not covered.

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**Optional Coverage**

You can purchase Optional Coverage to provide additional benefits that, when combined with the company-paid Basic Coverage, provide you with a **total** of 50 percent or 60 percent of your annualized regular pay up to the Internal Revenue Code limit. Note that even if you purchase the maximum amount of optional coverage, this benefit does not replace your pay in full.

- If you want coverage, **you must enroll** on the BenefitConnect website on or after October 14, 2019.
- If you enroll between **October 14 and October 25, 2019**, then you do not need to provide **proof of good health**. If you miss this deadline and want to enroll for this coverage at a later date, you will be required to provide proof of good health.
- **You pay the entire cost of this coverage** through payroll deduction on an after-tax basis. Your cost for coverage depends on the amount of optional coverage you select. More information about the cost for this coverage will be provided when you enroll.
- This benefit is **only for employees**. Dependents are not covered.

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* If you are on a long-term disability that began prior to January 1, 2020, your disability will continue to be covered by your PRSI disability plan. When you return to work, you will be eligible for coverage under the Chevron LTD plan.

See the hr2.chevron.com/PRSI website to learn more, including the types of disabilities covered, and to read the Long-Term Disability summary plan description.