Human Energy. Yours.™

Chevron Open Enrollment

October 19 Through October 30, 2015

Your Health.

Open Enrollment

October 19 Through October 30, 2015

This newsletter applies to non-U.S.-payroll expatriate employees on a residential assignment in the United States.

Open enrollment is your annual opportunity to review your benefits for the coming year and to enroll in or make changes to your health care benefits, such as adding a dependent to your coverage. Even if you don't think you need to make changes, it's still a good idea to take a few minutes to review your coverage. This newsletter tells you how to enroll, outlines upcoming changes for 2016, and provides other important information about your benefits.

The plan changes described in this newsletter and any changes you make to your coverage during open enrollment become effective January 1, 2016. If you miss the open enrollment deadline, you generally can't make any changes until the next open enrollment period for 2017 benefits. However, you can make changes to certain benefits outside of the open enrollment period if it's within the 31-day deadline after a qualifying life event, such as a marriage or birth.

You must take action during open enrollment if …

- You want to **start or stop** Chevron medical or dental coverage.
- You want to **add or remove a dependent** from health coverage.

Verify Your Dependents Are Enrolled in Health Coverage

It's important to confirm during open enrollment that any eligible dependents you expect to be covered under the Global Choice and dental plans are in fact enrolled. This is especially important if you've recently transferred to an expatriate assignment. Remember, if you miss the open enrollment deadline, you generally can't add any dependents until the next enrollment period in the fall of 2016 (unless you experience a qualifying life event). You can confirm coverage from the Benefits Connection website during open enrollment. (See Page 3.)

How to Review Your Benefits and Make Changes

October 19 Through October 30, 2015

If You Need to Make a Change

If you need to make a change to your benefits, take action between October 19 and October 30, 2015. To make a change, **contact your assignee counselor** to have your benefits updated; you cannot change your benefits on the Benefits Connection website or on the phone. As a courtesy to your assignee counselor, please go to the enrollment website, Benefits Connection (or call the HR Service Center) to review your benefits and dependents, first. If after reviewing your coverage you decide you need to make a change, contact your counselor. If you don't know your assignee counselor, go to **hr.chevron.com/expatriate** and use the **Assignee Counselor Finder** located on the right sidebar of the page.

What coverage do I currently have?

Remember, you can only view your benefits coverage online; you cannot make changes or updates online. You can login to the **Benefits Connection website** from any computer or mobile device with an Internet connection.

- Go to **hr2.chevron.com**.
- Choose **Open Enrollment** to get started.

You can also call the HR Service Center to review your coverage.

HR Service Center
1-888-825-5247 (inside the U.S.)
610-669-8595 (outside the U.S.)

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

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

Make Sure You Have Your Password (PIN)

You will need your personal identification number (PIN) to review your current coverage, whether by phone or online. If you access **Benefits Connection** from the Chevron network, you can use the automatic sign-in feature and you don't need a PIN. But if you plan to review your current coverage from outside the Chevron network or by phone, you'll need your PIN.

If you don't know your PIN, or can't find it, you can request a new one online or by calling the HR Service Center (see Page 3). It can take up to two weeks to receive your PIN in the mail, so take action right away if you need it.

Don't Know Your PIN?

- Follow the instructions at the bottom of this page.

Benefits Connection Has a New Look

The Human Resources (HR) Service Center has recently upgraded the Benefits Connection website. The data and functionality you expect is still there on the refreshed site, including the retirement estimator, open enrollment elections and other health and welfare tools. In addition, the web address, automatic login feature and your password/PIN has not changed. What may change is the overall look and feel of the website and how some of the information is accessed or how benefit elections are made. If you need help using the refreshed site, call the HR Service Center for assistance.

More Enrollment Resources

The **Open Enrollment** section at **hr2.chevron.com** is the place to go to learn more about your benefits, learn more about changes for next year, and view your current coverage online. You can go to this website at work or at home. Here are two resources available at **hr2.chevron.com** that may be of special interest to you as you are thinking about your benefits for 2016.

Summary of Benefits and Coverage (SBC)

SBCs provide summary information about your health plans, such as benefits, copayments, deductibles, coinsurance and plan contact information. SBCs for 2016 health plans are available free of charge online at **hr2.chevron.com** or by calling the HR Service Center at 1-888-825-5247 (inside the U.S.) or 610-669-8595 (outside the U.S.), and selecting option 2.

Summary Plan Description (SPD)

Summary plan descriptions (SPDs) provide detailed information about your Chevron benefit plans such as eligibility, claims and participation. You can get your SPDs in two ways:

- **Online.** Visit **hr2.chevron.com** and choose the **Your Benefits** tab.
- **By phone.** To request a free printed copy by mail, contact the HR Service Center at 1-888-825-5247 (inside the U.S.) or 610-669-8595 (outside the U.S.), and select option 2.

2016 Plan Changes

This section describes the changes to your benefits that take effect on January 1, 2016.

This section of the newsletter (Page 7 - Page 13) serves as an official summary of material modification (SMM) to the summary plan description (SPD) book(s) for the plans referenced herein. Please keep this information with your other plan documents for future reference. This SMM provides only certain information about changes of benefit provisions. It is not intended to be a complete explanation. If there are any discrepancies between this SMM 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.

Summary plan descriptions (SPDs) provide detailed information about your Chevron benefit plans such as eligibility, claims and participation. You can get your SPDs in two ways:

- **Online.** Visit **hr2.chevron.com** and choose the **Your Benefits** tab.
- **By phone.** To request a free printed copy by mail, contact the HR Service Center at 1-888-825-5247 (inside the U.S.) or 610-669-8595 (outside the U.S.), and select option 2.

Global Choice Plan (Expatriates in the U.S.)

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

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

2016 Global Choice Plan Costs

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

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

Changes to Prescription Drug Coverage

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

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

New Medications Subject to Preferred Step Therapy

Certain drugs are covered by the Prescription Drug Program only if preferred drugs — which include generics — are tried first. This is called **Preferred Step Therapy (PST)**. The following are new classes of medications that will be subject to PST effective January 1, 2016. This means that you will be required, when clinically appropriate, to try a preferred drug before Express Scripts will authorize coverage for the use of non-preferred drugs:

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

New Prior Authorizations

The Prescription Drug Program covers some drugs only if they're prescribed for certain uses or only up to certain quantity levels. For this reason, some medications will require your doctor to provide additional clinical information so that use of the medication can be approved in advance before you can receive plan benefits. This is called **prior authorization**. The following drugs will require prior authorization effective January 1, 2016:

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

Some Compound Medications Not Covered

According to the FDA, compounding is the practice in which a licensed pharmacist combines, mixes or alters ingredients in response to a prescription to create a medication tailored to the medical needs of an individual patient. Individual active ingredients within the compound might be FDA approved, but the FDA does not approve the quality, safety and efficacy of the actual compound with multiple active ingredients.

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

For a few of the excluded compound medications, there are commercially available products that don't require a compounded product. Only your medical provider and you can determine a suitable alternative since it is often difficult to determine the condition for which a compound medication is being prescribed. If you continue to use the affected compound medications, you will pay the full retail price if you refill that prescription starting January 1, 2016.

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

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

PCSK9 Inhibitor Drug Class
New Prior Authorization Program

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

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

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

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

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

Mental Health and Substance Abuse Plan

The Mental Health and Substance Abuse (MHSA) Plan, administered by ValueOptions, a Beacon Health Company, provides confidential support for a wide range of personal issues — from everyday challenges to more serious problems. You and your covered dependents have access to support services 24 hours a day for a variety of concerns such as:

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

ValueOptions has merged with Beacon Health Strategies.

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

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

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

ValueOptions, a Beacon Health Options company
1-800-847-2438
www.valueoptions.com

MHSA Basics

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

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

Reminders About Using Your Global Choice Plan Coverage

Services Inside the United States

Medical Services (Cigna)

All medical services are insured by **Cigna** — whether inside or outside the U.S. Your Global Choice Plan is a PPO plan, which means you can use any doctor you want — in or out of the network. While your medical plan allows you to visit any provider you choose, it's important to understand that if you receive medical services inside the U.S., there are different levels of benefits for network providers and out-of-network providers.

- When you use a **network provider in the U.S.**, the plan will pay **100 percent** of the cost for covered medical services.
- If you **do not use a network provider in the U.S.**, that's your choice, but the plan will pay only **70 percent** of the cost for most covered medical services for an out-of-network provider, and you will pay the remainder. Chevron will not reimburse you for this expense.

Here are some important things to remember about using your medical coverage in the U.S.:

- The Global Choice Plan uses the **Cigna Open Access Plus (OA Plus) network**, so you can use any doctor you choose – in or out of the network. Contact Cigna to find a U.S. provider in the Cigna network. (See Page 20.)
- Show your **Cigna member ID card** to your provider for **medical services**. If they have questions about your coverage they should contact Cigna at the phone number listed on your ID card. Note that if you need to obtain a **prescription when you are inside the U.S.**, use your **Express Scripts ID card**.
- If you visit a **network provider in the United States**, you do not need to submit a claim form for reimbursement. You'll pay out of your own pocket for your portion of the medical service, if any, when you receive it. Your provider will work directly with Cigna.

If you visit an **out-of-network medical provider in the United States**, you will generally need to pay for the service when you receive it, out of your own pocket.

Be sure to bring a **Cigna claim form** with you and ask your provider to enter the diagnosis and treatment information on the form. Then return the claim form with the required copies of receipts and bills to Cigna for reimbursement to you.

A **network** is a group of independent health care providers in the U.S. – doctors, hospitals, pharmacies – that have agreed with your health plan to charge discounted rates for services provided to plan members. Network providers save you money directly by reducing your out-of-pocket costs. They also help to lower overall claim costs.

Services Inside the United States (continued)

Prescription Drugs (Express Scripts)

Express Scripts administers your **prescriptions** *obtained in the United States* or by *mail-order within the United States*. Similar to medical services, your prescription drugs are covered at different levels depending on where and how they are purchased.

- If you use a **U.S. network retail pharmacy or the mail order pharmacy**, the plan pays **100 percent** of eligible expenses.
- If you use an **out-of-network pharmacy in the U.S.**, the plan will only pay **70 percent** of eligible expenses.

To make sure your drugs are covered at 100 percent, remember:

- Some drugs are covered only if they're prescribed for certain uses or only up to quantity levels. These must be approved in advance before the plan will cover them. If you don't get approval from the plan, you'll pay the full cost.
- High-cost specialty maintenance medications must be purchased through the mail order specialty pharmacy. You can get your first fill of a specialty drug at a network retail pharmacy for no cost, but after that, you'll pay the full cost if you continue to purchase it at a retail pharmacy.

Here are some important things to remember about using your prescription drug coverage in the U.S.:

- If you need to obtain a prescription when you are **inside the United States**, use your **Express Scripts ID card**. Your Cigna ID card is only for medical services or when you purchase a prescription drug *outside* the U.S.
- **Mail-order is only available through Express Scripts** and only applies to addresses within the United States because medications cannot be shipped overseas. In addition, medications cannot be shipped through Chevron pouch mail.

Remember, health plans only pay for services, treatment and prescription drugs that they have agreed to cover. If a service or treatment is excluded from your plan's coverage, you'll be required to pay the full amount. You can call your plan to ask about what services are covered and what are excluded.

Services Outside the United States

Medical Services (Cigna)

All medical services are insured by **Cigna** — whether inside or outside the U.S.

- Cigna makes more providers available to you through the **Cigna*Links*** program. Cigna*Links* is a collaboration between Cigna and local health care insurers and administrators. When you access care through a Cigna*Links* provider, you may benefit from higher discounts, less paperwork and less money paid out of your own pocket. Contact Cigna (see Page 20) for more information about Cigna*Links*.

- You may need to file a claim form unless you visit a provider (such as a doctor or hospital) that has a **direct pay arrangement** or has obtained a **guarantee of payment** from Cigna.

    - With **direct pay arrangements**, Cigna pays your health care professional directly, which helps reduce the amount you need to pay for covered services out of your own pocket at the time of treatment.

    - **Guarantee of payment** means Cigna has assured the provider that it will pay directly for covered services. This helps prevent you from having to pay for covered services out of your own pocket at the time of treatment.

- If Cigna *does not* have a direct pay arrangement in place, they can, in many cases, arrange for a guarantee of payment. Be sure to provide your **member ID card when you visit a provider outside the U.S.** You or the provider should contact the 24-hour member services unit at the number on your ID card to make arrangements. Regardless of the direct pay arrangement, you should always obtain a copy of the bill for services rendered and retain it for your records. Contact Cigna (see Page 20) for more information about direct settlement providers.

Covered Services Reminder
Remember, health plans only pay for services, treatment and prescription drugs that they have agreed to cover. If a service or treatment is excluded from your plan's coverage, you'll be required to pay the full amount out of your own pocket. You can call your plan to ask about what services are covered and what are excluded.

Services Outside the United States (Continued)

Prescription Drugs (Cigna)

Prescription drugs obtained outside the United States are insured by Cigna.

- **There are no networks outside the U.S.** When you obtain prescription drugs outside the U.S., you do not need to use a network provider; the plan will pay 100 percent of billed charges for prescription drugs and there is no deductible.
- If you need to obtain a prescription when you are **outside the United States**, **Cigna** can help you locate a physician. Cigna can also verify if a prescription is available or help you determine the drug equivalency in other countries for your prescription medications.
- If you need to obtain a prescription when you are **outside the United States**, use your **Cigna ID card**.
- Some drugs are covered only if they're prescribed for certain uses or only up to quantity levels. These must be **approved in advance** before the plan will cover them. If you don't get approval from the plan, you'll pay the full cost.
- **Mail-order is only available through Express Scripts** and only applies to addresses within the United States because medications cannot be shipped overseas. In addition, medications cannot be shipped through Chevron pouch mail.

Cigna Claims

Claim forms are available on the Cigna website. Claims forms are also available on **hr2.chevron.com**. Choose the **Your Benefits** tab and then select the **Global Choice (Expatriates in the U.S.) Plan** from the page. Use the same Cigna claim form for:

- Medical services **inside** the U.S.
- Medical services **outside** the U.S.
- **Prescription drugs** obtained **outside** the U.S.

You can submit claim forms and bills by **mail**, **email** or **fax**, or you can submit claims **online** at **CignaEnvoy.com**. Keep a copy of your completed claim form and receipts for your records. You can track the status of your claim on **CignaEnvoy.com** and you can contact Cigna if you have any questions. Cigna offers several options for reimbursement including international direct deposit, checks, electronic funds and wire transfers.

Reminders About Using Your Dental Plan Coverage

Use a Network Dentist to Save Money

While your dental plan allows you to visit any provider you choose, when you use a **network provider**, the plan will pay **100 percent** of the cost for covered services, up to the annual limit. But if you choose to use an **out-of-network provider**, the plan will pay **70 percent** of the cost for covered services up to the annual limit and you will pay the remainder.

A **network** is a group of independent health care providers in the U.S., like dentists, that have agreed with your dental plan to charge discounted rates for services provided to plan members. Network providers save you money directly by reducing your out-of-pocket costs. They also help to lower overall claim costs.

If your dental care will cost more than $300 …

If your dentist recommends a service that costs more than $300 (for example, crowns and bridges), you should ask the dentist to submit a predetermination to United Concordia (UCCI) before you receive care. With a predetermination, UCCI will review your dentist's suggested treatment and confirm important benefit information before you receive care. This extra step could save you from spending extra money out of your own pocket on treatments that are not covered or have limited coverage under your dental plan. A predetermination will tell you and your dentist the following:

- **If the service is covered by the plan.** If the plan doesn't cover the service, you will be required to pay the full cost and Chevron will not reimburse you.
- The **total amount you will owe** and **how much the plan will cover**.
- If there are any **alternate treatment options** covered by the dental plan.

Your dentist can submit a predetermination, online or by mail, before you receive treatment. Once submitted, the predetermination is processed by United Concordia. Electronically submitted predeterminations are processed instantly, unless additional supporting documentation is required. Mailed predeterminations are typically processed within 14-30 days. The results are then summarized and mailed to both you and your dentist.

Your dental plan has an annual limit to the cost of services it covers. For covered services at a network provider, the plan will pay up to $2,000 in costs each year. If the cost of dental services you receive in a year is more than $2,000, you'll be required to pay the full amount over $2,000. Chevron will not reimburse you for this expense.

Global Choice Contact Information

Chevron Global Choice Plan (Expatriates in the U.S.)
Note: Cigna refers to the network as the Open Access Plus (OA Plus) network.

Claims Administrator	**Medical Services** Cigna Global Health Benefits (Cigna) (For services obtained globally) **Prescription Drugs** Cigna Global Health Benefits (Cigna) (For prescriptions obtained outside the U.S.) Express Scripts (For prescriptions obtained inside the U.S. and mail order) **Vision Care** VSP Vision Care (VSP) (For services obtained globally)
Group Account Numbers	**Cigna** 05721A009 **Express Scripts** 1839 **VSP** 30021085
Websites	**Cigna:** www.cignaenvoy.com/ **Express Scripts: www.express-scripts.com** **VSP: www.vsp.com/go/chevron**
Talk to Cigna	**Toll-Free Number** 1-800-828-5822 (U.S. and Canada) **International Calls** ATT Access Code* + 800-828-5822 **Direct Dial Number (collect calls accepted)** 1-302-797-3871 * AT&T USADirect® access numbers make it convenient to call Cigna. AT&T USADirect® access is available in many countries around the world. If you happen to be on assignment in one of the few countries where it's not available, please call Cigna collect through the international operator. For a listing of AT&T USADirect® Access numbers, go to www.att.com/esupport/traveler.jsp.
Talk to Express Scripts	**Prescription drugs obtained inside the U.S.** 1-800-987-8368
Talk to VSP	**Toll-Free Number** 1-800-877-7195 **International Calls** 1-916-851-5000 Press 0 for operator assistance

Legally Required Notices

No action required by you.

Women's Health and Cancer Rights Notice

To comply with the Women's Health and Cancer Rights Act of 1998, Chevron reminds you that all medical plans the company offers cover medically necessary mastectomy and related breast reconstructive surgery, including reconstruction of the breast on which the mastectomy is performed; surgery and reconstruction of the other breast to produce a symmetrical appearance; prostheses; and treatment remedies for physical complications during all stages of the mastectomy, including lymphedema.

Free or Low-Cost Health Coverage to Children and Families

To comply with the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Chevron reminds you that if you are eligible for health coverage from Chevron or another employer, but are unable to afford the monthly premiums, you may qualify for a premium assistance program that some states offer to help pay for your coverage. These states use funds from their Medicaid or Children's Health Insurance Program (CHIP) programs to help people who are eligible for employer-sponsored health coverage but need assistance with paying their health premiums. For a list of states that participate in premium assistance, go to **hr2.chevron.com**.

- If you or your dependents are already enrolled in Medicaid or CHIP, and you live in a participating state, contact your state's Medicaid or CHIP office to find out if premium assistance is available.
- If you or your dependents are not currently enrolled in Medicaid or CHIP but you think you or your dependents might be eligible for either program, contact your state's Medicaid or CHIP office. You can also call **1-877-Kids-Now** or visit www.insurekidsnow.gov to learn how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

Special Enrollment Opportunity

If it's determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, Chevron is required to allow you and your dependents to enroll in a company-offered plan. To qualify for this special enrollment opportunity, you must be eligible for Chevron coverage but not already enrolled. In addition, you must contact the HR Service Center and request Chevron health coverage within 60 days of being determined eligible for Medicaid or CHIP premium assistance. If you enroll within the 60-day time limit, Medicaid or CHIP will subsidize, or pay for, a portion of the Chevron health plan premium cost.

Mental Health and Substance Abuse Plan (MHSA) is a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act

Chevron Corporation believes the Chevron Corporation Mental Health and Substance Abuse Plan (the MHSA Plan) is a grandfathered health plan under the Patient Protection and Affordable Care Act (the Affordable Care Act).

As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at **1-888-825-5247** (610-669-8595 outside the U.S.). You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **1-866-444-3272** or **www.dol.gov/ebsa/healthreform**. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Please note: This newsletter applies to non-U.S.-payroll employees on an expatriate assignment in the U.S. who are eligible for Chevron health benefits.

Page 7-13 of this 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.

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