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Wellness Programs

Summary Plan Description (SPD)
Effective January 1, 2014

This document describes the Wellness Programs as of January 1, 2014 that Chevron sponsors for eligible employees. This information constitutes the SPD of the Chevron Wellness Programs as required by the Employee Retirement Income Security Act of 1974 (ERISA). These descriptions don't cover every provision of the program. Many complex concepts have been simplified or omitted in order to present more understandable plan descriptions. If these plan descriptions are incomplete, or if there's any inconsistency between the information provided here and the official plan texts, the provisions of the official plan texts will prevail.

Chevron Corporation reserves the right to change or terminate a plan at any time and for any reason. A change also can be made to premiums and future eligibility for coverage and can apply to those who retired in the past, as well as to those who retire in the future. Once approved, plan changes are incorporated into the plan texts, SPDs and vendor administration at the effective date

To find general benefit summaries and information about other plans that Chevron offers, visit the U.S. Benefits website at **hr2.chevron.com**.

Non-U.S.-payroll expatriates working in the United States should refer to the *Health Benefits for Expatriates in the U.S.* summary plan description available at **hr2.chevron.com** for information about the wellness programs that may apply to you.

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Wellness Information on the HR2 Website on the Internet

You can access the HR2 website on the Internet, from home or at work.

- **hr2.chevron.com/wellness**

Healthy Heart Program (WebMD)

You can access the HR2 website on the Internet, from home or at work. Learn more about the program, take the health questionnaire, use the WebMD website tools and resources or schedule a health coach session.

- **hr2.chevron.com/heart**
- heart@chevron.com if you have a question about the program or want to share a story. We cannot schedule a health coach session for you; please go to the WebMD website or call the coaching line below.
- webmdhealthmanagersupport@webmd.net if you have a technical issue with the WebMD website and online tools. WebMD cannot schedule a health coach session by email; please go to the WebMD website or call the coaching line below.

Health Coaching Appointments
You can call WebMD if you have a question or need help. To schedule or reschedule your health coach session, go to the WebMD website or call the number below.

- 1-888-321-1544 (from inside the U.S.)
- 925-842-8346 (from outside U.S.)

U.S.-Payroll Expatriates Only: Online scheduling is not available. To schedule an appointment, please call 1-888-321-1544 (or 925-842-8346 if you cannot access toll-free numbers). In addition, WebMD health coaches cannot make outbound international calls. For this reason, U.S.-Payroll Expatriate employees need to call 1-888-321-1544 (or 925-842-8346 if you cannot access toll-free numbers) at your scheduled time to initiate your personal coaching sessions.

Health Decision Support (Best Doctors)

- **www.bestdoctors.com/members**
- 1-866-904-0910

ADP Benefit Services

COBRA and Continuation Coverage

- 1-888-825-5247 (Inside the U.S.) Select option 2, then “ * ”
- 610-669-8595 (Outside the U.S.) Select option 2, then “ * ”

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Update to the Summary Plan Description

Effective January 1, 2017

All changes described in this SMM are effective January 1, 2017 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 Health Decision Support section of the 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.)

Chevron has selected Innovation Specialists LLC DBA 2nd.MD (2nd.MD) to replace Best Doctors as the administrator for the Health Decision Support Program effective January 1, 2017. Best Doctors will continue to be the administrator for the remainder of 2016. This section will describe what you need to know about Health Decision Support because of the change to 2nd.MD, including what you'll need to know during the transition to 2nd.MD and how to access the Health Decision Support Program starting in January.

Are you facing a new diagnosis or a possible surgery? Is your doctor struggling to diagnose or find solutions for your condition? Do you want confidence that you're on the right treatment plan and medications? Contact 2nd.MD when you have questions about: a current or new diagnosis, possible surgery, your current treatment plan, chronic conditions.

program eligibility

Employees

Health Decision Support is automatically available to U.S.-payroll employees enrolled in the Chevron Medical PPO Plan, a Chevron Medical HMO Plan, the Chevron High Deductible Health Plan, the Chevron High Deductible Health Plan Basic or the Global Choice Plan (U.S.-Payroll Expatriates).

Spouses and Domestic Partners

Your spouse or domestic partner can use Health Decision Support if enrolled in the Chevron Medical PPO Plan, a Chevron Medical HMO Plan, the Chevron High Deductible Health Plan, the Chevron High Deductible Health Plan Basic or the Global Choice Plan (U.S.-Payroll Expatriates).

Children and Other Dependents

Your children and other dependents can use Health Decision Support if enrolled in the Chevron Medical PPO Plan, a Chevron Medical HMO Plan, the Chevron High Deductible Health Plan, the Chevron High Deductible Health Plan Basic or the Global Choice Plan (U.S.-Payroll Expatriates).

program overview

Health Decision Support with 2nd.MD is available to help you when you're faced with a health decision. 2nd.MD, an independent third-party vendor, offers an expert second medical opinion when you or an enrolled eligible dependent is facing an important medical decision. If you are facing a new medical diagnosis, have questions about your treatment plan or medications, are considering possible surgery or battling ongoing medical conditions, you are encouraged to contact 2nd.MD. With over 120 medical specialties represented, 2nd.MD can help you with almost any major medical challenge. 2nd.MD's network of specialists are from top medical institutions like Mayo Clinic, Johns Hopkins and Harvard. They are experts and pioneers in their field with knowledge of the latest treatment options and advanced technologies.

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

1

Contact the 2nd.MD care team

To get started, contact a 2nd.MD nurse through any of these methods:

www.2nd.md/chevron

1-866-841-2575

Chevron@2nd.MD

Get the 2nd.MD mobile app on the Apple App Store or Google Play

You can activate your account on the 2nd.MD website or via the mobile app at any time beginning January 1, 2017.

2

Let 2nd.MD take care of the details

When you contact 2nd.MD, a nurse will speak with you to understand your condition. This nurse will be with you through all steps of the process and will do much of the work for you.

Your nurse will send an electronic release of information form (ROI form) through the 2nd.MD website which you can sign electronically through the web. If necessary, the nurse can also issue and receive the ROI form via fax or next-day FedEx. (Note that next-day FedEx may slightly delay your second opinion response time).

Once you sign and return the ROI form, your nurse will coordinate with the 2nd.MD records team to retrieve all necessary medical records for the consult. 2nd.MD is a concierge service, so you will not need to collect any medical records on your own.

On average, the time between when 2nd.MD receives your completed ROI form and when you are speaking with a leading medical specialist regarding your second opinion is three business days.

3

Talk to a leading medical specialist

After understanding your medical condition and determining what type of specialist is best for your case, your 2nd.MD nurse will work with you to select a specialist and schedule a mutually convenient time for both of you to have the consult — including nights and weekends. You'll be able to speak directly with a specialist about your condition.

Consultations are conducted by video or phone, and at a time that works for you. Your family, friends or your treating physician can also participate in the consult if you wish.

4

Receive ongoing support

After speaking with the specialist, you will receive a written summary of the consultation. The 2nd.MD nurse team will always be available to answer any questions after the consult and support you in finding local doctors.

Based on the information you learned during your conversation with a leading specialist, discuss your treatment options with your family and your current doctor.

Second opinions with 2nd.MD start after January 1, 2017.

knee, hip, back and spine surgery second opinion for chevron medical plans

Starting in 2017, Chevron requests that you seek a second opinion through the Health Decision Support Program prior to receiving **knee**, **hip**, **back** or **spine surgery** (on a non-emergency basis). It's your choice to use the second opinion service or decline to use the second opinion service for these four procedures. However, if you do not seek a second opinion for these procedures you will be responsible for an additional **$400 of out-of-pocket costs** for the procedure, whether or not you've met your annual deductible.

- Knee surgery
- Hip surgery
- Back surgery
- Spine surgery

In 2017, this requirement will only apply to eligible **employees** enrolled in the Chevron Medical PPO Plan, the Chevron HDHP and the Chevron HDHP Basic. It does not apply to dependents or COBRA participants enrolled in these plans.

What's considered an emergency?

Your procedure is considered an emergency if your doctor recommends the surgery be scheduled in seven days or less. You are still encouraged to use the 2nd.MD service, but it will not affect the outcome of your out-of-pocket costs for the procedure.

It's always your decision whether to follow the second opinion, or stay the course on your original treatment plan. Chevron is simply asking that you seek an expert second opinion through the 2nd.MD service to help you make informed decisions about your care before your knee, hip, back or spine procedure.

The intention is to make getting this second opinion as easy as possible. See Page 32 for instructions. On average, the time between when 2nd.MD receives your completed ROI form and when you are speaking with a leading specialist regarding your second opinion is three business days. And you don't have to travel or go to an office for this advice. Second opinion medical consultations are conducted by phone or through a video conference on your computer, at a time that's convenient for you.

Of course, 2nd.MD is available for second medical opinions about more than just these four procedures, but it's only the knee, hip, back and spine surgery procedures that will affect your out-of-pocket costs for the procedure at this time.

when program participation starts

You and your eligible dependents are eligible to use Health Decision Support on the effective date of your coverage in the Chevron Medical PPO Plan, a Chevron Medical HMO Plan, the Chevron High Deductible Health Plan, the Chevron High Deductible Health Plan Basic or the Global Choice Plan (U.S.-Payroll Expatriates).

cost to participate

If you're an eligible employee, Health Decision Support is provided at no additional cost to you and your enrolled eligible dependents. However, please be aware that any additional tests or services you elect to undertake as a result of information contained in your 2nd.MD second opinion will be paid according to the provisions of your selected health plan. If you have a concern regarding the cost of any additional test or service, it is recommended that you check with your health plan before proceeding.

confidentiality

2nd.MD will not share your medical records or the outcome of your second medical opinion with anyone at your medical plan unless you specifically authorize such disclosure, with one exception. If you are enrolled in the Medical PPO Plan, the High Deductible Health Plan or the High Deductible Health Plan Basic, your authorization will not be required for 2nd.MD to share information with Anthem for payment purposes if you obtain a second opinion prior to a qualifying knee, hip, back or spine surgery. 2nd.MD will only share basic information, including your name, so that Anthem can determine if the additional $400 out-of-pocket cost does or does not apply to you.

In addition, 2nd.MD endeavors to comply with all relevant state, national, and international laws and regulations including the U.S. Health Insurance Portability and Accountability Act (HIPAA) of 1996. You can find their Privacy Policy at **www.2nd.md/privacy-policy/**.

Limited Purpose Health Care Spending Account (LHCSA)

Claims Administrator	• **2016:** UnitedHealthcare • **2017:** Health Equity
Plan Group Number	• **2016:** 247893
Direct Phone Numbers	**Health Equity** information will be sent to 2017 LHCSA participants later this year. **UnitedHealthcare** (2016 LHCSA) • 1-800-654-0079
Website	**Health Equity** information will be sent to 2017 LHCSA participants later this year. **UnitedHealthcare** (2016 LHCSA) • **www.myuhc.com**

Health Decision Support Program (2nd.MD)

Claims Administrator	Innovation Specialists LLC DBA 2nd.MD
Phone Number	**Beginning after January 1, 2017** • 1-866-841-2575
Website	• **www.2nd.md/chevron**
Email	• **Chevron@2nd.MD**
Mobile App	• 2nd.MD app

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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 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.

Who’s Eligible to Participate

This section provides general information about wellness program eligibility rules for you and your dependents. **Note that each individual wellness program may have other specific eligibility requirements in addition to those described in this section. See each program for additional eligibility requirements.**

Eligible Employees

Except as described below, you're generally eligible for Chevron's wellness programs if you're considered by Chevron to be a common-law employee of Chevron Corporation or one of its subsidiaries that it has designated to participate in the Omnibus Health Care Plan and you meet all of the following qualifications:

- You're paid on the U.S. payroll of Chevron Corporation or a participating company.
- You're assigned to a regular work schedule (unless you're on a family leave, disability leave, short union business leave, furlough leave, Military Service Leave or leave with pay) of at least 40 hours a week, or at least 20 hours a week if such schedule is an approved part-time work schedule under the corporation's part-time employment guidelines.
- If you're a casual employee, you've worked (or are expected to work) a regular work schedule for more than four consecutive months.
- If you're designated by Chevron as a seasonal employee, you're not on a leave of absence.
- You're in a class of employees designated by Chevron as eligible for participation in the plans.

However, you're still not eligible if any of the following applies to you:

- You're not on the Chevron U.S. payroll, or you're compensated for services to Chevron by an entity other than Chevron — even if, at any time and for any reason, you're deemed to be a Chevron employee.
- You're a leased employee or would be a leased employee if you had provided services to Chevron for a longer period of time.
- You enter into a written agreement with Chevron that provides that you won't be eligible.
- You're not regarded by Chevron as its common-law employee and for that reason it doesn't withhold employment taxes with respect to you — even if you are later determined to have been Chevron's common-law employee.
- You're a member of a collective bargaining unit (unless eligibility to participate has been negotiated with Chevron).
- You're eligible to receive benefits from the Chevron International Healthcare Assistance Plan (IHAP).
- You're a professional intern.

You may become eligible for different benefits at different times. Participation and coverage do not always begin when eligibility begins. Chevron Corporation, in its sole discretion, determines your status as an eligible employee and whether you're eligible for the Plans and Chevron's wellness programs. Subject to the Plan's administrative review procedures, Chevron Corporation's determination is conclusive and binding.

If you have questions about your eligibility for the Omnibus Health Care Plan, you should contact:

Chevron Human Resources Service Center
P.O. Box 199708
Dallas, TX 75219-9708

1-888-825-5247 0-669-8595 outside the U.S.)

If you have questions about your eligibility for the Healthy Heart Program, you should contact heart@chevron.com.

If you have questions about your eligibility to use the Health Decision Support service, you should contact:

Chevron Human Resources Service Center
P.O. Box 199708
Dallas, TX 75219-9708

1-888-825-5247 (610-669-8595 outside the U.S.)

Eligible Spouse

Spouse participation varies from program to program. Go to each particular wellness program included in this summary plan description to see if spouses are eligible to participate. The general requirements for an eligible spouse for purposes of the wellness programs are described below.

Your spouse is considered eligible for a wellness program if you're legally married under the law of a state or other jurisdiction where the marriage took place. Also, your spouse must be eligible for coverage under a Chevron medical plan that is part of the Omnibus Health Care Plan.

Before your spouse can participate, you may be required to provide proof that you're legally married.

Eligible Domestic Partner

Domestic partner participation varies from program to program. Go to each particular wellness program included in this summary plan description to see if domestic partners are eligible to participate. The general requirements for an eligible domestic partner are described below.

Your domestic partner must be eligible for coverage under a Chevron medical plan that is part of the Omnibus Health Care Plan. Note that in order to receive health coverage under the Omnibus Health Care Plan and other benefits available to domestic partners of Chevron employees, you must enroll your domestic partner and his or her eligible children within 31 days of the date you first meet one of the qualifications listed below. To do so, you and your partner must obtain and sign the *Chevron Affidavit of Domestic Partnership (F-6)* and it must be completed and notarized within the 31 days. Otherwise you must wait until the next open enrollment period to enroll your domestic partner in health coverage. However, for purposes of the wellness programs, your domestic partner may be able to participate at any time. The *Chevron Affidavit of Domestic Partnership (F-6)* is available through the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.). The original of the affidavit form must be notarized and sent to the HR Service Center. By signing the affidavit, you certify that you and your partner meet one of the following qualifications:

1. You and your partner are all of the following:
    - At least age 18 and of legal age.
    - Mentally competent to enter into contracts.
    - Jointly responsible for each other's welfare and financial obligations and have lived together for at least six months prior to signing the affidavit.
    - In an intimate, committed relationship of mutual caring that has existed for at least six months prior to the signing of the affidavit and it is expected to continue indefinitely.
    - Not related by blood.
    - Not married to anyone other than each other.
2. You live in California and meet all of the requirements of the California Family Code section 297 definition of a domestic partner, including the requirement to have registered your domestic partner with the Secretary of State's office. For more information, visit the California Domestic Partnership website at www.ss.ca.gov/business/sf/sf_dp.htm.
3. You live in another state (such as Colorado, Delaware, Illinois, Nevada, New Jersey, Oregon, Rhode Island, Vermont, Washington, and others) that recognizes civil unions or state-recognized domestic partnerships and have entered into a civil union or state-recognized domestic partnership and reside in that state.
4. You and your partner have entered into a civil union in a state that recognizes civil unions, but reside in a state where that civil union is not recognized.
5. You meet other criteria set forth in the *Chevron Affidavit of Domestic Partnership*.

Note that you must enroll your domestic partner and his or her eligible children within 31 days of the date you first meet one of the qualifications listed above. Also, the *Chevron Affidavit of Domestic Partnership (F-6)* form must be completed and notarized within the 31 days. Otherwise, you must wait until the next open enrollment. For information about imputed income and before-tax vs. after-tax contributions for domestic partners, see the Participation section.

Eligible Children or Other Dependents

Child and other dependent participation varies from program to program. Go to each particular wellness program included in this summary plan description to see if children or other dependents are eligible to participate. The general requirements for an eligible child or other dependent are described below.

Your child is considered eligible for the wellness programs if he or she is all of the following:

- You or your spouse's/domestic partner's natural child, stepchild, legally adopted child, foster child, or a child who has been placed with you or your spouse/domestic partner for adoption.
- Younger than age 26. Coverage continues until the end of the month in which your child turns age 26.

An "other dependent" is considered eligible if he or she is all of the following:

- Not married.
- Younger than age 26. Coverage continues until the end of the month in which your other dependent turns age 26.
- Is a member of your household.
- Someone for whom you act as a guardian.
- Dependent on you (or on your spouse/domestic partner) for more than 50 percent of his or her financial support.

Coverage can continue after the child reaches age 26, provided he or she is enrolled in the plan and meets the plan's definition of *incapacitated child* as outlined in the glossary. When the child reaches age 26 and periodically thereafter, Chevron Corporation will require you to provide documentation stating that the child continues to be incapacitated.

Incapacitated children over age 26 can be added to coverage only if they were disabled before age 26 and had other health care coverage immediately before being added as a dependent under a Chevron plan. You will be required to provide documentation of both conditions. Incapacitated children added after age 26 also can include a brother, sister, stepbrother or stepsister if he or she meets the definition of incapacitated child as outlined in the glossary.

For chronic disabilities, as determined by UnitedHealthcare, you must provide documentation every two years. If the disability is not chronic, UnitedHealthcare will determine how frequently you will need to provide such documentation. For details, contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.).

Before your child can be enrolled, you may be required to provide proof of his or her eligibility.

Qualified Medical Child Support Order (QMCSO)

Pursuant to the terms of a qualified medical child support order (QMCSO), the plan also provides coverage for your child, even if you do not have legal custody of the child, the child is not dependent on you for support and regardless of any enrollment season restrictions that might otherwise exist for dependent coverage. If you are not enrolled in a medical plan, you must enroll for coverage for yourself and the child. If the plan receives a valid QMCSO and you do not enroll the dependent child, the custodial parent or state agency can enroll the affected child. Additionally, Chevron can withhold any contributions required for such coverage.

A QMCSO may be either a National Medical Support Notice issued by a state child support agency or an order or a judgment from a state court or administrative body directing Chevron to cover a child under the plan. Federal law provides that a QMCSO must meet certain form and content requirements to be valid. If you have any questions, or if you would like to receive a copy of the written procedure for determining whether a QMCSO is valid, please contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.).

You, a custodial parent, a state agency or an alternate recipient can enroll a dependent child pursuant to the terms of a valid QMCSO. A child who is eligible for coverage pursuant to a QMCSO cannot enroll dependents for coverage under the plan.

Health Rewards

From time to time Chevron may offer health rewards in recognition of personal commitment to get and stay healthy. This section describes what health rewards are, specific eligibility information and participation requirements to receive them.

Health Rewards Description

2014 Health Rewards include the following:

- **$250 Wellness Credit** added to your Health Care Spending Account on January 1, 2015.
- **Entry into a drawing for a chance to win free medical premiums** for all of 2015 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, 2014.
- **Take the health questionnaire** by October 31, 2014.
- **Meet the eligibility requirements** for Wellness Credits and entry into the drawing for free medical premiums.

How to Take the Health Questionnaire

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

Note that when you take the 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/heart**.
- Choose the program that applies to you: **U.S.-Payroll Employees** or **U.S.-Payroll Expatriates.**
- Choose **Step 2: Health Questionnaire**.
- 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.

Qualifying Activities and Points

You can find a complete list of qualifying activities and requirements online at **hr2.chevron.com/wellness/rewards.asp**. The health questionnaire is a required activity to qualify for rewards, but there are a variety of other activities to choose from to earn points. There's no limit to the activities or combination of activities you can complete; it's up to you. Many of the activities require advance scheduling and time to complete, so allow plenty of time to accumulate the required points before the deadline. Points do not roll over from year to year. U.S. payroll employees who are eligible for Chevron's health plans may earn points. In addition you must meet the eligibility requirements at the time you receive the rewards. Please refer to the *Wellness Credit* and *Drawing for Free Medical Premiums* headings later in this section for the requirements.

When Participation Starts

To start participation, you must first either complete the confidential health questionnaire or complete a qualifying wellness activity. You are eligible to start participation on your hire date or on the date you first become eligible, whichever comes first.

Wellness Credits

This section generally describes the Chevron Corporation policy as of January 1, 2014, 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).

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 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 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.

Drawing for Free Medical Premiums

If you meet the program's qualification and eligibility requirements for health rewards, you will be entered in a drawing for a chance to win free medical premiums for the next calendar year. Twenty winners will be randomly selected. If you win, Chevron will pay the monthly cost for any of the company-offered medical plans available to you and your enrolled, eligible dependents. You'll still pay for your own applicable medical expenses (such as deductibles or copayments), but you'll pay *nothing* out of your paycheck for your monthly medical premiums.

How to Qualify for Free Medical Premiums

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.

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, 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, 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 by December 15 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.

Covering Dependents

If you are selected as a winner, the free medical premiums apply to coverage for you and all your eligible dependents (spouse, domestic partner and children) that are enrolled in the plan as of the dates described above. However, you cannot cover ineligible dependents. Your dependents must meet Chevron's eligibility requirements to be covered as your dependent under Chevron benefits. See the *Who's Eligible to Participate* section in this summary plan description for eligibility requirements.

Requirement to Forfeit Wellness Credit Awards

If you are selected as a winner for the free medical premiums and accept this prize, you are required to forfeit your Wellness Credit award. If you refuse to forfeit your Wellness Credit(s), you will forfeit the free medical premiums.

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 must agree to promotion of their names by signing a HIPAA privacy authorization.

If Both You and Your Spouse/Domestic Partner Work For Chevron

If both you and your spouse or domestic partner are employees of Chevron, and one of you is enrolled in a Chevron-sponsored medical plan but the other is covered as a dependent, you will have the opportunity to update your coverage accordingly to receive the prize should the "dependent" be selected as the winner. If you win, you will receive special instructions to make this change.

Events Resulting in Forfeit of Prize

The free medical premiums will be forfeited if at any time during the prize period:

1. You or your dependents no longer meet Chevron's medical benefit eligibility requirements. For example, you will forfeit the prize if you terminate employment - voluntarily, involuntarily or for cause - or if you take a benefits-ineligible leave of absence. See the *Who's Eligible to Participate* section in this summary plan description for medical eligibility requirements.

2. You refuse to forfeit your Wellness Credit(s). In this case you will forfeit the free medical premiums for the prize period.

When Participation Ends

Participation in this program will end if any of the following occurs:

- You or your dependent is no longer eligible. Participation ends on the last day of the month that eligibility ends.
- Chevron Corporation terminates the Omnibus Health Care Plan or a particular wellness program offered under the plan.
- After 31 days of the following types of leave:
  - Personal Leave Without Pay.
  - Leave for educational reasons.
  - Long Union Business Leave (unless you elect to pay 100% of the cost of continued health coverage).

If you commit fraud or make an intentional misrepresentation of a material fact about your participation in the health care plans, the plan has the right to terminate coverage permanently for you and all of your eligible dependents. Also, the plan may seek financial damages caused by the misrepresentations and may pursue legal action against you. Material misrepresentation includes, but is not limited to, adding a dependent who is ineligible (for instance, adding a spouse when you aren't married or adding a child who doesn't meet the plan qualifications of an eligible dependent).

Individuals eligible to participate who have a qualifying event under the Continuation Coverage and COBRA Coverage provision of the Omnibus Health Care Plan (for example, a termination of employment) can choose to continue participation in the Health Care Spending Account Plan and therefore keep their Wellness Credit. Continuation lasts for up to the length of time described in the *Continuation Coverage and COBRA* section of this summary plan description or until the particular wellness program is terminated, whichever comes first.

Chevron Healthy Heart Program

When you understand how healthy your heart is, you can take actions that can ultimately improve your overall wellness. By participating in this program you can learn about how your personal choices for diet, exercise, tobacco and work/life balance may affect your heart and health. Then you can choose goals, work with a health coach, and use a variety of online tools and resources that are personalized to you.

Program Overview

The Omnibus Health Care Plan permits wellness programs to be offered under the terms and conditions established by Chevron. As such, Chevron added the Healthy Heart Program as part of the Omnibus Health Care Plan.

This program is designed to help you understand your possible heart health risk factors, learn how your lifestyle choices may contribute to your heart health, and give you help making or keeping healthy habits. While the program focuses on heart health, it also provides additional resources designed to improve overall health and wellness. Healthy Heart can help you identify a plan and then put it into action. This program does not replace your regular visits to your health care provider. Your participation is voluntary.

The program includes the following services provided by WebMD:

- **Health Questionnaire.** The WebMD online health questionnaire is voluntary and confidential and takes approximately 15 minutes to complete. It will help you identify your health risk factors through a series of basic questions and your numbers. Using this information, the tool will give you a personal report highlighting your risk factors, goals and a suggested action plan to help you make healthy changes.

- **A Personal Action Plan.** After you complete the health questionnaire, you'll be presented with ideas and resources to reduce or manage your health risk factors (if any). These recommendations will be tailored to your personal situation based on the results of your health questionnaire.

- **A Personal Health Coach (By Phone).** After you take the health questionnaire, you'll have the option to be paired with a professional WebMD Health coach who will work with you and provide support. Coaches are not Chevron employees, they are WebMD employees. You meet with your coach by phone, at your convenience, and you direct the conversation around issues and goals that matter to you. Discussing the results of your health questionnaire is often a good starting point for your conversation.

- **The WebMD Health Assistant.** This is an interactive, online tool to help you set, meet and track your health goals. After you select your goals, the Health Assistant lets you choose from a number of simple activities that become part of your weekly plan to support those goals. These activities have been created and developed by WebMD health coaches.

- **Online Education Materials and More Resources.** You'll have access to additional education materials and resources designed to support you in making healthy lifestyle changes. These resources are not medical advice or a substitute for seeking treatment or advice from your health care provider. Check them out on the WebMD Healthy Heart website.

Learn more about the Healthy Heart Program online at **hr2.chevron.com/heart**. If you have questions about the Chevron Healthy Heart Program, send an email to **wellness@chevron.com** or call 925-842-8346 (CTN 842-8346).

Eligibility

Employees

The Healthy Heart Program is available to U.S. – payroll employees eligible for Chevron's health plans. See the *Who's Eligible to Participate* section in this summary plan description for the detailed eligibility requirements. You don't actually have to be enrolled in a Chevron health plan to participate; you just have to be eligible to participate in the plans, if desired. This includes the Medical PPO Plan, Medical HMOs such as Kaiser or HMO Blue Texas, and the Global Choice Plan (U.S.-Payroll Expatriates).

Spouses and Domestic Partners

Your spouse or domestic partner can participate in Healthy Heart if eligible to be covered by you under Chevron's health plans. See the *Who's Eligible to Participate* section in this summary plan description for the detailed eligibility requirements. Your spouse or domestic partner doesn't actually have to be enrolled in a Chevron health plan to participate; they just have to be eligible to participate in the plans, if desired. Eligible spouses and domestic partners can use all program resources, including telephone coaching.

Children and Other Dependents

Your children and Other dependents age 18 years and older can participate in Healthy Heart if eligible to be covered by you under Chevron's health plans. See the *Who's Eligible to Participate* section in this summary plan description for the detailed eligibility requirements. Your child or Other dependent doesn't actually have to be enrolled in a Chevron health plan to participate; they just have to be eligible to participate in the plans, if desired. Eligible child or Other dependents age 18 years and older cannot use telephone coaching, but all other program tools and resources are available. Dependents under age 18 cannot participate at this time.

Cost to Participate

There is no fee for eligible employees and their eligible dependents for the health questionnaire or any of the other resources available through the Chevron Healthy Heart Program. However, program participants should consult with their health plan to determine if there is a cost for obtaining a blood test to screen for cholesterol and glucose. Chevron's health plans generally cover this screening at 100 percent as part of the preventive health benefit. Any out-of-pocket costs for this type of screening are the responsibility of program participants. Provision of blood pressure, cholesterol and glucose (blood sugar) numbers is not required to participate in the program, but the health questionnaire will provide a more accurate result if provided.

When Participation Starts

To start participation in the Healthy Heart Program, you must first complete the confidential health questionnaire. You are eligible to start participation on your hire date or on the first day you become eligible, whichever comes first.

How to Take the Health Questionnaire

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

Note that when you take the 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/heart**.
- Choose the program that applies to you: **U.S.-Payroll Employees** or **U.S.-Payroll Expatriates.**
- Choose **Step 2: Health Questionnaire**.
- 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.

No access to the Internet?

The online health questionnaire is the preferred method of completion. If you don't have Internet access, you may call 1-925-842-8346 (CTN 842-8346) to request a paper health questionnaire. The paper health questionnaire is available only to employees; it is not available to eligible dependents. If you complete a paper version you will receive your results in one to two weeks, depending on your location.

When Participation Ends

Participation in this program will end if any of the following occurs:

- You or your dependent is no longer eligible. Participation ends on the last day of the month that eligibility ends.
- Chevron Corporation terminates the Omnibus Health Care Plan or a particular wellness program offered under the plan.
- After 31 days of the following types of leave:
  - Personal Leave Without Pay.
  - Leave for educational reasons.
  - Long Union Business Leave (unless you elect to pay 100% of the cost of continued health coverage).

If you commit fraud or make an intentional misrepresentation of a material fact about your participation in the health care plans, the plan has the right to terminate coverage permanently for you and all of your eligible dependents. Also, the plan may seek financial damages caused by the misrepresentations and may pursue legal action against you. Material misrepresentation includes, but is not limited to, adding a dependent who is ineligible (for instance, adding a spouse when you aren't married or adding a child who doesn't meet the plan qualifications of an eligible dependent).

Individuals eligible to participate in the Healthy Heart Program who have a qualifying event under the Continuation Coverage and COBRA Coverage provision of the Omnibus Health Care Plan (for example, a termination of employment) can continue participation in the Healthy Heart Program. Continuation lasts for up to the length of time described in the *Continuation Coverage and COBRA* section of this summary plan description or until the Healthy Heart Program is terminated, whichever comes first.

Health Decision Support

Health Decision Support with Best Doctors is available to help you when you're faced with a health decision. Based on the traditional practice of getting a second opinion, but with additional features, this service works with doctors to review your case and then provide feedback on your diagnosis and treatment plan. Best Doctors is another resource for you to collect information about your diagnosis and treatment plan so you can make informed decisions about your care.

Program Overview

Health Decision Support with Best Doctors is available to help you when you're faced with a health decision. Best Doctors, an independent third-party vendor, offers expert medical advice when you or a family member is facing an important medical decision. Best Doctors is available to help with anything from a surgery decision to more serious issues like cancer, heart conditions and more. The service uses physicians who are recognized national experts to help you confirm your diagnosis and better understand your treatment options. Health Decision Support is a voluntary and confidential service provided at no additional cost to you, and is independent of your other benefit programs.

- **Get an in-depth medical review, like a second opinion.** The Best Doctors team will collect and analyze all your relevant medical records and work with a specialist to conduct a full review of your diagnosis and treatment plan. You'll receive a comprehensive report recommending a course of action. Sometimes that recommendation might confirm your current course of action; other times it might provide a different viewpoint. You are under no obligation to follow the recommendations provided by Best Doctors. In fact, you're strongly encouraged to share the report with your doctor and discuss next steps or options together.
- **Ask the Expert.** Ask the Expert provides you with advice from expert physicians about your particular medical condition. Best Doctors can even help prepare you for your next doctor visit with important questions to ask regarding your unique situation.
- **Find a doctor for your condition.** Best Doctors can help you find a doctor who is a specialist in the applicable field you need. They can also help you locate a specialist that is in your medical plan's network. Best Doctors can even contact the physician's office and check appointment availability, and prepare you for your visit with important questions to ask.

Eligibility

Employees

Health Decision Support is automatically available to U.S. – payroll employees eligible for Chevron's health plans. See the *Who's Eligible to Participate* section in this summary plan description for the detailed eligibility requirements. You don't actually have to be enrolled in a Chevron health plan to use the service; you just have to be eligible to participate in the plans, if desired. This includes the Medical PPO Plan, Medical HMOs such as Kaiser or HMO Blue Texas, and the Global Choice Plan (U.S.-Payroll Expatriates).

Spouses and Domestic Partners

Your spouse or domestic partner can use Health Decision Support if eligible to be covered by you under Chevron's health plans. See the *Who's Eligible to Participate* section in this summary plan description for the detailed eligibility requirements. Your spouse or domestic partner doesn't actually have to be enrolled in a Chevron health plan to participate; they just have to be eligible to participate in the plans, if desired.

Children and Other Dependents

Your children and Other dependents can use Health Decision Support if eligible to be covered by you under Chevron's health plans. See the *Who's Eligible to Participate* section in this summary plan description for the detailed eligibility requirements. Your child or Other dependent doesn't actually have to be enrolled in a Chevron health plan to participate; they just have to be eligible to participate in the plans, if desired.

When Participation Starts

You are eligible to use Health Decision Support on your hire date or on the date you first become eligible, whichever comes first.

Cost to Participate

If you're an eligible employee Health Decision Support is automatically included in your health benefits with no copayments or coinsurance. Although Health Decision Support is provided at no additional cost to you, please be aware that any additional tests or services you elect to undertake as a result of information contained in your Best Doctors Expert Report will be paid according to the provisions of your selected health plan. If you have a concern regarding the cost of any additional test or service, it is recommended that you check with your health plan before proceeding.

How It Works

In-Depth Medical Review

- **Call 1-866-904-0910 or go to http://members.bestdoctors.com.**

This service provides a comprehensive review of your medical situation by an expert specialist. If you have a complicated medical condition, are questioning a diagnosis, or are unsure of your treatment options, an In-Depth Medical Review can help you get the answers you need to make an informed medical decision. A dedicated Best Doctors Member Advocate will conduct an in-depth discussion with you about your medical condition, including obtaining a full health history of you and your family. After the discussion, following your written authorization, medical records concerning your present condition and diagnosis are gathered by Best Doctors. When the records are received, the Best Doctors clinical team conducts a comprehensive analysis of your clinical information. They select the appropriate expert(s) for your medical condition to evaluate your case. Within two to four weeks after Best Doctors receives your medical records, you'll receive a report with the expert's findings and recommendations. Your Member Advocate will speak with you about the report's findings and then, provided that you authorize it, Best Doctors will deliver the report to your treating physician. Throughout the process, your Member Advocate is available to answer your questions. At both six weeks and six months after you receive the report, your Member Advocate will follow up with you to see if you need any other help.

Ask the Expert

- **Call 1-866-904-0910 or go to http://members.bestdoctors.com.**

For basic questions about your health condition and treatment plan options, Ask the Expert provides you with the answers. A dedicated member of the Best Doctors clinical team will discuss any necessary medical information with you and work with you to determine the questions you want answered. Your questions and unique medical information will be sent to an expert physician for review. Within five days you'll receive a personalized report with the expert's answers, along with recommendations for treatment options.

Find a Doctor

- **Call 1-866-904-0910 or go to http://members.bestdoctors.com.**

A member of the Best Doctors clinical team will gather some basic information from you, so they can make sure they recommend the right doctor for your situation. They will take into account your age, medical history and other health conditions, and ask if you have any requests for location, experience, gender or specialized expertise. Best Doctors will call each doctor's office to confirm that the physician accepts your insurance plan and is taking new patients. They'll provide you with a list of doctors who match your criteria, giving you the flexibility to choose a physician and schedule an appointment that works for you.

Confidentiality

Best Doctors will not share your medical records, medical information or the contents of your Best Doctors report with anyone at your health plan unless you specifically authorize such disclosure. No one at your company or your health insurance provider will ever know that you called.

In addition, Best Doctors endeavors to comply with all relevant state, national, and international laws and regulations including the U.S. Health Insurance Portability and Accountability Act (HIPAA) of 1996. You can find their Privacy Policy at **www.bestdoctors.com/us/Privacy-Policy.aspx**. Unless required by law, your specific name and medical information will not be shared with anyone without your written authorization. Only de-identified and aggregate information will be used for program evaluation and improvement purposes.

Exclusions

Certain types of cases cannot be reviewed by Best Doctors. Cases of mental health disorders that do not have physical ailments are not serviced by Best Doctors as there is insufficient data contained within the records to perform an informed analysis, and in-person evaluations are more appropriate. Additionally, the Best Doctors program does not provide consulting services for cases being covered under Workers Compensation. If you are unsure if your case can be reviewed by Best Doctors, please call 1-866-904-0910.

When Participation Ends

Participation in Health Decision Support will end if any of the following occurs:

- You or your dependent is no longer eligible. Participation ends on the last day of the month that eligibility ends.
- Chevron Corporation terminates the Omnibus Health Care Plan or a particular wellness program offered under the plan.
- After 31 days of the following types of leave:
  - Personal Leave Without Pay.
  - Leave for educational reasons.
  - Long Union Business Leave (unless you elect to pay 100% of the cost of continued health coverage).

If you commit fraud or make an intentional misrepresentation of a material fact about your participation in the health care plans, the plan has the right to terminate coverage permanently for you and all of your eligible dependents. Also, the plan may seek financial damages caused by the misrepresentations and may pursue legal action against you. Material misrepresentation includes, but is not limited to, adding a dependent who is ineligible (for instance, adding a spouse when you aren't married or adding a child who doesn't meet the plan qualifications of an eligible dependent).

Individuals eligible to participate in Health Decision Support Program who have a qualifying event under the Continuation Coverage and COBRA Coverage provision of the Omnibus Health Care Plan (for example, a termination of employment) can continue participation in the Health Decision Support Program. Continuation lasts for up to the length of time described in the *Continuation Coverage and COBRA* section of this summary plan description or until the Health Decision Support Program is terminated, whichever comes first.

How to File a Claim for Eligibility

This section describes how to dispute decisions regarding your eligibility to participate in Chevron's wellness programs.

How to File a Claim Regarding Eligibility to Participate in the Omnibus Health Care Plan

Remember, one of the requirements to participate in Chevron's wellness programs is that you must be eligible to participate in the Omnibus Health Care Plan. If you have a question regarding your eligibility to participate in the Omnibus Health Care Plan or if you believe you are entitled to credit for health and welfare eligibility service, contact the HR Service Center at 1-888-825-5247, option 2 (610-669-8595 outside the U.S.). If you are not satisfied with the outcome, you can file a claim by following the procedures described below. If you have been denied participation or if you believe you are entitled to credit for health and welfare eligibility service in the Omnibus Health Care Plan, you can file a written claim with the plan administrator. Include the grounds on which your claim is based and any documents, records, written comments or other information you feel will support the claim. Address your written correspondence to:

Chevron Corporation
Omnibus Health Care Plan Administrator
Chevron Human Resources Service Center
P.O. Box 199708
Dallas, TX 75219-9708

If you file a claim for participation or for credit for health and welfare eligibility service in the Omnibus Health Care Plan, the plan administrator will send you a decision on the claim within 90 days after the claim is received. However, if there are special circumstances that require additional time, the plan administrator will advise you that additional time is needed and then will send you a decision within 180 days after the claim is received. If the claim for participation or for credit for health and welfare eligibility service in the Omnibus Health Care Plan is denied (in whole or in part), the plan administrator will send you a written explanation that includes:

- Specific reasons for the denial, as well as the specific Omnibus Health Care Plan provisions or Chevron policy on which the denial is based.
- A description of any additional information that could help you complete the claim and reasons why the information is needed.
- Information about how you can appeal the denial of the claim.
- A statement explaining your right to file a civil lawsuit under section 502(a) of ERISA if your appeal is denied.

Appeals Procedures for Denied Claims Regarding Eligibility to Participate in the Omnibus Health Care Plan

If your claim for participation or for credit for health and welfare eligibility service in the Omnibus Health Care Plan is denied, in whole or in part, and you want to appeal the denial, you must file an appeal within 90 days after you receive written notice of the denial of your claim. The appeal must be in writing, must describe all of the grounds on which it is based and should include any documents, records, written comments or other information you feel will support the appeal. Before submitting the appeal, you can review and receive, at no charge, copies of Omnibus Health Care Plan documents, records and other information relevant to your claim for participation or for credit for health and welfare eligibility service in the Omnibus Health Care Plan. The Review Panel will provide you with a written response to the appeal and will either reverse the earlier decision and permit participation or provide credit for health and welfare eligibility service in the Omnibus Health Care Plan, or it will deny the appeal. If the appeal is denied, the written response will contain:

- The specific reasons for the denial and the specific Omnibus Health Care Plan provisions or Chevron policy on which the denial is based.
- Information explaining your right to review and receive, at no charge, copies of Omnibus Health Care Plan documents, records and other information relevant to your claim for participation or for credit for health and welfare eligibility service in the Omnibus Health Care Plan.
- A statement explaining your right to file a civil lawsuit under section 502(a) of ERISA.

The Review Panel doesn't have the authority to change Omnibus Health Care Plan provisions or Chevron policy or to grant exceptions to the Omnibus Health Care Plan rules or Chevron policy. For appeals regarding participation or credit for health and welfare eligibility service in the Omnibus Health Care Plan, address your written correspondence to:

Review Panel
Omnibus Health Care Plan
P.O. Box 6075
San Ramon, CA 94583-0775

The Review Panel may require you to submit (at your expense) additional information, documents or other material that it believes is necessary for the review.

You will be notified of the final determination of the appeal within 60 days after the date it's received, unless there are special circumstances that require additional time. You will be advised if more time is needed, and you'll then receive the final determination within 120 days after the appeal is received. If you do not receive a written decision within 60 or 120 days (whichever applies), you can take legal action.

Other Plan Information

- Administrative Information
- Your ERISA Rights
- Other Legislation That Can Affect Your Benefits
- Third Party Responsibility

Administrative Information

This section provides important legal and administrative information you may need regarding the benefits described in this book that are governed by the Employee Retirement Income Security Act of 1974 (ERISA).

Employer Identification Number (EIN)

The employer identification number is 94-0890210.

Plan Sponsor and Plan Administrator

Chevron Corporation is the plan sponsor and administrator and can be reached at the following address:

Chevron Corporation
P.O. Box 6075
San Ramon, CA 94583-0767

1-888-825-5247 (610-669-8595 outside the U.S.).

Chevron Corporation Omnibus Health Care Plan
Plan number: 560 **Type of Administration:** Contract Administration **Type of Plan:** Health Plan

Chevron Corporation Omnibus Health Care Plan - **Wellness Program: Healthy Heart**
Plan number: 560 **Claims Administrator/Insurer:** WebMD **Type of Administration:** Contract Administration **Type of Plan:** Welfare Plan

Chevron Corporation Omnibus Health Care Plan - **Wellness Program: Health Decision Support**
Plan number: 560 **Claims Administrator/Insurer:** Best Doctors **Type of Administration:** Contract Administration **Type of Plan:** Welfare Plan

Agent for Service of Legal Process

Any legal process related to the plans should be served on:

Service of Process
Chevron Corporation
6001 Bollinger Canyon Road
Building T (T-3371)
San Ramon, CA 94583

You can also serve process on a plan by serving the plan administrator. For information about the procedure for a QMCSO, please contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.).

Administrative Power and Responsibilities

Chevron Corporation has the discretionary authority to control and manage the administration and operation of the Omnibus Health Care Plan (the "Plan"). Chevron Corporation shall have the full, exclusive and discretionary authority to prescribe such forms; make such rules, regulations, interpretations and computations; construe the terms of the Plan; determine all issues relating to coverage and eligibility for benefits; and take such other action to administer the Plan as it may deem appropriate in its sole discretion. Chevron Corporation's rules, regulations, interpretations, computations and actions shall be final and binding on all persons. Such discretionary authority can also be exercised by a delegate.

Plan Amendments and Changes

Chevron Corporation reserves the right to change or terminate a plan at any time and for any reason. A change also can be made to premiums and future eligibility for coverage and can apply to those who retired in the past, as well as to those who retire in the future. Once approved, plan changes are incorporated into the plan texts, SPDs and vendor administration at the effective date.

Participating Companies

A complete list of the participating companies (designated by Chevron Corporation) whose employees are covered by each of Chevron's benefit plans can be obtained by writing to the plan administrator.

Collective Bargaining Agreements

If a union represents you, you're eligible for the health care plans, provided both of the following apply:

- Your collective bargaining agreement allows for your participation.
- You meet the plans' eligibility requirements.

Generally, Chevron's collective bargaining agreements don't mention specific plans or benefits. They merely provide that Chevron will extend to its employees who are members of the collective bargaining unit, the employee benefit programs that it generally makes available.

In some cases, however, a collective bargaining agreement contains more restrictive rules regarding participation or benefits than the rules described here. In such cases, the provisions of the collective bargaining agreement will prevail. For example, represented employees in a particular location might be able to enroll only in particular HMOs sponsored by the union.

A copy of any relevant collective bargaining agreement can be obtained by participants upon written request to their union representative.

All documents for this plan are available for examination by participants who follow the procedures outlined under Your ERISA Rights.

Incorrect Computation of Benefits

If you believe that the amount of the benefit you receive from the plan is incorrect, you should notify the plan administrator in writing. If it's found that you or a beneficiary wasn't paid benefits you or your beneficiary was entitled to, the plan administrator will pay according to the terms of the applicable wellness program.

Similarly, if the calculation of your or your beneficiary's benefit results in an overpayment, you or your beneficiary will be required to repay the amount of the overpayment to the plan.

The plan administrator may make reasonable arrangements with you for repayment, such as reducing future benefits under the wellness program from which you received the overpayment.

Plan Year

The plan year for the health plans begins on January 1 and ends on December 31 of each year.

No Right to Employment

Nothing in your benefit plans gives you a right to remain in employment or affects Chevron's right to terminate your employment at any time and for any reason (which right is hereby reserved).

Future of the Plans

Chevron Corporation has the right to change or terminate a plan, including these programs, at any time and for any reason. A change also may be made to premiums and future eligibility for coverage, and may apply to those who retired in the past, as well as those who retire in the future. Benefit claims incurred before the effective date of a plan change or termination won't be affected. Claims incurred after a plan is terminated won't be covered.

If a self-funded plan can't pay all of the incurred claims and plan expenses as of the date the plan is changed or terminated, Chevron Corporation will make sufficient contributions to the self-funded plan to make up the difference.

If all claims and expenses are paid and Chevron Corporation's book reserve established for the purpose of making contributions toward the cost of employees' health care coverage retains a balance, Chevron Corporation will determine what to do with the excess amount in view of the purposes of the plans.

Your ERISA Rights

The Employee Retirement Income Security Act of 1974 (ERISA) protects your benefit rights as an employee. It doesn't require Chevron Corporation to provide a benefit plan; however, it does provide you with certain legal protections under the ERISA plans that Chevron Corporation does provide. This section summarizes these rights. In addition, you should be aware that Chevron Corporation reserves the right to change or terminate the plans at any time. Chevron Corporation will make every effort to communicate any changes to you in a timely manner.

As a participant in the Plan you're entitled to certain rights and protections under ERISA.

Receive Information About Your Plan and Benefits

You have the right to:

- Examine (without charge) at the plan administrator's office and at other specified locations, such as work sites, all Plan documents. These may include insurance contracts, collective bargaining agreements, official Plan texts, trust agreements and copies of all documents, such as the latest annual report (Form 5500 Series) filed by the Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (EBSA).

- Obtain (by writing to the plan administrator) copies of all documents governing the operation of the Plan, including insurance contracts, collective bargaining agreements, copies of the latest Form 5500 annual report, and an updated SPD. The plan administrator can make a reasonable charge for the copies.

- Receive a summary of the Plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.

Continue Group Health Plan Coverage

You have a right to continue health care coverage for yourself, your spouse or your dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. For information regarding your continuation coverage rights, review Continuation Coverage and COBRA Coverage section and the documents governing the plan.

If You Have a Pre-existing Condition

If you have creditable coverage from another plan, any exclusionary periods of coverage for pre-existing conditions under your group health plan may be reduced or eliminated. You should be provided a certificate of creditable coverage, free of charge, from your group health plan or health insurance issuer when any of the following occurs:

- You lose coverage under the plan.

- You become entitled to elect continuation coverage.

- Your continuation coverage ceases.

You may request the certificate before losing coverage or up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a pre-existing condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in your coverage. To request a certificate of creditable coverage, contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.). Your personal identification number (PIN) will be required when making this request. Additionally, you can mail your request to the following address:

Chevron Corporation
Human Resources Service Center
P.O. Box 199708
Dallas, TX 75219-9708

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon certain people who are responsible for the operation of Chevron Corporation's plans. These people are called "fiduciaries" and have a duty to exercise fiduciary functions prudently and in the interest of you and other plan participants and beneficiaries.

No one, including your employer, your union or any other person, can fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your ERISA rights.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain (without charge) copies of documents related to the decision, and to appeal any denial — all within certain time schedules.

Under ERISA, there are steps you can take to enforce your ERISA rights. For instance:

- If you request a copy of the plan documents or the plan's latest annual report and do not receive them within 30 days, you can file suit in a federal court. In such a case, the court can require the plan administrator to provide the materials and pay you up to $110 a day until you receive the materials — unless the materials were not sent because of reasons beyond the control of the plan administrator.

- If you disagree with the plan's decision or lack of response to your request concerning the qualified status of a domestic relations order or medical child support order, you can file suit in a federal court.

- If you have a claim for benefits that is denied or ignored, in whole or in part, you can file suit in a state or federal court (see the Filing a Lawsuit section below).

- If it should happen that plan fiduciaries misuse the plan's money, or if you're discriminated against for asserting your ERISA rights, you can seek assistance from the U.S. Department of Labor or you can file suit in a federal court.

If you file suit, the court decides who should pay court costs and legal fees. If you're successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees — for example, if it finds your claim is frivolous.

Assistance With Your Questions

If you have any questions about the plan, you should contact the claims administrator and/or plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

You also can obtain certain publications about your rights and responsibilities under ERISA by:

- Calling the Employee Benefits Security Administration publications hotline at 1-866-444-3272.
- Logging on to the Internet at www.dol.gov/ebsa/publications/main.html

Filing a Lawsuit

You can file a lawsuit to recover a benefit under a plan provided the action is commenced within the lesser of the applicable statute of limitations period or four years after the occurrence of the loss for which a claim is made. You can file a lawsuit to recover a benefit under a plan, provided *all* of the following have been completed:

- You initiate a claim as required by the plan.
- You receive a written denial of the claim.
- You file a timely written request for a review of the denied claim with the plan administrator or the claims administrator (or you receive written notification that the claim has been denied on appeal).
- If the plan provides for two levels of appeal, you file a timely written request for a second review of the denied claim with the plan administrator or the claims administrator (or you receive written notification that the claim has been denied on second appeal).
- If the plan provides for external review, you file a timely request for an external review of the denied claim with the plan administrator or the claims administrator.
- You receive written notification that the claim has been denied on final review.

If you don't receive a timely written denial of the claim, the plan administrator reserves the right to contend that you may still not file a legal action until you file a timely written request for a review of the denied claim with the appropriate claims administrator and that review is complete. If you want to take legal action after you exhaust the plan's claims and appeals procedures, you can serve legal process on:

Service of Process
Chevron Corporation
6001 Bollinger Canyon Road
Building T (T-3371)
San Ramon, CA 94583

You also can serve process on a plan by serving the plan administrator. If you have a dispute with a health maintenance organization (HMO) or dental health maintenance organization (DHMO) regarding benefits or claims, then any legal action should be directed to the agent for service of legal process appointed by the HMO or DHMO. The plan administrator is the appropriate party to sue for all Chevron Corporation benefit plans.

Other Legislation That Can Affect Your Benefits

Over the years, several federal laws have been passed that can affect your benefits under certain circumstances.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

HIPAA was designed to make health care coverage easier to obtain for people who switch jobs or are between jobs. Companies are required to provide plan members with specific information about HIPAA when their medical coverage ends.

When you lose coverage under a Chevron medical plan, you automatically will be sent a certificate of creditable coverage. You may need to provide this certificate of creditable coverage to a new medical plan in which you enroll to reduce or eliminate the time period for which any pre-existing condition exclusions otherwise may apply. If you do not receive a certificate of creditable coverage within 10 days of the date your Chevron medical plan coverage terminates, you may request a certificate of creditable coverage by calling Chevron's HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.). Your personal identification number (PIN) will be required when making this request. Additionally, you can mail your request to the following address:

Chevron Corporation
Human Resources Service Center
P.O. Box 199708
Dallas, TX 75219-9708

Continuation Coverage and COBRA Coverage

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal law that entitles you and your eligible dependents to continue health plan coverage for a period of time after it would otherwise end. Read this section for:

- Important information about your right to continuation coverage.
- An explanation of when continuation coverage may become available.
- A description of what you need to do to protect your right to receive continuation coverage.

Introduction

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal law that entitles you and your eligible dependents to continue health plan coverage for a period of time after it would otherwise end. This continuation coverage becomes available when a qualifying event occurs. If you or your dependents decline this coverage when first eligible for it, you waive the right to enroll at a later date, except that you or your dependents may enroll at any time during the initial period of eligibility, even if you have previously declined coverage. This section:

- Contains important information about your right to continuation coverage.
- Explains when continuation coverage may become available.
- Describes what you need to do to protect your right to receive continuation coverage.

Pursuant to Chevron policy, your domestic partner and any of your domestic partner's dependent children who are covered by a Chevron health plan on the day before a qualifying event occurs are also eligible for continuation coverage that is similar to COBRA.

What Is Continuation Coverage?

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires most employers sponsoring group health plans to offer employees and their families the opportunity for a temporary extension of health coverage (called COBRA continuation coverage) at group rates when there is a "qualifying event" where coverage would otherwise end. (Specific qualifying events are listed later in this section.) After a qualifying event, continuation coverage must be offered to each "qualified beneficiary."

You, your spouse and your dependent children could become qualified beneficiaries if coverage under a Chevron health plan is lost because of the qualifying event. Qualified beneficiaries also include any children born to you or adopted or placed for adoption with you during the continuation coverage period. Pursuant to Chevron policy, domestic partners and domestic partner dependent children who are covered under a Chevron health plan on the day before a qualifying event are also permitted to elect continuation coverage that is similar to COBRA.

You do not have to show that you are insurable to choose continuation coverage. However, you will have to pay the total premium for your continuation coverage, plus a 2 percent administration fee.

Conversion Coverage

If you are enrolled in an insured plan or HMO and you elect continuation coverage, you may have an option to convert your health coverage to an individual policy at the termination of your continuation coverage. Contact your insurer or HMO for additional information about any conversion rights you may have. There are no conversion rights for dental coverage, mental health and substance abuse coverage, the Healthy Heart Program, Health Decision Support, or Executive Physical Program.

Who's Eligible for Continuation Coverage

Under COBRA and pursuant to Chevron policy, you, your spouse, your domestic partner and your eligible dependent children are eligible to enroll for continuation coverage under a Chevron health plan if they are enrolled in the plan on the day before a qualifying event occurs.

If you acquire a new dependent through birth, adoption or placement for adoption while you are receiving continuation coverage, that new dependent will also be considered a qualified beneficiary as long as he or she is timely enrolled in a Chevron health plan. If you otherwise acquire a new eligible dependent after your continuation coverage begins, you can enroll him or her for continuation coverage but the new dependent will not be considered a qualified beneficiary. If your former spouse/domestic partner or dependent child acquires a new eligible dependent after continuation coverage begins, he or she can enroll the new dependent for continuation coverage but the newly enrolled dependent will not be considered a qualified beneficiary.

Your spouse and dependent children may also be eligible for continuation coverage if it's determined that you canceled their regular health plan coverage to prevent them from qualifying for continuation coverage (in anticipation of your divorce, for example). In this situation, your spouse and dependent children must notify Chevron within 60 days if you're divorced or if an enrolled child no longer satisfies the eligibility requirements for regular health plan coverage. Please see the section titled "Eligible Children and Other Dependents" for details on eligibility. Your domestic partner and dependent children must notify Chevron within 31 days if your domestic partnership ends. If your spouse/domestic partner and dependent children do not notify Chevron within the above time limits, they will become permanently ineligible for future continuation coverage as a result of that qualifying event.

Qualifying Events

You become a qualified beneficiary and can enroll in continuation coverage if your Chevron health plan coverage ends because of one of the following qualifying events:

- Your Chevron employment ends for any reason other than termination for gross misconduct.
- You're on a Personal Leave Without Pay, Leave for Educational Reasons or Long Union Business Leave that's scheduled to last more than 31 days.
- Your work hours are reduced and you're no longer eligible for Chevron health care benefits.

Note that a termination of employment following a reduction of hours will not be considered a qualifying event if you became ineligible for Chevron health care coverage as a result of a reduction in hours.

Your enrolled spouse/domestic partner and dependent children have the right to elect continuation coverage if their Chevron health plan coverage ends because of one of the following events:

- Your Chevron employment ends for any reason other than termination for gross misconduct.
- You're on a Personal Leave Without Pay, Leave for Educational Reasons or Long Union Business Leave that's scheduled to last more than 31 days.
- Your work hours are reduced and you're no longer eligible for Chevron health care benefits.
- You die.
- Your spouse/domestic partner or enrolled child or other dependent no longer meets the Chevron health plans' eligibility requirements.
- You and your spouse get a divorce.
- You are the spouse of a member and your group health coverage is reduced or eliminated in anticipation of a divorce and a divorce later occurs.
- You and your domestic partner end your domestic partnership.

Special Rule for Bankruptcy of the Employer

Pursuant to COBRA, sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy were to be filed with respect to Chevron, and that bankruptcy resulted in the loss of coverage of any retired employee covered under a Chevron health plan, the retired employee would become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse/domestic partner, surviving spouse/domestic partner, and dependent children would also become qualified beneficiaries if such bankruptcy results in the loss of their coverage under a Chevron health plan.

How to Enroll

Chevron Must Give Notice of Some Events

Chevron has the responsibility to notify ADP Benefit Services, which handles Chevron's continuation coverage administration, when any of the following occurs:

- Your Chevron employment ends for any reason other than termination for gross misconduct.
- You're on a Personal Leave Without Pay, Leave for Educational Reasons or Long Union Business Leave that's scheduled to last more than 31 days.
- Your work hours are reduced and you're no longer eligible for Chevron health care benefits.
- You die while actively employed.

You Must Give Notice of Some Events

You must notify Chevron within 60 days after the first of the month coinciding with or following your divorce, or if an enrolled child no longer satisfies the eligibility requirements for regular health plan coverage. Please see the section titled "Eligible Children and Other Dependents" for details on eligibility. You must notify Chevron within 31 days after the first of the month coinciding with or following the termination of your domestic partnership or any final determination by the Social Security Administration that a qualified beneficiary is disabled or is no longer disabled. If you don't notify Chevron within the above time limits, your dependents won't be eligible for continuation coverage.

You must also notify Chevron within 31 days if, after electing continuation coverage, you become covered by another group health plan or enroll in Medicare Part A, Part B or both.

The following information should be included in the notice:

- The name of the individual experiencing the qualifying event (the qualified beneficiary).
- The name and Social Security number of the employee or former employee.
- The type of qualifying event.
- The date of the qualifying event.
- The address of the qualified beneficiary.
- A copy of the *Notice of Award* letter from the Social Security Administration, if applicable.

Chevron may also require you to provide documentation of a qualifying event, such as a final divorce decree, before continuation coverage is offered.

You should provide your notice to the Chevron HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.). Your personal identification number (PIN) will be required when reporting the event by telephone. Additionally, you can mail your notice to the following address:

Chevron Corporation
Human Resources Service Center
P.O. Box 199708
Dallas, TX 75219-9708

If you or a family member does not provide this notice to Chevron's HR Service Center within the time limit specified above, you and your dependents will lose eligibility for continuation coverage with respect to that qualifying event.

Also, if while you are receiving continuation coverage you acquire a new dependent as a result of birth, adoption or placement for adoption, you must enroll your new dependent with the HR Service Center within 31 days of acquiring the new dependent. If you fail to do so, your new dependent will not be considered a qualified beneficiary for purposes of continuation coverage and may not be covered under a Chevron health plan until a subsequent annual open enrollment period, if applicable.

Electing Continuation Coverage

When ADP Benefit Services is notified by the HR Service Center that one of these events has occurred, ADP Benefit Services will in turn notify you that you have the right to elect continuation coverage. Under the law, you have 60 days from the date you would lose Chevron health plan coverage because of one of these events, or the date your continuation coverage election notice is sent to you, whichever is later, to inform ADP Benefit Services that you want continuation coverage.

Each qualified beneficiary has an independent right to elect continuation coverage. Covered employees can elect continuation coverage on behalf of their spouses/domestic partners, and parents can elect continuation coverage on behalf of their dependent children.

You or your eligible dependents must complete and return the continuation coverage election form within 60 days after Chevron health plan coverage would otherwise end or, if later, within 60 days after the date your continuation coverage election notice is sent to you. If you do not choose continuation coverage during the election period, your Chevron health plan coverage will end the last day of the month in which your employment ends.

If you or your dependent elects continuation coverage within this 60-day period, upon timely receipt of the full amount of the first required premium payment for continuation coverage, your or your dependent's Chevron health plan coverage will be reinstated retroactive to the date Chevron health plan coverage ended.

Keep the Plan Informed of Address Changes

In order to protect your family's rights, you should keep Chevron informed of any changes in the addresses of family members by contacting the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.). You should also keep a copy, for your records, of any notices you send to the HR Service Center.

How Much Continuation Coverage Costs

In most cases, you or your dependents pay 100 percent, plus a 2 percent administrative fee, of the cost of health plan coverage that's continued. The cost of coverage will vary based on the plans you're enrolled in and how many family members are enrolled. (If you're eligible for continuation coverage because you're on a Long Union Business Leave that's scheduled to last more than 31 days, you're not required to pay the 2 percent administrative fee.) If you or your dependents are eligible for the 11-month disability extension and the disabled qualified beneficiary elects continuation coverage, you or your dependents will pay 150 percent of the cost of health plan coverage that's continued for months 19 through 29.

You or your dependents must pay Chevron for this coverage as long as it's in effect. Your first payment for continuation coverage is due within 45 days after the date of your election. (This is the date the continuation coverage election form is postmarked, if mailed.) If you do not make your first premium payment for continued coverage within 45 days, you will lose all continuation coverage rights under the plan.

After that, payments are due on the first day of each month. For example, payment for January coverage is due on January 1. Coverage will be canceled and can't be reinstated if a payment is 30 days overdue. It is the qualified beneficiary's responsibility to make timely payments, even if he or she does not receive a payment coupon.

Regular monthly COBRA payments should be mailed to:

ADP Benefit Services – COBRA
P.O. Box 7247-0367
Philadelphia, PA 19170-0367

Or via overnight to:

ADP Benefit Services – COBRA Lockbox 0367
c/o Citibank Lockbox Operations
1615 Brett Road
New Castle, DE 19720-2425

When Continuation Coverage Starts

Your regular health plan coverage will end on the last day of the month in which a qualifying event occurs. If you or your dependents enroll for continuation coverage within 60 days after regular coverage ends (or, if later, within 60 days after the date the continuation coverage election notice is sent to you) upon timely receipt of the full amount of the required first payment for continuation coverage, your or your dependent's Chevron health plan coverage will be reinstated retroactive to the date Chevron health plan coverage ended. If you fail to meet these deadlines, you or your dependents will waive the right to enroll for continuation coverage.

How Long Continuation Coverage Lasts

You, your spouse, your domestic partner and your covered dependents may qualify for up to 18 months of health care continuation coverage if you qualify due to one of the following qualifying events:

- Your Chevron employment ends for any reason other than termination for gross misconduct.
- You're on a Personal Leave Without Pay, Leave for Educational Reasons or Long Union Business Leave that's scheduled to last more than 31 days.
- Your work hours are reduced and you're no longer eligible for Chevron health care benefits.

Your covered spouse, your domestic partner and your covered dependents may qualify for up to 36 months of health care continuation coverage if they qualify due to one of the following qualifying events:

- You die.
- An enrolled child or other dependent no longer meets the Chevron health plans' eligibility requirements.
- You and your spouse get a divorce.
- You and your domestic partner end your domestic partnership.

Your survivor and his or her covered dependents may qualify for up to 36 months of health care continuation coverage when:

- Your survivor's Chevron retiree and survivor coverage ends because your survivor adds a new spouse or another dependent to health coverage.

Continuation coverage generally lasts for up to a total of 18 months when the qualifying event is the end of employment or reduction of the employee's hours of employment. This 18-month period of continuation coverage can be extended in two ways: disability extension or second qualifying event extension.

Disability extension of 18-month period of continuation coverage
The 18-month period may be extended for you and your covered family members if the Social Security Administration determines that you or another family member who is a qualified beneficiary is disabled at any time during the first 60 days of continuation coverage. If all of the following requirements are met, coverage for all family members who are qualified beneficiaries as a result of the same qualifying event can be extended for up to an additional 11 months (for a total of 29 months):

- Your continuation coverage qualifying event was an employee's termination of employment (for any reason other than gross misconduct) or a reduction in hours so that the employee (and you) was no longer eligible for Chevron health care benefits.
- The disability started at some time before the 60th day of continuation coverage and lasts at least until the end of the 18-month period of continuation coverage.
- A copy of the Notice of Award from the Social Security Administration is provided to the HR Service Center within 60 days of receipt of the notice and before the end of the initial 18 months of continuation coverage.
- If the disabled qualified beneficiary elects continuation coverage, you must pay an increased premium of 150 percent of the monthly cost of health plan coverage that's continued, beginning with the 19th month of continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage
If another qualifying event occurs during the first 18 months of continuation coverage, your spouse/domestic partner and dependent children can receive up to an additional 18 months of continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is timely provided to the HR Service Center as described in You Must Give Notice of Some Events under How to Enroll in this Continuation Coverage and COBRA Coverage section.

This extension may be available to your spouse/domestic partner and any dependent children receiving continuation coverage if you die, get divorced or terminate your domestic partner relationship or if your dependent child is no longer eligible under the terms of a Chevron health plan as a dependent child. A second event will be considered a qualifying event only if the second event would have caused your spouse/domestic partner or dependent child to lose coverage under the health plan had the first qualifying event not occurred.

Extension Due to Medicare Eligibility
When the qualifying event is the end of employment (for reasons other than gross misconduct) or reduction of the employee's hours of employment, and the employee became entitled to Medicare (Part A, Part B or both) benefits within 18 months prior to the qualifying event, continuation coverage for qualified beneficiaries (other than the employee) can last until 36 months after the date of Medicare entitlement. In order to qualify for this extension, you must provide the HR Service Center with a copy of your Medicare card showing the date of Medicare entitlement.

In no event will continuation coverage last beyond 36 months from the date of the event that originally made a qualified beneficiary eligible to elect continuation coverage.

When Continuation Coverage Ends

Continuation coverage may be terminated before the maximum period if one of the following occurs:

- The premium for your continuation coverage is not paid on time.
- If after electing continuation coverage, you become covered by another group health plan, unless the plan contains any exclusions or limitations with respect to any pre-existing condition you or your covered dependents may have.
- If after electing continuation coverage, you first become eligible for and enroll in Medicare Part A, Part B or both.
- You extend coverage for up to 29 months due to a qualified beneficiary's disability and there has been a final determination by the Social Security Administration that the qualified beneficiary is no longer disabled. In this case, continuation coverage will end on the first of the month that begins more than 30 days after the final determination by the Social Security Administration that the qualified beneficiary is no longer disabled. This will be the case only if the qualified beneficiary has been covered by continuation coverage for at least 18 months.
- Chevron no longer provides group health coverage to any of its eligible employees or eligible retirees.

Continuation coverage also may be terminated early for any reason the Chevron health plans would terminate coverage of a participant or beneficiary not receiving continuation coverage (for example, you commit fraud or make an intentional misrepresentation of a material fact).

Continuation Coverage vs. Retiree and Survivor Coverage

If you qualify as an eligible retiree at the time of your termination of employment with Chevron, you will have the option to elect either one of the following for you and your covered dependents:

- Retiree and survivor coverage.
- Continuation coverage.

The costs for retiree and survivor coverage and continuation coverage may differ. You should carefully review the information provided to you by Chevron at the time you terminate employment with Chevron.

Although you have the option to elect either retiree and survivor coverage, or continuation coverage, generally, if you don't enroll in retiree and survivor coverage when you first become eligible, then you can only elect retiree and survivor coverage during an annual open enrollment period. However, there are a few exceptions as follows:

- This provision does not apply if you were a former employee who was eligible for both subsidized COBRA and retiree medical coverage and initially elected subsidized COBRA coverage. In this case you can immediately enroll in retiree medical coverage after your subsidized COBRA coverage ends, provided you do so within 31 days of the subsidized COBRA coverage ending.

- This provision does not apply if you and your dependents are covered by another Group Plan upon your death. In this case, your survivors are able to elect coverage under the retiree and survivor plan, provided they do so within 31 days of your death.

Elections you make during an open enrollment period will become effective at the beginning of the next calendar year, unless you have a qualifying life event (for example, you get married or divorced) that is subject to midyear special enrollment rights.

Continuation Coverage Considerations

If you don't elect continuation coverage …

If you qualify as an eligible retiree and *don't* elect continuation coverage, you and your eligible dependents that were enrolled in a Chevron health plan on the day before the qualifying event will be automatically enrolled in retiree and survivor coverage with Chevron. Retiree and survivor coverage will be effective retroactively to the first day of the month following your termination of employment. You may still elect continuation coverage during the 60-day election period. If you elect continuation coverage after you have been automatically enrolled in retiree and survivor coverage, your retiree and survivor coverage will be retroactively canceled.

If you elect continuation coverage …

If you qualify as an eligible retiree at the time of your termination of employment with Chevron and you elect continuation coverage, you may enroll in retiree and survivor coverage at a later time, but only during an annual open enrollment period. However, there are a few exceptions that apply – please see above.

Special exceptions if you are eligible for subsidized COBRA …
If you are eligible for both retiree medical coverage and subsidized COBRA, and you initially elect subsidized COBRA coverage, some of the provisions above do not apply to you:

- You can immediately enroll in retiree and survivor coverage after your subsidized COBRA coverage has ended, as long as you do so within 31 days of the subsidized coverage ending. You do not have to wait for an open enrollment period.
- If you die while enrolled in subsidized COBRA, your survivors can immediately enroll in retiree and survivor coverage after subsidized COBRA coverage has ended, as long as they do so within 31 days of the subsidized coverage ending.
- If you die while enrolled in another employer's group health plan, your survivors can immediately enroll in retiree and survivor coverage after your death, as long as they do so within 31 days of your death.

Retiree and Survivor Coverage Considerations

If you die, your enrolled dependents are eligible for either continuation coverage (described under Continuation Coverage and COBRA Coverage in this section) or survivor coverage under Chevron's health plans. Chevron currently pays a portion of the cost for survivor coverage. However, if your enrolled dependent(s) elect continuation coverage, they must pay the entire cost plus a 2 percent administrative fee.

Your enrolled dependents may elect survivor coverage within 31 days of your death. Upon timely receipt of any required premiums, an election of survivor coverage will be effective retroactive to the day after the day that the survivor's (and his or her covered dependent(s), if applicable) coverage under Chevron's health plans terminates. In the event that such survivor subsequently elects continuation coverage within the election period, such survivor's (and his or her eligible dependent(s), if applicable) survivor coverage shall be canceled retroactive to the day it commenced.

Survivor coverage for your spouse/domestic partner can continue until he or she dies, cancels survivor coverage or does not make timely premium payments. Survivor coverage can continue if a surviving spouse/domestic partner remarries or enters into a new domestic partner relationship, but the new spouse/domestic partner or any other dependents cannot be added to any Chevron health plan. If your spouse wishes to add his or her new spouse or other dependent to the plan, survivor coverage ends, and up to 36 months of continuation coverage becomes available.

Survivor coverage for your enrolled children can continue until the child reaches age 26 (unless incapacitated), or is no longer eligible according to the eligibility provisions for the health plans for reasons other than your death. Please see the "Eligible Children and Other Dependents" section for details on eligibility. If your dependent wishes to add his or her new spouse or other dependent to the plan, survivor coverage ends, and up to 36 months of continuation coverage becomes available.

Survivor coverage will also end early if the survivor fails to timely pay any required premiums for coverage or as of the date the survivor has received the maximum benefit under a particular Chevron health plan. Survivor coverage will also end if Chevron ceases to provide any health plan for any of its employees or retirees. Survivor coverage may also be terminated due to fraud or intentional misrepresentation of a material fact.

If your covered spouse or covered child becomes ineligible for survivor coverage, he or she can continue Chevron health plan coverage for up to 36 months under the terms of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Pursuant to Chevron policy, your covered domestic partner and your domestic partner's covered dependent children may also be eligible for continuation coverage that's similar to COBRA if they become ineligible for survivor coverage under the Chevron health plans.

If a surviving spouse/surviving domestic partner or surviving dependent child waives all health plan coverage, they become permanently ineligible for future Chevron health plan coverage with respect to your death.

Additional Rights and Rules

Special Rule: Periods of Continuation Coverage Subject to the Uniformed Services Employment and Reemployment Rights Act of 1994

If you are on a Military Service Leave, you will be permitted to continue health plan coverage for you, your spouse and your dependent children in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and pursuant to Chevron policy.

While you are on a Military Service Leave, your health plan coverage may continue. Chevron will continue to pay its normal company contribution, provided that you continue to timely pay your required employee contributions. While you are on paid status, your employee contribution will be deducted from your paycheck, provided that you have sufficient funds available after required deductions. If your employee contribution exceeds the amount of pay available, or if you are on unpaid status, you will receive a bill from Chevron's HR Service Center for your health plan coverage.

It is your responsibility to make timely payments for your regular benefits coverage as defined by the administrative rules of the Omnibus Health Care Plan. If the full premium payment is not received by the payment due date, your regular benefits coverage will be terminated retroactive to the end of the month for which full payment was received. If you have been on Military Service Leave for less than 24 months at the time your regular coverage ends, you will be offered continuation coverage (under USERRA).

Your, your spouse's or your dependent's period of continuation coverage under USERRA will begin on the date your Military Service Leave begins and will end on the earliest of the following dates:

- The 24-month period beginning on the date on which your Military Service Leave begins.
- The period ending on the day after the date on which you fail to timely apply for or return to a position of employment with Chevron, as determined under section 4312(e) of USERRA.

Periods of continuation coverage offered in accordance with the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) will run concurrently with periods of continuation coverage offered pursuant to COBRA and Chevron policy.

You are covered under USERRA if you serve voluntarily or involuntarily as a member of the uniformed services of the United States, including serving in the reserves or as designated by the president. The uniformed services include the U.S. Army, Navy, Marines, Air Force and Coast Guard, and the Public Health Service Commissioned Corps.

How Much USERRA Continuation Coverage Costs

If you fail to pay your employee contributions such that you are no longer eligible for regular coverage and you elect USERRA continuation coverage, you must pay 100 percent, plus a 2 percent administrative fee, of the cost of health plan coverage that's continued. The cost of coverage will vary based on the plans you're enrolled in and how many family members are enrolled.

How to Contact ADP for More Information

If you have any questions about the COBRA law, please contact ADP Benefit Services, 1-888-825-5247, and select option 2, then " *," then 1. If you're outside the U.S. and can't access the toll-free number, call or at 610-669-8595 and select option 2, then " *," then 1. Or, write to ADP Benefit Services at P.O. Box 2638, Alpharetta, GA 30023-2638.

Glossary

Casual Employee

An employee who's hired for a job that's expected to last no more than four months and who isn't designated by Chevron as a seasonal employee.

Common-Law Employee

A worker who meets the requirements for employment status with Chevron under applicable laws.

Company

Chevron Corporation and those of its subsidiaries that it has designated to participate in the Omnibus Health Care Plan and that have accepted such designation by appropriate corporate action. Such designation may include a limitation as to the classes or groups of employees of such subsidiary that may participate in the Omnibus Health Care Plan.

Corporation

Refers to Chevron Corporation.

HIPAA

The Health Insurance Portability and Accountability Act of 1996, as amended from time to time.

Leased Employee

Someone who provides services to Chevron in a capacity other than that of a common-law employee and who meets the requirements of section 414(n) of the Internal Revenue Code. This law requires Chevron to treat leased employees as if they're common-law employees for some purposes, but doesn't require that they be eligible for benefits.

Professional Intern

An individual who works either a full-time or part-time work schedule and whose work periods with Chevron alternate with school periods.

Regular Work Schedule

A continually recurring pattern of scheduled work that's established and changed by Chevron as necessary to meet operating needs.

Seasonal Employee

An individual who's hired to work a regular work schedule for a portion of each year on a repetitive basis in a job designated to cover a seasonal operating need.

Spouse

A person to whom you are legally married under the laws of a state or other jurisdiction where the marriage took place.