



# 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](http://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 Health Benefits for Expatriates in the U.S. 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.)

# Global Choice Plan Changes

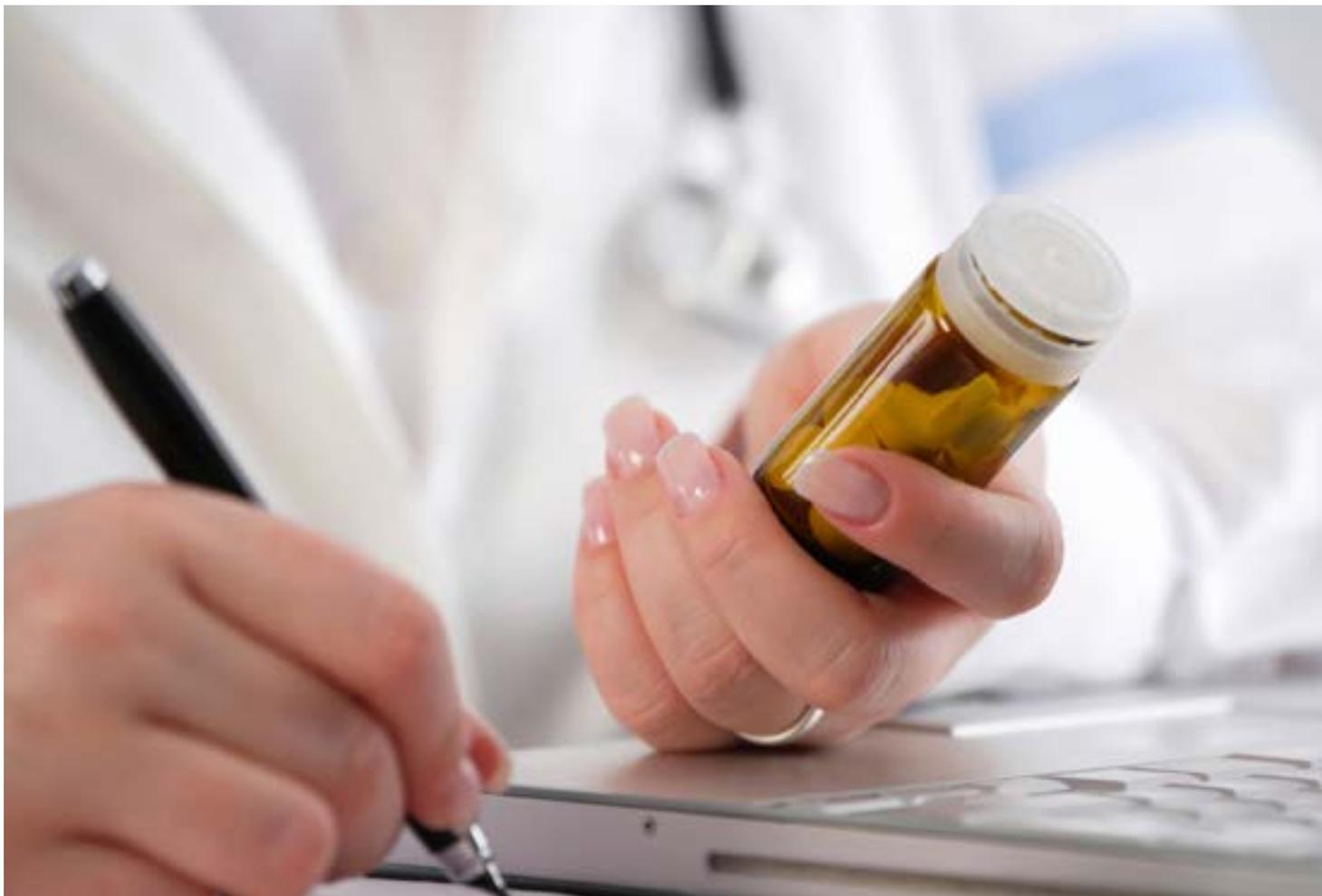
The changes described in this section take effect on January 1, 2015

## 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 21.)

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

For additional details about the changes to prescription drugs obtained inside the United States described on Page 8 through Page 10, contact Express Scripts Member Services at 1-800-987-8368, or review the documents and links available from [hr2.chevron.com](http://hr2.chevron.com). Choose the **Open Enrollment** link to get started.



## Prescription Drug Out-of-Pocket Maximum

For prescriptions filled in the United States.



You Only	↓	<b>\$1,800</b>
You + Family	↓	<b>\$3,600</b>

## 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

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

### 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](http://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)