Update to the Summary Plan Description
Effective January 1, 2015

All changes described in this SMM are effective January 1, 2015 unless otherwise indicated.

This enclosed newsletter serves as an official summary of material modification (SMM) for the plans referenced herein. Please keep this information with your other plan documents for future reference. This communication provides only certain highlights about changes of benefit provisions. It is not intended to be a complete explanation. If there are any discrepancies between this communication and the legal plan documents, the legal plan documents will prevail to the extent permitted by law. There are no vested rights with respect to Chevron health care plans or any company contributions towards the cost of such health care plans. Rather, Chevron Corporation reserves all rights, for any reason and at any time, to amend, change or terminate these plans or to change or eliminate the company contribution toward the cost of such plans. Such amendments, changes, terminations or eliminations may be applicable without regard to whether someone previously terminated employment with Chevron or previously was subject to a grandfathering provision. Some benefit plans and policies described in this document may be subject to collective bargaining and, therefore, may not apply to union-represented employees.

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

This SMM applies to the following summary plan description:

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

How to Certify Your Tobacco Use Status

All employees (including employees on a leave of absence who are not receiving coverage through COBRA) are required to certify their tobacco use status during open enrollment, October 20 through October 31, 2014.

During this year's open enrollment period, October 20 through October 31, 2014, all U.S.-payroll employees who participate in Chevron medical or supplemental life insurance coverage will be required to certify their tobacco use status. **If you fail to follow the steps to certify your tobacco use status during open enrollment, you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015, whether or not you use tobacco.** You will not lose your coverage in these plans if you fail to certify, but you will pay the higher rate. If you miss the deadline, you cannot change your tobacco use status until next year's open enrollment for 2016 benefits.

Note: COBRA participants are not required to certify their tobacco use status at this time.

Tobacco use can affect your health. And your health is important to your quality of life, your family, your career, and the health of our business. That's why Chevron announced an important change to medical and supplemental life insurance coverage earlier this year. Starting January 1, 2015, Chevron will establish a tobacco surcharge for medical and supplemental life insurance coverage. This means there will be different monthly rates for this coverage for tobacco and non-tobacco users.

It matters to Chevron that you're in good health at work and at home. That's why we offer a variety of wellness programs and resources to encourage and support better health. We hope our employees — tobacco and non-tobacco users alike — take advantage of these opportunities, whether it's to try to stop using tobacco, participate in exercise programs, or take steps to protect your heart.

How to Certify

You can certify your tobacco use status by calling the HR Service Center (see Page 6) or by going online to Benefits Connection, the same website you use to make open enrollment elections. If you access Benefits Connection, from the Chevron network, you can use the automatic sign-in feature and you don't need a PIN. But if you need to certify your tobacco use status from outside the Chevron network or by phone, you'll need your PIN. A PIN reminder was mailed to you in September, but if you still don't know your PIN or can't find it, you can request a new one online or by calling the HR Service Center. It can take up to two weeks to receive your PIN in the mail, so take action right away if you need it.

- Go to **hr2.chevron.com** and click **Open Enrollment**, then the **Certify Tobacco Status** button.
- Login to Benefits Connection. Choose the **Enroll Today** button, then the **Make Your Elections Now** button.
- From the **Make Coverage Elections** screen, look for **Tobacco Certification** and choose **Change**.
- After you certify your tobacco use status, your **Make Coverage Elections** screen will be updated according to your certification choice.

Your Certification Choices

When you certify your tobacco use status, you'll be asked to choose from the status options listed below. Here's what those choices are and what they mean.

Tobacco User
Tobacco use is a personal choice. It's not our goal to intrude on your personal life and take away that choice. That's why if you currently use tobacco, you can continue using it. If you're a tobacco user and don't intend to stop using tobacco, you'll pay $25 more each month in 2015 for medical coverage than employees who are not tobacco users. If you participate in Chevron's Supplemental Life Insurance Plan, you'll also pay 20 percent more each month in 2015 for that coverage. The higher rates will take effect on January 1, 2015. Your benefit plan and the level of coverage you receive will be the same as non-tobacco users, the only difference will be that you pay a higher monthly cost for your coverage.

Tobacco User, But Will Try to Quit
If you commit to try to stop using tobacco during 2015, we have support resources to help you, and you'll pay the lower monthly rate too. Go to **hr2.chevron.com** for resources.

Not a Tobacco User
If you don't use tobacco you will not be subject to the higher medical and supplemental life insurance rates in 2015 as long as you certify your tobacco use status during open enrollment, October 20 through October 31. If you fail to meet this deadline, you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015.

Decline to Disclose
You can choose to decline to disclose your tobacco use status, but you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015, whether or not you use tobacco.

What's considered tobacco use?

You'll be asked to indicate your tobacco use status only. You don't have to certify the tobacco use status of your spouse or domestic partner and other dependents for 2015. Any use, regardless of frequency or location, is considered use. This includes daily, occasional or social use. It also includes if it's used only at your home. Use of the following since July 1, 2014, will be considered tobacco use:

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

E-cigarettes do not contain tobacco, so at this time e-cigarettes are not included in the tobacco use definition. However, the Federal Drug Administration is currently reviewing e-cigarettes. We continue to monitor this review and may choose to include e-cigarettes in the tobacco use definition in the future.

Prescription Drug Changes

If you are enrolled in the **Medical PPO Plan** or the **High Deductible Health Plan (HDHP)**, you automatically have prescription drug coverage through the Prescription Drug Program with Express Scripts. The changes described in this section take effect on January 1, 2015. For additional details, contact Express Scripts Member Services at 1-800-987-8368, or review the documents and links available from **hr2.chevron.com**. Choose the **Open Enrollment** link to get started.

New National Preferred Formulary

A formulary is a list of drugs that are covered by your plan. It includes commonly prescribed medications that have been selected based on their clinical effectiveness, safety and opportunities for savings. Effective January 1, 2015, your plan will switch to the National Preferred Formulary. While many of the same drugs will continue to be covered, there are approximately 65 drugs that will no longer be covered. See below for the list of drugs that will no longer be covered. If you continue to use any of these drugs, you will pay the full retail price when you refill that prescription starting January 1. If you are taking one of the drugs that will no longer be covered, Express Scripts will notify you starting in October. You will receive a personalized list of alternatives that are available on the formulary, so you can discuss them with your doctor and change your prescription in advance of January 1.

Excluded Medications and Products Effective January 1, 2015

Abbott (FreeStyle, Precision)
Abstral
Alvesco
Apidra
Aranesp
Axert
Bayer (Breeze, Contour)
Beconase AQ
BenzaClin Gel Pump
Betaseron
Bravelle
Breo Ellipta
Cetraxal
Cimzia
Duexis
Edarbi/Edarbyclor
Epogen
Euflexxa
Fentora
Flovent Diskus/HFA
Follistim AQ
Fortesta
Frova
Gel-One
Hyalgan
Incivek
Jentadueto
Kadian
Kazano
Levitra
Nesina
Nipro (TRUEtest, TRUEtrack)
Novolin
NovoLog
Nutropin/Nutropin AQ
Omnaris
Omnitrope
Pancreaze
PegIntron
Pertzye
Proventil HFA
Roche (Accu-Chek)
Saizen
Simponi
Staxyn
Stendra
Subsys
Supartz
Tanzeum
Testim
Testosterone 1% Gel
Teveten HCT
Tev-Tropin
Tradjenta
Ultresa
Veltin
Veramyst
Victoza
Vimovo
Vogelxo
Xeljanz
Xopenex HFA
Zetonna
Zioptan
Zohydro ER

Is My Prescription on the Formulary?

To determine at any time if a prescription drug is on the formulary you can:

- Call and ask a Patient Care Advocate at Express Scripts to check on the status of the medication.
- Register and login to **www.express-scripts.com**, click on the **Manage Prescriptions** tab at the top of the page, then click on **Price a Medication**.
- Download the Express Scripts mobile app for free, register and then check status of a medication.

Breast Cancer Risk-Reducing Medications

In accordance with the Health Care Reform law, your plan will provide network coverage at 100 percent with no deductible for certain breast cancer risk-reducing medication such as Tamoxifen and Raloxifene. You're eligible for the 100 percent coverage if you meet all of the following requirements:

- You are a woman age 35 or older.
- You do **not** have a prior history of a diagnosis of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS).
- You are being prescribed tamoxifen or raloxifene for the purpose of primary prevention of invasive breast cancer because you are deemed high risk.
- You are post-menopausal, if prescribed raloxifene (this does not apply to a woman prescribed tamoxifen).

Breast cancer risk-reducing medications that are covered are:

- Generic tamoxifen
- Generic raloxifene
- Brand Soltamox (tamoxifen liquid*)

* Tamoxifen liquid will be covered at 100 percent with no deductible if the prescriber provides information that the patient meets all other criteria and cannot swallow or has difficulty swallowing tamoxifen tablets

Coverage at 100 percent is not automatic. If you meet the eligibility criteria above, you or your provider must request the $0 copayment/coinsurance within 30 days of the prescription being filled (pre- or post-fill). To request the $0 copayment/coinsurance, follow these steps:

- You or your prescriber contacts Express Scripts Customer Service at 1-800-987-8368.
- Customer service will explain the procedure for contacting the Coverage Review Department through mail, fax, or a direct call transfer.
- You will submit your request through mail, fax or telephone.
- Your prescriber is contacted through a fax form to determine if you meet the eligibility criteria.
- Copayment review decision is then made.
- You and your prescriber are notified of decision.

New Prior Authorizations

The Prescription Drug Program covers some drugs only if they're prescribed for certain uses or only up to certain quantity levels. For this reason, some medications must be approved in advance before you can receive plan benefits. The following drugs will require prior authorization effective January 1, 2015:

- Lovaza
- Vescepa (fish oil)

Compound Medications Not Covered Without Prior Authorization

According to the FDA, compounding is the practice in which a licensed pharmacist combines, mixes or alters ingredients in response to a prescription to create a medication tailored to the medical needs of an individual patient. Individual active ingredients within the compound might be FDA approved, but the FDA does not approve the quality, safety and efficacy of a compound with multiple active ingredients. Express Scripts has identified 10 commonly used bulk powder ingredients (if submitted as the primary ingredient) that have limited or no medical studies for topical use. These bulk powders are:

- Gabapentin
- Fluticasone
- Ketoprofen
- Ketamine
- Diclofenac
- Meloxicam
- Haluronic Acid
- Flurbiprofen
- Mometasone
- Nabumetone

Beginning January 1, 2015, if you are using a compound medication in which the primary ingredient is one of the bulk powders listed above, the medication will no longer be covered without a Prior Authorization. Approval for a Prior Authorization will require clinically sound studies proving the efficacy of the medication. Express Scripts recommends that you contact your physician to try a commercially available, FDA-approved alternative. For a few of the powders, there are commercially available products that don't require a compounded product. Only your medical provider and you can determine a suitable alternative since it is often difficult to determine the condition for which a compounded medication is being prescribed. If you continue to use the affected compounded medications without an approved Prior Authorization, you will pay the full retail price if you refill that prescription starting January 1. Express Scripts will continue to monitor this class of medications closely.

Preferred Step Therapy Program Updates

Certain drugs are covered by the Prescription Drug Program only if preferred drugs — which include generics — are tried first. This is called Preferred Step Therapy (PST). The following are new additions to PST that will require you, when clinically appropriate, to try the preferred drug before Express Scripts will authorize coverage for the use of non-preferred drugs:

- **Gabapentin** (anticonvulsant and analgesic - pain relief - drugs): Lyrica, Horizant, Neurontin, Gralise
- **HMG** (statin drugs/cholesterol lowering drugs): Altoprev, Caduet, Lescol/Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor
- **Beta Blockers** (blood pressure drugs): Bystolic, Sectral, Tenormin, Kerlone, Zebeta, Coreg, Coreg CR, Trandate, Lopressor, Toprol XL, Corgard, Levatol, Inderal, Inderal LA, InnoPran XL, Tenoretic, Ziac, Lopressor HCT, Corzide, Inderide, Dutoprol

Medical PPO – Option 1 and Option 2

Option 1 Deductibles*

Medical

You Only	**$300**
You + One Adult	**$600**
You + Child(ren)	**$600**
You + Family	**$900**

Prescription Drugs

You Only	**$150**
You + Family	**$300**

Mental Health and Substance Abuse (MHSA) Plan

$0 There is no deductible for covered mental health and substance abuse services.

Option 2 Deductibles*

Medical

You Only	**$600**
You + One Adult	**$1,200**
You + Child(ren)	**$1,200**
You + Family	**$1,800**

Prescription Drugs

You Only	**$150**
You + Family	**$300**

Mental Health and Substance Abuse (MHSA) Plan

$0 There is no deductible for covered mental health and substance abuse services.

** For Option 1 and Option 2, each covered individual has a maximum deductible equal to the You Only deductible amount. For the You + One Adult, You + Child(ren) and You + Family coverage category levels, there is an overall maximum deductible amount for all covered participants that corresponds to the coverage category elected. No more than the You Only deductible amount can be applied toward the family deductible for any one person to satisfy the You + One Adult, You + Child(ren) or You + Family deductible.*

Option 1 Out-of-Pocket Maximum**

Medical and Mental Health, Combined†

You Only	**$2,300**
You + One Adult	**$4,600**
You + Child(ren)	**$4,600**
You + Family	**$6,900**

Prescription Drugs

You Only	↓ **$1,800**
You + Family	↓ **$3,600**

Option 2 Out-of-Pocket Maximum**

Medical and Mental Health, Combined

You Only	↓ **$3,000**
You + One Adult	↓ **$6,000**
You + Child(ren)	↓ **$6,000**
You + Family	↓ **$9,000**

Prescription Drugs

You Only	↓ **$1,800**
You + Family	↓ **$3,600**

** *Generally includes your annual deductibles, copayments and coinsurance.*

† *The medical and mental health out-of-pocket maximums listed for Option 1 represent an increase for 2015 with respect to mental health services.*

Medical PPO – Option 3

The Medical PPO – Option 3 plan choice will no longer be offered in 2015. That's because this plan is being replaced by the new Chevron High Deductible Health Plan (HDHP) option. The Medical PPO – Option 1 and Medical PPO – Option 2 will continue to be offered to eligible employees in 2015. If you are currently enrolled in the Medical PPO – Option 3, you will be automatically enrolled in the new Chevron High Deductible Health Plan starting January 1, 2015. If you would rather choose another plan, you must make an election during open enrollment, October 20 through October 31, 2014. Open enrollment is your only opportunity to change your 2015 medical coverage, unless you experience a qualifying life event later during the year.

The new HDHP plan generally covers the same services as your current Medical PPO – Option 3 plan; however, there are important differences between your current plan and the HDHP that change how you will pay for your medical, prescription drug and mental health benefits in 2015. It's important that you pay attention to the differences and take the time to learn about the HDHP to ensure it's the right choice for you. Open enrollment is your only opportunity to change your 2015 medical coverage, unless you experience a qualifying life event later during the year. Be sure you don't miss this opportunity to learn, decide and act. See Page 21 to learn more about the HDHP.

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This SMM applies to the following summary plan description:

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

How to Certify Your Tobacco Use Status

All employees (including U.S.-payroll expatriates on a residential assignment) are required to certify their tobacco use status during open enrollment, October 20 through October 31, 2014.

During this year's open enrollment period, October 20 through October 31, 2014, all U.S.-payroll employees who participate in Chevron medical or supplemental life insurance coverage will be required to certify their tobacco use status. **If you fail to follow the steps to certify your tobacco use status during open enrollment, you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015, whether or not you use tobacco.** You will not lose your coverage in these plans if you fail to certify, but you will pay the higher rate. If you miss the deadline, you cannot change your tobacco use status until next year's open enrollment for 2016 benefits.

Tobacco use can affect your health. And your health is important to your quality of life, your family, your career, and the health of our business. That's why Chevron announced an important change to medical and supplemental life insurance coverage earlier this year. Starting January 1, 2015, Chevron will establish a tobacco surcharge for medical and supplemental life insurance coverage. This means there will be different monthly rates for this coverage for tobacco and non-tobacco users.

It matters to Chevron that you're in good health at work and at home. That's why we offer a variety of wellness programs and resources to encourage and support better health. We hope our employees — tobacco and non-tobacco users alike — take advantage of these opportunities, whether it's to try to stop using tobacco, participate in exercise programs, or take steps to protect your heart.

How to Certify

You can certify your tobacco use status by calling the HR Service Center (see Page 6) or by going online to Benefits Connection, the same website you use to make open enrollment elections. If you access Benefits Connection, from the Chevron network, you can use the automatic sign-in feature and you don't need a PIN. But if you need to certify your tobacco use status from outside the Chevron network or by phone, you'll need your PIN. A PIN reminder was mailed to you in September, but if you still don't know your PIN or can't find it, you can request a new one online or by calling the HR Service Center. It can take up to two weeks to receive your PIN in the mail, so take action right away if you need it.

- Go to **hr2.chevron.com** and click **Open Enrollment**, then the **Certify Tobacco Status** button.
- Login to Benefits Connection. Choose the **Enroll Today** button, then the **Make Your Elections Now** button.
- From the **Make Coverage Elections** screen, look for **Tobacco Certification** and choose **Change**.
- After you certify your tobacco use status, your **Make Coverage Elections** screen will be updated according to your certification choice.

Your Certification Choices

When you certify your tobacco use status, you'll be asked to choose from the status options listed below. Here's what those choices are and what they mean.

Tobacco User
Tobacco use is a personal choice. It's not our goal to intrude on your personal life and take away that choice. That's why if you currently use tobacco, you can continue using it. If you're a tobacco user and don't intend to stop using tobacco, you'll pay $25 more each month in 2015 for medical coverage than employees who are not tobacco users. If you participate in Chevron's Supplemental Life Insurance Plan, you'll also pay 20 percent more each month in 2015 for that coverage. The higher rates will take effect on January 1, 2015. Your benefit plan and the level of coverage you receive will be the same as non-tobacco users, the only difference will be that you pay a higher monthly cost for your coverage.

Tobacco User, But Will Try to Quit
If you commit to try to stop using tobacco during 2015, we have support resources to help you, and you'll pay the lower monthly rate too. Go to **hr2.chevron.com** for resources.

Not a Tobacco User
If you don't use tobacco you will not be subject to the higher medical and supplemental life insurance rates in 2015 as long as you certify your tobacco use status during open enrollment, October 20 through October 31. If you fail to meet this deadline, you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015.

Decline to Disclose
You can choose to decline to disclose your tobacco use status, but you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015, whether or not you use tobacco.

What's considered tobacco use?

You'll be asked to indicate your tobacco use status only. You don't have to certify the tobacco use status of your spouse or domestic partner and other dependents for 2015. Any use, regardless of frequency or location, is considered use. This includes daily, occasional or social use. It also includes if it's used only at your home. Use of the following since July 1, 2014, will be considered tobacco use:

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

E-cigarettes do not contain tobacco, so at this time e-cigarettes are not included in the tobacco use definition. However, the Federal Drug Administration is currently reviewing e-cigarettes. We continue to monitor this review and may choose to include e-cigarettes in the tobacco use definition in the future.

Prescription Drug Changes

The changes described in this section take effect on January 1, 2015

Prescription Drug Coverage – Obtained Outside the U.S. (Cigna)

Cigna is the insurer for prescription drugs obtained outside the United States. There are no changes to this coverage for 2015. Contact Cigna if you have questions. (See Page 29.)

Prescription Drug Coverage – Obtained Inside the U.S. and Through Mail Order (Prescription Drug Program - Express Scripts)

For additional details about the changes described on the following pages, contact Express Scripts Member Services at 1-800-987-8368, or review the documents and links available from **hr2.chevron.com**. Choose the **Open Enrollment** link to get started.

Prescription Drug Out-of-Pocket Maximum

For prescriptions filled in the United States. This maximum generally includes your prescription drug deductible, copayments and coinsurance.

You Only	↓ **$1,800**
You + Family	↓ **$3,600**

Compound Medications Not Covered Without Prior Authorization

According to the FDA, compounding is the practice in which a licensed pharmacist combines, mixes or alters ingredients in response to a prescription to create a medication tailored to the medical needs of an individual patient. Individual active ingredients within the compound might be FDA approved, but the FDA does not approve the quality, safety and efficacy of a compound with multiple active ingredients. Express Scripts has identified 10 commonly used bulk powder ingredients (if submitted as the primary ingredient) that have limited or no medical studies for topical use. These bulk powders are:

- Gabapentin
- Fluticasone
- Ketoprofen
- Ketamine
- Diclofenac
- Meloxicam
- Haluronic Acid
- Flurbiprofen
- Mometasone
- Nabumetone

Beginning January 1, 2015, if you are using a compound medication in which the primary ingredient is one of the bulk powders listed above, the medication will no longer be covered without a Prior Authorization. Approval for a Prior Authorization will require clinically sound studies proving the efficacy of the medication. Express Scripts recommends that you contact your physician to try a commercially available, FDA-approved alternative. For a few of the powders, there are commercially available products that don't require a compounded product. Only your medical provider and you can determine a suitable alternative since it is often difficult to determine the condition for which a compounded medication is being prescribed. If you continue to use the affected compounded medications without an approved Prior Authorization, you will pay the full retail price if you refill that prescription starting January 1. Express Scripts will continue to monitor this class of medications closely.

New National Preferred Formulary

A formulary is a list of drugs that are covered by your plan. It includes commonly prescribed medications that have been selected based on their clinical effectiveness, safety and opportunities for savings. Effective January 1, 2015, your plan will switch to the National Preferred Formulary. While many of the same drugs will continue to be covered, there are approximately 65 drugs that will no longer be covered. See below for the list of drugs that will no longer be covered. If you continue to use any of these drugs, you will pay the full retail price when you refill that prescription starting January 1. If you are taking one of the drugs that will no longer be covered, Express Scripts will notify you starting in October. You will receive a personalized list of alternatives that are available on the formulary, so you can discuss them with your doctor and change your prescription in advance of January 1.

Excluded Medications and Products Effective January 1, 2015

Abbott (FreeStyle, Precision)
Abstral
Alvesco
Apidra
Aranesp
Axert
Bayer (Breeze, Contour)
Beconase AQ
BenzaClin Gel Pump
Betaseron
Bravelle
Breo Ellipta
Cetraxal
Cimzia
Duexis
Edarbi/Edarbyclor
Epogen
Euflexxa
Fentora
Flovent Diskus/HFA
Follistim AQ
Fortesta
Frova
Gel-One
Hyalgan
Incivek
Jentadueto
Kadian
Kazano
Levitra
Nesina
Nipro (TRUEtest, TRUEtrack)
Novolin
NovoLog
Nutropin/Nutropin AQ
Omnaris
Omnitrope
Pancreaze
PegIntron
Pertzye
Proventil HFA
Roche (Accu-Chek)
Saizen
Simponi
Staxyn
Stendra
Subsys
Supartz
Tanzeum
Testim
Testosterone 1% Gel
Teveten HCT
Tev-Tropin
Tradjenta
Ultresa
Veltin
Veramyst
Victoza
Vimovo
Vogelxo
Xeljanz
Xopenex HFA
Zetonna
Zioptan
Zohydro ER

Is my prescription on the formulary?

To determine at any time if a prescription drug is on the formulary you can:

- Call and ask a Patient Care Advocate at Express Scripts to check on the status of the medication.
- Register and login to **www.express-scripts.com**, click on the **Manage Prescriptions** tab at the top of the page, then click on **Price a Medication**.
- Download the Express Scripts mobile app for free, register and then check status of a medication.

Breast Cancer Risk-Reducing Medications

In accordance with the Health Care Reform law, your plan will provide network coverage at 100 percent with no deductible for certain breast cancer risk-reducing medication such as Tamoxifen and Raloxifene. You're eligible for the 100 percent coverage if you meet all of the following requirements:

- You are a woman age 35 or older.
- You do **not** have a prior history of a diagnosis of breast cancer, ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS).
- You are being prescribed tamoxifen or raloxifene for the purpose of primary prevention of invasive breast cancer because you are deemed high risk.
- You are post-menopausal, if prescribed raloxifene (this does not apply to a woman prescribed tamoxifen).

Breast cancer risk-reducing medications that are covered are:

- Generic tamoxifen
- Generic raloxifene
- Brand Soltamox (tamoxifen liquid*)

* Tamoxifen liquid will be covered at 100 percent with no deductible if the prescriber provides information that the patient meets all other criteria and cannot swallow or has difficulty swallowing tamoxifen tablets

Coverage at 100 percent is not automatic. If you meet the eligibility criteria above, you or your provider must request the $0 copayment/coinsurance within 30 days of the prescription being filled (pre- or post-fill). To request the $0 copayment/coinsurance, follow these steps:

- You or your prescriber contacts Express Scripts Customer Service at 1-800-987-8368.
- Customer service will explain the procedure for contacting the Coverage Review Department through mail, fax, or a direct call transfer.
- You will submit your request through mail, fax or telephone.
- Your prescriber is contacted through a fax form to determine if you meet the eligibility criteria.
- Copayment review decision is then made.
- You and your prescriber are notified of decision.

New Prior Authorizations

The Prescription Drug Program covers some drugs only if they're prescribed for certain uses or only up to certain quantity levels. For this reason, some medications must be approved in advance before you can receive plan benefits. The following drugs will require prior authorization effective January 1, 2015:

- Lovaza
- Vescepa (fish oil)

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This SMM applies to the following summary plan description:

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

How to Certify Your Tobacco Use Status

All employees (including employees on a leave of absence who are not receiving coverage through COBRA) are required to certify their tobacco use status during open enrollment, October 20 through October 31, 2014.

During this year's open enrollment period, October 20 through October 31, 2014, all U.S.-payroll employees who participate in Chevron medical or supplemental life insurance coverage will be required to certify their tobacco use status. **If you fail to follow the steps to certify your tobacco use status during open enrollment, you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015, whether or not you use tobacco.** You will not lose your coverage in these plans if you fail to certify, but you will pay the higher rate. If you miss the deadline, you cannot change your tobacco use status until next year's open enrollment for 2016 benefits.

Note: COBRA participants are not required to certify their tobacco use status at this time.

Tobacco use can affect your health. And your health is important to your quality of life, your family, your career, and the health of our business. That's why Chevron announced an important change to medical and supplemental life insurance coverage earlier this year. Starting January 1, 2015, Chevron will establish a tobacco surcharge for medical and supplemental life insurance coverage. This means there will be different monthly rates for this coverage for tobacco and non-tobacco users.

It matters to Chevron that you're in good health at work and at home. That's why we offer a variety of wellness programs and resources to encourage and support better health. We hope our employees — tobacco and non-tobacco users alike — take advantage of these opportunities, whether it's to try to stop using tobacco, participate in exercise programs, or take steps to protect your heart.

How to Certify

You can certify your tobacco use status by calling the HR Service Center (see Page 6) or by going online to Benefits Connection, the same website you use to make open enrollment elections. If you access Benefits Connection, from the Chevron network, you can use the automatic sign-in feature and you don't need a PIN. But if you need to certify your tobacco use status from outside the Chevron network or by phone, you'll need your PIN. A PIN reminder was mailed to you in September, but if you still don't know your PIN or can't find it, you can request a new one online or by calling the HR Service Center. It can take up to two weeks to receive your PIN in the mail, so take action right away if you need it.

- Go to **hr2.chevron.com** and click **Open Enrollment**, then the **Certify Tobacco Status** button.
- Login to Benefits Connection. Choose the **Enroll Today** button, then the **Make Your Elections Now** button.
- From the **Make Coverage Elections** screen, look for **Tobacco Certification** and choose **Change**.
- After you certify your tobacco use status, your **Make Coverage Elections** screen will be updated according to your certification choice.

Your Certification Choices

When you certify your tobacco use status, you'll be asked to choose from the status options listed below. Here's what those choices are and what they mean.

Tobacco User
Tobacco use is a personal choice. It's not our goal to intrude on your personal life and take away that choice. That's why if you currently use tobacco, you can continue using it. If you're a tobacco user and don't intend to stop using tobacco, you'll pay $25 more each month in 2015 for medical coverage than employees who are not tobacco users. If you participate in Chevron's Supplemental Life Insurance Plan, you'll also pay 20 percent more each month in 2015 for that coverage. The higher rates will take effect on January 1, 2015. Your benefit plan and the level of coverage you receive will be the same as non-tobacco users, the only difference will be that you pay a higher monthly cost for your coverage.

Tobacco User, But Will Try to Quit
If you commit to try to stop using tobacco during 2015, we have support resources to help you, and you'll pay the lower monthly rate too. Go to **hr2.chevron.com** for resources.

Not a Tobacco User
If you don't use tobacco you will not be subject to the higher medical and supplemental life insurance rates in 2015 as long as you certify your tobacco use status during open enrollment, October 20 through October 31. If you fail to meet this deadline, you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015.

Decline to Disclose
You can choose to decline to disclose your tobacco use status, but you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015, whether or not you use tobacco.

What's considered tobacco use?

You'll be asked to indicate your tobacco use status only. You don't have to certify the tobacco use status of your spouse or domestic partner and other dependents for 2015. Any use, regardless of frequency or location, is considered use. This includes daily, occasional or social use. It also includes if it's used only at your home. Use of the following since July 1, 2014, will be considered tobacco use:

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

E-cigarettes do not contain tobacco, so at this time e-cigarettes are not included in the tobacco use definition. However, the Federal Drug Administration is currently reviewing e-cigarettes. We continue to monitor this review and may choose to include e-cigarettes in the tobacco use definition in the future.

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This SMM applies to the following summary plan description:

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

Flexible Spending Accounts Help With Health and Day Care Expenses

You must re-enroll in flexible spending accounts every year; coverage is not automatic. If you want to participate in 2015, you must enroll during open enrollment, even if you're already participating this year. If you don't make an election during open enrollment, you will not have coverage during 2015.

The Health Care Spending Account (HCSA) and Dependent Day Care Spending Account (DCSA) are Chevron's flexible spending account plans. These plans are voluntary options that allow you to pay for certain eligible expenses with before-tax dollars. Each month, you contribute a set amount to your account(s) through before-tax payroll deductions. Then you use the funds in your account(s) to pay for eligible expenses. More information about the HCSA and DCSA plans is available online. You can also watch our video online to learn more about these plans and how they can help you. Go to **hr2.chevron.com** and choose **Open Enrollment** to get started.

Health Care Spending Account (HCSA)

You can use the HCSA to pay for your (and your eligible dependents') out-of-pocket health care expenses — like deductibles, office copayments, prescription drug copayments, and contact lens supplies. If you enroll in the new High Deductible Health Plan (HDHP), you are not eligible to enroll in the HCSA. (See Page 21.)

The contribution limit for the HCSA for 2015 will remain at $2,250. If you qualify for the Wellness Credit by completing the health questionnaire and earning 250 points before October 31, 2014, Chevron will contribute an additional $250. This will bring your total maximum Health Care Spending Account balance for 2015 to $2,500. See Page 11 for more information about the Wellness Credit deadline and eligibility requirements.

Dependent Day Care Spending Account (DCSA)

You can use the DCSA to pay for eligible 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. The contribution limit for the DCSA is generally $5,000 ($2,500 if married and filing a separate return), subject to other IRS limitations. If you enroll in the new High Deductible Health Plan (HDHP), you can still enroll in the DCSA.

Plan Your Contributions Carefully

If you enroll in the HCSA, DCSA or both for 2015, your account(s) will reimburse eligible expenses you incur from January 1 through December 31, 2015. If you do not use all of your account funds to pay for eligible expenses during this period, money left unspent or unclaimed in your account will be forfeited.

You have until June 30, 2016, to file a claim to be reimbursed for eligible expenses you incurred in 2015. Note that HCSA funds cannot be used for Dependent Day Care Spending Account expenses and DCSA funds cannot be used for Health Care Spending Account expenses. It's your responsibility to meet the December 31 and June 30 deadlines; be sure to add a reminder to your calendar to help you remember.

A Word About Wellness Credits

If you qualify for a Wellness Credit by meeting the program requirements by the October 31, 2014, deadline, you don't need to do anything. (See Page 11 for more details.) Your $250 Wellness Credit will automatically be applied to your HCSA account on January 1 (for use between January 1 and December 31, 2015). You are not required to enroll in the HCSA Plan during open enrollment to receive your Wellness Credit. However, if you want to contribute additional money to the HCSA, you must make an election during open enrollment. Please note you must be a current employee on January 1, 2015, to receive the Wellness Credit. Learn more about the Wellness Credit opportunity on Page 11.

Note: If you enroll in the new High Deductible Health Plan (HDHP) and qualify for a Wellness Credit, please see Page 11 for more information about how you'll receive your Wellness Credit.

Is the HCSA the same as a health savings account?

No, the Health Care Spending Account (HCSA) — a flexible spending account — and a health savings account (HSA) are two very different types of health accounts. While they are similar in some ways, the differences are important to understand.

- The HCSA is a benefit plan offered as part of your total Chevron benefits package. An HSA is a personal account separate from your Chevron benefits.
- If you are enrolled in the Chevron High Deductible Health Plan (HDHP), you can't enroll in the HCSA. However, to open and contribute to an HSA, you must be enrolled in a high deductible health plan.
- There are strict eligibility rules and restrictions to open and contribute to an HSA; not everyone will be eligible. If you are eligible for Chevron's health benefits, you're eligible to participate in the HCSA (as long as you aren't enrolled in the HDHP or another high deductible health plan.)
- 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. And if you retire or leave Chevron to work for another employer, you can take your HSA with you. With a health flexible spending account, like Chevron's HCSA, 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. If you retire or leave Chevron, your HCSA will not go with you.

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This SMM applies to the following summary plan description:

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

Maintain Your Emotional Health

Mental Health and Substance Abuse (MHSA) Plan

The MHSA plan, administered by ValueOptions, provides confidential support for a wide range of personal issues – from everyday challenges to more serious problems. You and your covered dependents have access to support services 24 hours a day for a variety of concerns such as:

- Depression
- Stress and anxiety
- Parenting and family problems
- Relationship difficulties or problems at work

Medical PPO – Option 3

The Medical PPO – Option 3 plan choice will no longer be offered in 2015. That's because this plan is being replaced by the new Chevron High Deductible Health Plan (HDHP) option. The Medical PPO – Option 1 and Medical PPO – Option 2 will continue to be offered to eligible employees in 2015. If you are currently enrolled in the Medical PPO – Option 3, you will be automatically enrolled in the new Chevron High Deductible Health Plan starting January 1, 2015. If you would rather choose another plan, you must make an election during open enrollment, October 20 through October 31, 2014. Open enrollment is your only opportunity to change your 2015 medical coverage, unless you experience a qualifying life event later during the year.

The new HDHP plan generally covers the same services as your current Medical PPO – Option 3 plan; however, there are important differences between your current plan and the HDHP that change how you will pay for your medical, prescription drug and mental health benefits in 2015. It's important that you pay attention to the differences and take the time to learn about the HDHP to ensure it's the right choice for you. Open enrollment is your only opportunity to change your 2015 medical coverage, unless you experience a qualifying life event later during the year. Be sure you don't miss this opportunity to learn, decide and act. See Page 21 to learn more about the HDHP.

MHSA Basics

- **You do not need to enroll.** This benefit is automatically provided to you, as long as you're eligible to participate. And you're 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, the HDHP or a Medical HMO.
- **You do not pay a monthly cost for this coverage.** Chevron currently pays the full monthly cost for this 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 **a medical plan with another employer**, there is no deductible to satisfy.
- If you're enrolled in the **Chevron HDHP**, your combined deductible applies to mental health and substance abuse services. This means you must satisfy your deductible before the HDHP shares the cost of mental health or substance abuse services.
- If you are enrolled in a Chevron Medical HMO Plan, you have the choice to use the **mental health and substance abuse benefits** provided by your HMO Plan, or to use the benefits provided under the MHSA Plan administered by ValueOptions. However, you cannot make a claim to both your HMO Plan and ValueOptions for the same service. If you choose to use the ValueOptions MHSA benefit, you must use a ValueOptions network provider to receive benefits. Out-of-network benefits are not covered, except for emergency services.

If you need assistance, you can talk to either ValueOptions, Chevron's Employee Assistance and WorkLife Services, or both. Contact ValueOptions at 1-800-847-2438. Contact Chevron's Employee Assistance WorkLife Services at 1-800-860-8205 (CTN 842-3333).

High Deductible Health Plan (HDHP)

New Plan Choice Starting January 1, 2015

The Chevron HDHP is a new plan choice that will be offered in 2015. You can enroll in the HDHP if you're a U.S.-payroll employee and you're eligible for Chevron's health benefits. You can also enroll your eligible dependents, just as you can with Chevron's other health plans. The HDHP is a preferred provider organization (PPO) health plan that includes medical coverage with UnitedHealthcare, prescription drug coverage with Express Scripts, and Mental Health Substance Abuse coverage with Value Options. In addition, if you enroll in the HDHP, you're also automatically enrolled in the Vision Program for basic vision coverage with VSP. You can choose to see any provider you want; however, higher benefits are paid when you go to a network provider.

With this plan you pay a low monthly premium in exchange for a high deductible. Participants enrolled in the HDHP may also be eligible to open and contribute to a health savings account (HSA).

One Combined Deductible

Chevron's other medical plan choices typically require you to satisfy two deductibles before the plan pays its share of benefits: one for medical services and one for prescription drugs. The HDHP has only **one combined deductible** for medical, prescription drugs (both retail and mail-order), and mental health and substance abuse. And, it's a much higher deductible than your other Chevron medical plan choices. This means you'll have to pay the full cost for covered services and supplies until you reach the deductible for the year.

After you meet the deductible, coinsurance or copayments will apply. This means you will pay the full cost for these covered services (and other covered services) until you meet your annual deductible:

- Retail prescriptions.
- Mail-order prescriptions.
- Visits to a mental health practitioner.
- Office visits to your doctor (except for certain preventive care as specified by the Affordable Care Act).
- Treatment for substance abuse.

Annual Deductible*
Medical, Prescription Drug, Mental Health Combined

You Only	**$2,650**
You + One Adult	**$5,300**
You + Child(ren)	**$5,300**
You + Family	**$7,950**

* *Each covered individual has a maximum deductible equal to the You Only deductible amount. For the You + One Adult, You + Child(ren) and You + Family coverage category levels, there is an overall maximum deductible amount for all covered participants that corresponds to the coverage category elected. No more than the You Only deductible amount can be applied toward the family deductible for any one person to satisfy the You + One Adult, You + Child(ren) or You + Family deductible.*

Understand how the combined annual deductible works.

If you choose the HDHP, you must be ready to pay the full amount of the higher deductible up front before the HDHP pays any benefits (except for certain preventive care as specified by the Affordable Care Act). You might already be familiar with this process if you're enrolled in the Medical PPO Plan because that plan works the same way. **However, with the HDHP there are services that are now subject to the deductible which are typically excluded under the Medical PPO Plan**. This difference could surprise you, so we wanted to point them out in the event you use these services often. First, you'll pay full cost for retail and now also mail-order prescription drugs until you reach the single combined annual deductible. And under the current Medical PPO, mental health and substance abuse services *are* not subject to the deductible, so the Medical PPO shares the costs of those services right away. With the HDHP, mental health and substance abuse services are subject to the deductible, so you'll pay full cost for those covered services until you reach the single combined annual deductible.

One Combined Out-of-Pocket Maximum

The HDHP has only **one combined out-of-pocket maximum** for medical, prescription drugs, mental health and substance abuse. The out-of-pocket maximum is the most you will have to pay out-of-pocket for the year for covered services and supplies. When you reach this limit, the HDHP begins to pay 100 percent of the allowed amount for covered services and supplies.

Out-of-Pocket Maximum*
Medical, Prescription Drug, Mental Health Combined

You Only	**$5,000**
You + One Adult	**$9,000**
You + Child(ren)	**$9,000**
You + Family	**$12,900**

** Generally includes your annual deductible, copayments and coinsurance.*

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This SMM applies to the following summary plan description:

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

Health Rewards Chapter
Health Rewards Description Section

This information replaces the current information in this section with updated dates.

2015 Health Rewards include the following:

- **$250 Wellness Credit** added to your Health Care Spending Account on January 1, 2016.
- **Entry into a drawing for a chance to win free medical premiums** for all of 2016 for you and your eligible dependents.

How to Qualify

Each time you complete a qualifying wellness activity, you'll earn points towards the health rewards. To qualify for health rewards you must:

- **Accumulate 250 points** by October 31, 2015.
- **Take the health questionnaire** by October 31, 2015.
- **Meet the eligibility requirements** for Wellness Credits and entry into the drawing for free medical premiums.

How to Take the Voluntary Health Questionnaire

You can complete the questionnaire at home or at work. If you complete the voluntary health questionnaire online, you will receive your results immediately.

Note that when you take the voluntary health questionnaire, you'll be asked to provide your personal health numbers, including your lab tests, so it's a good idea to have them ready. You don't need all of these numbers to take the health questionnaire or participate in the program, but you'll receive a more accurate result if you do.

- Go to **hr2.chevron.com/wellness/rewards.asp**
- Choose the link for the **health questionnaire** on the page.
- Follow the instructions on the screen to begin.
- Eligible dependents will need the employee’s CAI to register on the site and create a username and password.

Health Rewards Chapter
Wellness Credits Section

This information replaces the current information in this section with updated dates.

This section generally describes the Chevron Corporation policy as of January 1, 2015, regarding its Wellness Credit, which is an additional contribution to the cost of a participant's Chevron medical coverage as described below. This section 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 medical plan. Nevertheless, if it should be determined to be part of a medical plan, this document shall constitute the applicable plan provision and summary plan description. 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 this document may be subject to collective bargaining and, therefore, may not apply to union-represented employees.

What is a Wellness Credit?

A Wellness Credit is a credit to the Chevron Health Care Spending Account (HCSA), which is a health care flexible spending account (FSA) plan. The HCSA permits you to pay for certain health care expenses (referred to as qualified expenses or eligible health expenses) with pre-tax dollars. Use of the amount of the Wellness Credit is subject to HCSA plan rules. See the *Chevron Health Care Spending Account (HCSA)* summary plan description for more information about qualified expenses and plan rules, including circumstances that may result in forfeiture. For instance, if you don't have enough qualified expenses to use all of the money credited to your HCSA account, you will forfeit the money that's left over after the end of the plan year (or after termination of employment, if earlier, unless you elect Continuation Coverage or COBRA).

If you are enrolled in the Chevron High Deductible Health Plan (HDHP), and you meet the requirements to qualify for health rewards, a Limited Purpose Health Care Spending Account (LHCSA) will automatically be established for you. This is because you are not allowed to participate in the Health Care Spending Account (HCSA) if you are enrolled in the HDHP. Your Wellness Credit will be deposited into your LHCSA on January 1, 2016, as long as you're still eligible. The LHCSA may only be used to pay for eligible *dental* and *vision* expenses you incur between January 1, 2016 and December 31, 2016. You'll receive a separate special purpose debit card to use to pay for eligible expenses along with more instructions later this year.

Wellness Credit Eligibility Requirements

U.S. - payroll employees eligible for Chevron's health plans are eligible to qualify for Wellness Credits. See the *Who's Eligible to Participate* section in this summary plan description for the detailed eligibility requirements. While your spouse, domestic partner or child dependents may be able to participate in certain wellness activities or programs, they cannot earn points or qualify for Wellness Credits. You must also meet these additional requirements to qualify for a Wellness Credit:

- You must complete the specific health reward requirements by the stated deadlines. See the *Health Rewards Description* heading in this section for the current requirements.
- You must be a current U.S.-payroll employee who is eligible for coverage in the health plans on the date your Wellness Credit is credited to your HCSA (or LHCSA) account.

Note that you do not have to be enrolled in any of Chevron's U.S. medical plans. In addition, you do not have to enroll or be enrolled in the HCSA (or LHCSA) at the time you receive your credit. But if you are already enrolled, your Wellness Credit will be automatically added to your account, in addition to the contribution amount you elected during open enrollment.

If both you and your spouse or domestic partner are Chevron U.S.-payroll employees, you can both qualify for Wellness Credits, up to $250 each, if you meet the Wellness Credit deadlines and eligibility requirements.

How to Qualify for a Wellness Credit

The requirements to qualify for a Wellness Credit vary from year to year. See the Health Rewards Description heading in this section for the current requirements.

Health Rewards Chapter
Drawing for Free Medical Premiums Section

This information replaces the current information in this section with updated dates.

Actual Prize

Twenty prizes (as described below) will be awarded.

- Drawing winners will receive free medical premiums from January 1 through December 31 for the year specified. This means that Chevron will pay both the employee contribution amount and the company contribution amount for your medical coverage. You pay nothing for your monthly medical premiums out of your paycheck during the prize period (as long as you remain an eligible employee).
- Free premiums apply to all Chevron-sponsored medical coverage options for U.S. payroll employees - Medical PPO, Chevron High Deductible Health Plan, Medical HMOs and the Global Choice Plan (U.S.-Payroll Expatriates). It does not apply to dental, the Vision Plus Program, mental health and substance abuse coverage, COBRA/Continuation or any retiree health coverage.
- Free premiums apply to you and your eligible, enrolled dependents (spouse, domestic partner and children). See the *Who's Eligible to Participate* section in this summary plan description for the eligibility requirements.
- Prize applies to medical coverage monthly premiums only. Winners will continue to be responsible for actual medical services and charges including (but not limited to) copayments, office visits, deductibles and other out-of-pocket expenses.

Eligibility Requirements

U.S. - payroll employees eligible for Chevron's health plans are eligible to qualify to be entered into the drawing for free medical premiums and to win. See the *Who's Eligible to Participate* section in this summary plan description for the detailed eligibility requirements. You must also meet these additional requirements to qualify to be entered into the drawing and to win:

- You must complete the specific health reward requirements by the stated deadlines. See the *Health Rewards Description* heading in this section for the current requirements.
- You must be a current U.S.-payroll employee who is eligible for coverage in the health plans - the Omnibus Health Care Plan which includes the Medical PPO Plan, Chevron High Deductible Health Plan, Medical HMOs, and Global Choice Plan (U.S.-Payroll Expatriates).

The following employees are not eligible to win free medical premiums:

- Pay Scale Grade (PSG) 26 and above are not eligible to win the prize.
- U.S. Benefits, Health & Medical, and any individual associated with or who has intimate knowledge of the Healthy Heart Program are not eligible to win the prize.

Basis of Prize Amount

If you are selected as a winner, your prize will be based on your Chevron-sponsored medical plan option, coverage level, cost and enrolled dependents as described below.

- If you made elections for changes to your medical coverage during the open enrollment period, then that election will be used to calculate your free medical premiums.

- If you are enrolled in Chevron-sponsored medical coverage and did not make changes during open enrollment, then your coverage effective January 1 of the specified prize year will be used to calculate your free medical premiums.

- If you are not enrolled in Chevron-sponsored medical coverage at the closing of the open enrollment period, and you did not make an election during open enrollment, then you will be given a one-time opportunity to elect Chevron coverage for you and your eligible dependents. You must complete your election in December of the year prior to the prize year. Coverage will be effective January 1 of the prize year. If you win, special enrollment instructions will be provided to you.

Selection and Notification of Winners

All 20 winners will be randomly selected by a neutral third-party, Xerox. The drawing will be held in November of the year prior to the prize year. Winners will be individually notified and announced in December of the year prior to the prize year. Winners will be asked to consider to agree to promotion of their names by signing a HIPAA privacy authorization.

Health Rewards deadline to qualify is October 31, 2014.

The choices you make every day about diet, exercise and tobacco matter. Earlier this year, Chevron announced a new health reward opportunity to recognize your personal commitment to get and stay healthy this year. The deadline to qualify for the health reward is almost here.

Each time you choose a healthy lifestyle option and complete a qualifying wellness activity, you'll earn points. Complete the health questionnaire and earn 250 points before **October 31, 2014**, to qualify for the health rewards. This year, rewards include a $250 Wellness Credit. You'll also be entered in a drawing for a chance to win free medical premiums for all of 2015 for you and your eligible dependents.

It's too late to start some of the long-term qualifying activities, but there may be others that you can still complete before October 31 to receive points.

Go to hr2.chevron.com/wellness and choose the Health Rewards link to review full program details, eligibility requirements, qualifying activities, frequently asked questions or to check your points balance.

How You'll Receive Your Wellness Credit

If you are enrolled in the **Chevron Medical PPO Plan,** a **Chevron Medical HMO Plan** or **have waived Chevron medical coverage,** and you meet the requirements to qualify for health rewards, your Wellness Credit will be deposited into your general purpose Health Care Spending Account (HCSA) on January 1, 2015, as long as you're still eligible. The Wellness Credit can be used for eligible health care expenses you incur between January 1, 2015 and December 31, 2015. Your total HCSA balance, which includes your Wellness Credit, will be available on and after January 1, 2015, on **myuhc.com.**

If you are enrolled in the **Chevron High Deductible Health Plan (HDHP),** and you meet the requirements to qualify for health rewards, a Limited Purpose Health Care Spending Account (LHCSA) will automatically be established for you. This is because you are not allowed to participate in the HCSA if you are enrolled in the HDHP. Your Wellness Credit will be deposited into your LHCSA on January 1, 2015, as long as you're still eligible. The LHCSA may only be used to pay for eligible dental and vision expenses you incur between January 1, 2015 and December 31, 2015. You'll receive a separate special purpose debit card to use to pay for eligible expenses along with more instructions later this year.

Update to the Summary Plan Description
Effective January 1, 2015

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

This SMM applies to the following summary plan description:

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

How to Certify Your Tobacco Use Status

All employees (including employees on a leave of absence who are not receiving coverage through COBRA) are required to certify their tobacco use status during open enrollment, October 20 through October 31, 2014.

During this year's open enrollment period, October 20 through October 31, 2014, all U.S.-payroll employees who participate in Chevron medical or supplemental life insurance coverage will be required to certify their tobacco use status. **If you fail to follow the steps to certify your tobacco use status during open enrollment, you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015, whether or not you use tobacco.** You will not lose your coverage in these plans if you fail to certify, but you will pay the higher rate. If you miss the deadline, you cannot change your tobacco use status until next year's open enrollment for 2016 benefits.

Note: COBRA participants are not required to certify their tobacco use status at this time.

Tobacco use can affect your health. And your health is important to your quality of life, your family, your career, and the health of our business. That's why Chevron announced an important change to medical and supplemental life insurance coverage earlier this year. Starting January 1, 2015, Chevron will establish a tobacco surcharge for medical and supplemental life insurance coverage. This means there will be different monthly rates for this coverage for tobacco and non-tobacco users.

It matters to Chevron that you're in good health at work and at home. That's why we offer a variety of wellness programs and resources to encourage and support better health. We hope our employees — tobacco and non-tobacco users alike — take advantage of these opportunities, whether it's to try to stop using tobacco, participate in exercise programs, or take steps to protect your heart.

How to Certify

You can certify your tobacco use status by calling the HR Service Center (see Page 6) or by going online to Benefits Connection, the same website you use to make open enrollment elections. If you access Benefits Connection, from the Chevron network, you can use the automatic sign-in feature and you don't need a PIN. But if you need to certify your tobacco use status from outside the Chevron network or by phone, you'll need your PIN. A PIN reminder was mailed to you in September, but if you still don't know your PIN or can't find it, you can request a new one online or by calling the HR Service Center. It can take up to two weeks to receive your PIN in the mail, so take action right away if you need it.

- Go to **hr2.chevron.com** and click **Open Enrollment**, then the **Certify Tobacco Status** button.
- Login to Benefits Connection. Choose the **Enroll Today** button, then the **Make Your Elections Now** button.
- From the **Make Coverage Elections** screen, look for **Tobacco Certification** and choose **Change**.
- After you certify your tobacco use status, your **Make Coverage Elections** screen will be updated according to your certification choice.

Your Certification Choices

When you certify your tobacco use status, you'll be asked to choose from the status options listed below. Here's what those choices are and what they mean.

Tobacco User
Tobacco use is a personal choice. It's not our goal to intrude on your personal life and take away that choice. That's why if you currently use tobacco, you can continue using it. If you're a tobacco user and don't intend to stop using tobacco, you'll pay $25 more each month in 2015 for medical coverage than employees who are not tobacco users. If you participate in Chevron's Supplemental Life Insurance Plan, you'll also pay 20 percent more each month in 2015 for that coverage. The higher rates will take effect on January 1, 2015. Your benefit plan and the level of coverage you receive will be the same as non-tobacco users, the only difference will be that you pay a higher monthly cost for your coverage.

Tobacco User, But Will Try to Quit
If you commit to try to stop using tobacco during 2015, we have support resources to help you, and you'll pay the lower monthly rate too. Go to **hr2.chevron.com** for resources.

Not a Tobacco User
If you don't use tobacco you will not be subject to the higher medical and supplemental life insurance rates in 2015 as long as you certify your tobacco use status during open enrollment, October 20 through October 31. If you fail to meet this deadline, you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015.

Decline to Disclose
You can choose to decline to disclose your tobacco use status, but you'll be charged the higher monthly rates for medical and supplemental life insurance coverage for all of 2015, whether or not you use tobacco.

What's considered tobacco use?

You'll be asked to indicate your tobacco use status only. You don't have to certify the tobacco use status of your spouse or domestic partner and other dependents for 2015. Any use, regardless of frequency or location, is considered use. This includes daily, occasional or social use. It also includes if it's used only at your home. Use of the following since July 1, 2014, will be considered tobacco use:

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

E-cigarettes do not contain tobacco, so at this time e-cigarettes are not included in the tobacco use definition. However, the Federal Drug Administration is currently reviewing e-cigarettes. We continue to monitor this review and may choose to include e-cigarettes in the tobacco use definition in the future.

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This SMM applies to the following summary plan descriptions:

- **January 1, 2014 On-The-Job-Accident Insurance Plan** (both the individual SPD posted online and the Your Chevron Life Benefits Summary Plan Description for U.S.-Payroll Employees compilation available in print.)

Description of the Plan Chapter
Naming a Beneficiary Section

The following applies to the **If You Don't Name a Beneficiary** heading**.** This information replaces the current information under this heading.

If You Don't Name a Beneficiary

If you don't designate a beneficiary, or if your beneficiary dies before you, the plans pay benefits according to the standard succession of beneficiaries as follows:

- Your spouse or if none,
- Your surviving natural and legally adopted children in equal shares; or if none,
- Your living mother and father in equal shares; or if none,
- Your living sisters and brothers in equal shares; or if none,
- Your estate.

For purposes of this provision, spouse means a person to whom you are legally married.

Benefits will only be paid to children who are born before your death.

On the Job Accident Insurance Plan

On-the-Job Accident insurance provides a level of income protection for you and your family members due to death or a covered loss resulting from an on the job accident. Currently, this coverage is automatically provided at no additional cost to eligible employees. The following additional benefits are provided under the plan for covered accidents that occur on and after July 1, 2014:

- **Seatbelt/Airbag Benefit:** If you die as the result of a covered accident while wearing a properly fastened, original, factory-installed seatbelt, the plan will pay $25,000 to your beneficiary. The plan will pay an additional airbag benefit of $10,000 if the seatbelt benefit is payable and you are positioned in a seat protected by a properly functioning, original, factory-installed supplemental restraint system that inflates on impact. Verification of the actual use of the seat belt and verification that the supplemental restraint system inflated properly upon impact at the time of a covered accident must be provided in accordance with the plan's requirements.

- **Coma Benefit:** If you are injured as a result of a covered accident, the plan will pay a monthly benefit of one percent of your principal sum if:
  - You are injured and become comatose within 31 days of the date of the covered accident; and
  - The coma continues for a period of 31 consecutive days.

  The plan pays monthly benefits for as long as you remain comatose due to the injury, up to 11 straight months. Benefits stop at the end of the month during which the earliest of the following occurs:
  - You cease to be comatose due to that injury; or
  - You die.

- **Brain Damage Benefit:** The plan will pay a benefit equal to 100 percent of the principal sum if as a result of a covered accident:
  - Brain damage begins within 30 days of a covered accident;
  - You are hospitalized for at least five days within the first 30 days following the covered accident;
  - Brain damage continues for 12 consecutive months; or
  - A physician determines the brain damage is permanent, complete and irreversible at the end of the 12-consecutive-month period.

  Brain damage means physical damage to the brain which cause the complete inability to perform all the substantial and material functions and activities normal to everyday life.

  The amount payable under this benefit will be made in one lump sum during the 12th month following the date of the accident if brain damage continues longer than 12 consecutive months.

- **Home Alteration and Vehicle Modification Benefit:** If you suffered an accidental dismemberment for which benefits are payable under the plan and, as a direct result, require the use of a wheelchair to be ambulatory, the plan will pay up to $25,000 for alterations to your residence and modifications to your vehicle to make them wheelchair accessible. Such expenses must be incurred incurred within one year after the date of the accident causing such loss.

- **Rehabilitation Benefit:** If you suffer an accidental loss for which benefits are payable under the plan, the plan will reimburse you up to $25,000 for covered rehabilitative expenses that are incurred within two years after the date of the covered accident.

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This SMM applies to the following summary plan descriptions:

- **January 1, 2014 Voluntary Group Accident Insurance Plan** (both the individual SPD posted online and the Your Chevron Life Benefits Summary Plan Description for U.S.-Payroll Employees compilation available in print.)

Description of the Plan Chapter
Naming a Beneficiary Section

The following applies to the **If You Don't Name a Beneficiary** heading**.** This information replaces the current information under this heading.

If You Don't Name a Beneficiary

If you don't designate a beneficiary, or if your beneficiary dies before you, the plans pay benefits according to the standard succession of beneficiaries as follows:

- Your spouse or if none,
- Your surviving natural and legally adopted children in equal shares; or if none,
- Your living mother and father in equal shares; or if none,
- Your living sisters and brothers in equal shares; or if none,
- Your estate.

For purposes of this provision, spouse means a person to whom you are legally married and your marriage is recognized as valid under the laws of the state in which you live.

Benefits will only be paid to children who are born before your death.