



# Update to the Summary Plan Description Effective January 1, 2016

**All changes described in this SMM are effective January 1, 2016 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 (Expatriates in the U.S.)

The Global Choice Plan is the only medical plan option available to you while you're on expatriate assignment in the United States. The Global Choice Plan offers comprehensive coverage for the medical services you'd expect, including office visits, emergency services, hospital care, lab services, outpatient care, pregnancy and newborn care, and rehabilitative services.

- **Medical Services**
  - All medical services are insured by Cigna — whether inside or outside the United States.
- **Prescription Drugs**
  - Express Scripts administers your prescription drugs for prescriptions obtained in the United States or by mail-order within the United States.
  - Cigna administers your prescription drugs for prescriptions obtained outside the United States.
- **Basic Vision:** Automatically covered by the Vision Program for basic vision coverage with VSP.

## 2016 Global Choice Plan Costs

Chevron will continue to pay the entire monthly cost for your health coverage in 2016. For your information, here is the monthly cost that Chevron will pay for your Global Choice Plan (Expatriates in the U.S.) coverage:

Coverage Level	Chevron Contributes
You Only	\$811/month (last year: \$831)
You + One Adult	\$1,623/month (last year: \$1,662)
You + Child(ren)	\$1,379/month (last year: \$1,413)
You + Family	\$2,191/month (last year: \$2,244)



## Changes to Prescription Drug Coverage

**Cigna** is the insurer for prescription drugs obtained **outside the United States**. There are no changes to your Cigna prescription drug coverage for 2016.

**Express Scripts** is the insurer for the Prescription Drug Program which covers prescription drugs obtained **inside the United States** and through **mail order within the United States**. The prescription drug changes described in this section apply to your coverage through Express Scripts and take effect on January 1, 2016. For additional details, contact Express Scripts Member Services at 1-800-987-8368.

### New Medications Subject to Preferred Step Therapy

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 classes of medications that will be subject to PST effective January 1, 2016. This means that you will be required, when clinically appropriate, to try a preferred drug before Express Scripts will authorize coverage for the use of non-preferred drugs:

- **Topical Acne**  
(For example: Cleocin T, Ancanya, Ziana, Veltin, Benzac AC, Azelex)
- **Topical Corticosteroids**  
(For example: Synalar, Cordran, Halog, Topicort, Diprolene)

## 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 will require your doctor to provide additional clinical information so that use of the medication can be approved in advance before you can receive plan benefits. This is called **prior authorization**. The following drugs will require prior authorization effective January 1, 2016:

- **Anticoagulants** (Pradaxa, Xarelto, Eliquis)
- **Suboxone**

## Some Compound Medications Not Covered

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 the actual compound with multiple active ingredients.

A number of commonly used primary ingredients for compounds have been identified and will no longer be covered by the Chevron Prescription Drug Program. Beginning January 1, 2016, if you are using a compound medication in which the primary ingredient is no longer covered, the compound medication will no longer be covered.

For a few of the excluded compound medications, 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 compound medication is being prescribed. If you continue to use the affected compound medications, you will pay the full retail price if you refill that prescription starting January 1, 2016.

Please note that not all compounded prescriptions are being excluded from coverage. There is still an inclusion list of compound ingredients that will remain covered and are considered appropriate. For example, certain pediatric compounds remain covered.

If you are currently taking or are prescribed a compound medication, you can call Express Scripts Member Services at **1-800-987-8368** to verify if your medication is covered or excluded. After January 1, 2016, you can also go to the Express Scripts website at [www.express-scripts.com](http://www.express-scripts.com) and search for your medication to verify the coverage status.

## PCSK9 Inhibitor Drug Class New Prior Authorization Program

The FDA has approved the first formulas in a new class of cholesterol-lowering maintenance drugs called PCSK9 inhibitors. These new drugs are self-injectable specialty medications. Although studies are still underway, PCSK9 inhibitors may be used alone or in combination with current statin drugs to further lower the hardest-to-treat elevated cholesterol levels for patients who cannot tolerate any statin drug. This new generation of injectable biologics could offer an alternative for statin-intolerant patients.

While these new drugs will offer an alternative to statins, they may not be right for everyone. In addition, these drugs have the potential to drastically increase prescription drug costs under our Global Choice Plan for both you and Chevron.

In an effort to provide appropriate access to this new class of drugs while protecting plan costs, Express Scripts started the Cholesterol Care Value Program. This is a separate prior authorization program designed specifically for the new PCSK9 inhibitor drug class. This prior authorization program features:

- **A clinical review process by a dedicated clinical team.** With every new request for PCSK9 inhibitors, a dedicated Express Scripts clinical team, with pharmacists who specialize in cardiovascular disease, will employ a robust clinical review, which includes collecting clinical documentation and holding discussions with your physician, before approving your use of a PCSK9 inhibitor.
- **Enhanced care for patients starting PCSK9s.** If you're changing therapy, you will automatically receive assistance and education from the Cholesterol Care team at Accredo, the Express Scripts specialty pharmacy. Accredo, will initially dispense three, 30-day prescriptions to ensure therapy tolerance before moving to a 90-day fill.

If you have questions, contact Express Scripts Member Services at 1-800-987-8368.

# Mental Health and Substance Abuse Plan

The Mental Health and Substance Abuse (MHSA) Plan, administered by ValueOptions, a Beacon Health Company, 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

## ValueOptions has merged with Beacon Health Strategies.

ValueOptions, the current administrator of your MHSA Plan, has merged with Beacon Health Strategies to form Beacon Health Options. There will be no changes to your MHSA Plan, other than a new logo and administrator name — ValueOptions, a Beacon Health Options company. Your MHSA benefits generally remain the same, with the exception of the 2016 plan design changes discussed in this newsletter.

- The provider network remains the same.
- The phone number remains the same.
- The website address remains the same.
- ID cards issued to new participants will reflect the new name and logo.

You will begin to see the Beacon name, logo and branding over time. For this reason, it's possible you may see some overlap of ValueOptions and Beacon Health Options branding. Providers have also started to see this change, so if your provider mentions it, there is no cause for concern.

**ValueOptions, a Beacon Health Options company**

**1-800-847-2438**

[www.valueoptions.com](http://www.valueoptions.com)

## 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 the Global Choice Plan.
- **You do not pay a monthly cost for this coverage.** Chevron pays the full monthly cost for coverage.
- **The plan generally pays 100 percent of covered services when you use a provider in the ValueOptions network inside the United States (also called a network provider).** You do not have to file a claim form if you use a network provider in the United States. To get a list of providers in the U.S., call ValueOptions at 1-800-847-2438 or EAP-WorkLife services at 1-800-860-8205 (CTN 842-3333).
- **The plan generally pays 70 percent of covered charges when you use a provider in the U.S. that is not in the ValueOptions network (also called an out-of-network provider).** The plan benefits are based on billed charges and you are responsible for the remaining cost of services. If there are no ValueOptions providers near you, ValueOptions or EAP-WorkLife Services can help you locate a qualified clinician or facility in your area and review their credentials for you. In cases like these, you may qualify for the network coverage level, even though the provider who treats you or your dependent isn't a member of the ValueOptions network.
- **The ValueOptions network is only available inside the United States.** So, if you go to a provider outside the U.S., you will be required to pay for the services when you receive them and submit a claim form to be reimbursed. Generally, the plan pays 100 percent of covered services obtained outside the United States. Benefit reimbursement is based on billed charges for services obtained outside the U.S. ValueOptions (1-800-847-2438) and Chevron's EAP-WorkLife Services (1-800-860-8205) may be able to help you locate a qualified clinician or facility in your area and review their credentials for you.

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).