

Human Energy.Yours.™



Chevron Open Enrollment

October 19 Through October 30, 2015

Your Health.





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Open Enrollment

October 19 Through October 30, 2015

This newsletter applies to U.S.-payroll expatriate employees on a residential assignment who are eligible for Chevron's health and welfare benefits.

During open enrollment, you can decide to keep the coverage you currently have or make changes, such as adding a dependent to your coverage, updating your tobacco use status or enrolling in a flexible spending account plan. 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.

Don't miss ...

There are changes to the 2016 tobacco surcharge. (Page 14)

If you certified your tobacco use status as *Tobacco User Trying to Quit* for 2015, you'll need to take action during open enrollment. Learn why on Page 14.

MHSA notification requirements are changing. (Page 21)

There are changes to notification requirements - among other plan changes - in the Mental Health and Substance Abuse (MHSA) Plan. Learn more on Page 21.

The Benefits Connection website has a new look. (Page 10)

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.

Do I need to do anything during open enrollment?

If any of the situations below apply to you, don't miss open enrollment.

If you miss the open enrollment deadline on October 30, 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. See Page 10 for enrollment instructions.



Update Tobacco Use Status

If your 2015 certification status is **Tobacco User, But Will Try to Quit**, your 2016 tobacco use status will be automatically assigned as **Tobacco User** and the tobacco surcharge will apply to you for all of 2016. However, you can make a new 2016 tobacco use certification during open enrollment. Your new certification choice will determine whether or not the tobacco surcharge applies to you for all of 2016. See Page 14 to learn about your choices.

Open enrollment is your **only** opportunity to change your tobacco use status for 2016. You cannot change your 2016 tobacco use status during the year, even if you experience a **qualifying** life event.

Start, Stop or Change Coverage

If you want to start, stop or change coverage, you must take action during open enrollment.

- **Medical**
- **Dental**
- **Vision Plus Program**

There are also enrollment restrictions regarding **flexible spending accounts** and changing your before-tax or after-tax contribution status.

If you contribute to the **Voluntary Group Accident Insurance Plan** on a before-tax basis and you want to increase or decrease the amount of your coverage, you can only make an election during open enrollment.

Update Dependents

If you need to **add** or **remove** a dependent from health coverage for 2016, you must make an election during open enrollment.

Chevron is required to have your spouse, domestic partner and children's Social Security Number if enrolled in a Chevron health plan. Be sure to check your dependent's information online. See Page 8 to learn more.



 **Participate in a Flexible Spending Account in 2016**

Participation in the flexible spending accounts – **Health Care Spending Account (HCSA) or Dependent Day Care Spending Account (DCSA)** – is the only benefit election that *does not* carry over from year to year. You must re-enroll in the flexible spending accounts during open enrollment *every year* if you want to participate.

Read more about flexible spending accounts at hr2.chevron.com.

 **Change Before-Tax to After-Tax**

Some benefit contributions are automatically deducted from your paycheck on a before-tax basis. But you can elect to have contributions deducted on an after-tax basis instead by calling the HR Service Center during open enrollment (see Page 10). Read more about before-tax and after-tax contributions at hr2.chevron.com.

Benefit Choices

Make a choice during open enrollment only ...

Starting to participate or making changes to these plans are limited to once per year, during open enrollment (unless you have a qualifying life event during the year).

Medical Plans

- Global Choice Plan

The Global Choice Plan is the only medical plan available to you while you're on an expatriate assignment. If you're already enrolled, coverage automatically continues.

Dental Plans

- Dental PPO Plan

The Dental PPO Plan is the only dental plan available to you while you're on an expatriate assignment. If you're already enrolled, coverage automatically continues.

Additional Vision Coverage

If you're enrolled in the Chevron Global Choice Plan you are automatically enrolled in the Vision Program for **basic vision care**. If you want to start additional vision coverage with the **Vision Plus Program**, you must enroll during open enrollment.

If you're already enrolled in the Vision Plus Program, coverage automatically continues as long as you're still eligible for the plan.

As a reminder, the VSP provider network is made up of primarily private-practice vision providers across the United States. All VSP private-practice doctors provide exams and have materials, such as glasses and contacts, available in their office. **If you receive covered services outside the U.S., the nonpreferred (out-of-network) level of benefits will apply.** If you use a VSP preferred provider while you're in the U.S., the preferred provider level of benefits will apply.

Flexible Spending Accounts

- Health Care Spending Account (HCSA)
- Dependent Day Care Spending Account (DCSA)

If you want to participate in 2016, you must enroll during open enrollment. **Your participation does not automatically carry over from year-to-year.**

These plans are voluntary options that allow you to pay for certain eligible expenses with before-tax dollars. Each month, you contribute a set amount to your account(s) through before-tax payroll deductions. Then you use the funds in your account(s) to pay for eligible expenses.

Important: If you are enrolled in the HCSA, you cannot open or contribute to the BenefitWallet health savings account (HSA). This means that if you repatriate in 2016 and want to enroll in the High Deductible Health Plan (HDHP), you cannot open and contribute to the BenefitWallet HSA in 2016 if you are enrolled in the HCSA.



Go to **Open Enrollment** on hr2.chevron.com to learn more about all the plans and programs you see here, including information about how to enroll.

Make a choice at any time during the year ...

You can make a change or participate in these plans and programs at any time, but as you're thinking about your 2016 health benefits, why not also take a moment to look across all your benefits and programs and think about if you need to make adjustments to your other coverage?

Disability Plans

- Optional Long-Term Disability

Basic Long-Term Disability coverage is automatically provided to you. You may also be able to enroll in Optional Long-Term Disability coverage for an additional payroll deduction. Optional Coverage is combined with Basic Coverage to provide a total of 50 percent or 60 percent of your pay for qualifying disabilities.

Optional Life and Accident Insurance

- Supplemental Life Insurance (enroll, increase, decrease)
- Dependent Life Insurance (spouse or dependents)
- Voluntary Group Accident Insurance (See Page 4 for enrollment restrictions.)

Other Wealth Protection Coverage

- Long-Term Care Insurance
- Group Auto and Home Insurance

Other Health and Wellness Programs

- Health rewards
- Healthy Heart Program
- Fitness programs
- Tobacco free resources

Check your dependent's information.

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 PPO 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 for 2017 benefits (unless you experience a qualifying life event). You can confirm coverage from the Benefits Connection website when you make open enrollment decisions, or you can verify coverage today on the Benefits Connection website by going to the **Personal Information** tab, then choosing **Dependents**. (See Page 10.)

Verify Chevron Has Your Dependents' Social Security Number

The Patient Protection and Affordable Care Act requires companies like Chevron to annually report Social Security numbers (SSNs) for all dependents enrolled in one of Chevron's health plans. The HR Service Center has updated their systems to ensure we have the data required to satisfy these government reporting requirements. As a result, if you have a life event in the future that triggers a benefit change, you will be required to have all of your dependents' Social Security numbers on file with the HR Service Center. This includes life events like moving or adding a new dependent to your coverage. **If SSNs are missing for your dependent(s), your life event may not process correctly and you could experience a disruption in your coverage.**

What do I need to do?

While you're making open enrollment elections or updating your tobacco use status, review your dependents listed on Benefits Connection and be sure an SSN is listed for each of your dependents. For your reference this includes all types of dependents, children, spouse and domestic partner. If an SSN is missing, please update your dependent's record as soon as possible. **It's a good idea to do this now so you don't have a possible disruption in your coverage during a future life event.** You generally cannot update your dependent's information online; you must call the HR Service Center to have this change made. (See Page 10.) If your dependent does not have a social security number, please contact the HR Service Center. Certain alternatives, such as Tax Identification Number, may also be entered into our system to satisfy this request.

Your Right to Privacy

Please note that we respect your right to privacy. Chevron will only use the information collected to comply with plan rules and these specific legal requirements. Chevron does not use or transmit any personal information collected for the purpose of health plan administration except as described in the **Notice of Privacy Practices For Health Care Information** available online at hr2.chevron.com.

Last Chance for Health Rewards

Deadline to Qualify October 31

The choices you make every day about diet, exercise and tobacco matter. Earlier this year, Chevron announced a health reward opportunity to recognize your personal commitment to get and stay healthy in 2015. The deadline to qualify for the health rewards is almost here.

Each time you choose a healthy lifestyle option and complete a qualifying wellness activity, you'll earn points. Complete the voluntary health questionnaire and earn 250 points before **October 31, 2015**, 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 2016 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 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, 2016, as long as you're still eligible. The Wellness Credit can be used to pay for eligible health care expenses you incur between January 1, 2016 and December 31, 2016.

How to See If You Received Your Wellness Credit on January 1

If you meet the qualification requirements for a Wellness Credit, your \$250 credit is automatically added to your HCSA account on January 1, 2016, as long as you're still eligible. However, please note that your Wellness Credit amount *will not* display on the Benefits Connection enrollment website. To verify receipt of your Wellness Credit, you must do the following on or after January 1:

- Login to **myuhc.com**. If this is your first time to visit the site, you'll need to register with your social security number and the group number **247893**.
- Click on **View Account Balances**.
- Click on **Flexible Spending Account** in the left column.
- **Year to Date Contribution** will reflect your \$250 credit in addition to any payroll deductions (if applicable) that have occurred so far this year.

How to Enroll

October 19 Through October 30, 2015



Online - At Work. At Home. On Your Mobile Device.

The website will be open for you to update your tobacco use status and make other enrollment elections until midnight Pacific time on October 30. This website is available even if you don't have access to a Chevron computer. You can login to the enrollment site from any computer or mobile device with an Internet connection. (Plan ahead and get your password. See Page 11.)

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



By phone

Customer Service Representatives can take your tobacco use status update and open enrollment elections by phone until 5 p.m., Pacific time (7 p.m., Central time) on October 30.

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

Extended HR Service Center Hours

To assist expatriates who work in different time zones around the world, the HR Service Center will be open from 4 a.m. to 6 p.m., Pacific time on October 21 and October 28 during open enrollment.

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.

Make Sure You Have Your Password (PIN) Before Open Enrollment.

You will need your personal identification number (PIN) to enroll, update your tobacco use status, or make changes to your coverage (whether by phone or online). If you access the enrollment website from the Chevron network, you can use the automatic sign-in feature and you don't need a PIN. But if you plan to update your tobacco use status or make other open enrollment elections 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 10). It can take up to two weeks to receive your PIN in the mail, so take action right away if you need it.

Be sure to register for the **Forgot your PIN** feature if you haven't already done so. This feature will allow you to access your account by answering security questions. Log in to the Benefits Connection home page, then chose the **Personal Information** tab to get started. If you don't have this feature enabled, the only way to get a new PIN is through the mail.

Remember, if you'll be traveling during open enrollment take your PIN with you, as well as the HR Service Center phone number and the website address: hr2.chevron.com.



How to test your PIN online today.

- Go to hr2.chevron.com before open enrollment begins.
- Click the **Get Ready for Open Enrollment** banner.

Follow the instructions on the screen to test your PIN online. If you have trouble, follow the instructions on the screen to request that a new PIN be mailed to you.

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, access links to other tools and resources, update your tobacco use status, and make other enrollment choices 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.

It's not SPAM or Phishing

The HR Service Center manages the administration of your health and welfare benefits and maintains enrollment records for Chevron. For this reason, Chevron may request the HR Service Center to provide information that applies to your *personal* benefits enrollment situation directly to you at your Chevron email address. The emails come from the **Human Resources Service Center** mailbox with the email address HumanResources.ServiceCenter@xerox.com. These emails have been approved by Chevron's benefits department and can be considered safe. Note that this email box is an outgoing email box, so please don't send benefits questions to that address. If you have any question about the validity of an email you receive, you're always encouraged to call the Human Resources Service Center or send an email to the Chevron benefits team at chvbens@chevron.com.

2016 Plan Changes

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

*This section of the newsletter (Page 13 - Page 24) 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.*

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- **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.

Long-Term Disability Plan

If you're enrolled in **Optional Long-Term Disability (LTD) coverage**, your annual rate will increase from \$1.39 per \$100 of coverage to **\$1.42 per \$100 of coverage**. You'll see your new monthly cost on the Benefits Connection website during open enrollment and on your confirmation statement. If you want to enroll in or increase your Optional LTD coverage level during open enrollment, you'll need to provide proof of good health. You'll receive further instructions when you enroll if this applies to you.

Tobacco Surcharge Changes

New Tobacco User Trying to Quit requirements for 2016.

Open enrollment – October 19 through October 30, 2015 – is your only opportunity to update your tobacco use status for 2016.

Chevron has established a tobacco surcharge for medical and supplemental life insurance coverage. All active U.S.-payroll employees (and those on a leave of absence) were previously required to certify their tobacco use status. **Open enrollment – October 19 through October 30, 2015 – is your only opportunity to change your tobacco use status for 2016.** If you miss this deadline, you cannot change your 2016 tobacco use status until the next open enrollment period. And you cannot change your 2016 tobacco use status during the year, even if you experience a qualifying life event – like getting married or having a baby.

If your 2015 certification status is **Tobacco User, But Will Try to Quit**, you may need to take action during open enrollment to update your 2016 tobacco use status. **If you do not make a new tobacco use certification during open enrollment, your 2016 tobacco use status will be automatically assigned as Tobacco User and the tobacco surcharge will apply to you for all of 2016.** If you make a new 2016 tobacco use certification during open enrollment, your certification choice will determine whether or not the tobacco surcharge applies to you for all of 2016.

If your 2015 certification status is either **Not a Tobacco User, Tobacco User** or **Decline to Disclose**, your 2015 status will continue automatically in 2016 unless you make a change to your status during open enrollment. You do not need to do anything if this designation still accurately describes your tobacco use status.

There is no change to the tobacco surcharge amounts. The tobacco surcharge effective January 1, 2016 is as follows:

- **\$25** more each month in 2016 for medical coverage.
- **20 percent** more each month in 2016 for Chevron Supplemental Life Insurance Plan coverage, if enrolled.

How to Update Your Tobacco Use Status

You can update your tobacco use status by calling the HR Service Center (see Page 10) or by going online to Benefits Connection, the same website you use to make open enrollment elections. Follow the instructions on Page 10 to make open enrollment elections and update your tobacco use status for 2016.

Certification Choices for 2016

Your 2016 tobacco certification choices and requirements are as follows:

- **Not a Tobacco User.** You will not be subject to the surcharge during 2016.
- **Tobacco User.** If you're a tobacco user and don't intend to stop using tobacco, the surcharge will apply to you in 2016.
- **Tobacco User, But Commit to Coaching.** This is a new certification choice for 2016. See below for details.
- **Decline to Disclose.** If you decline to disclose your tobacco use, you will be defaulted to Tobacco User and the surcharge will apply to you in 2016.

New for Choice for 2016: Tobacco User, But Commit to Coaching

If you commit to complete at least **three** Tobacco Cessation Specialty Coaching sessions through WebMD between July 1, 2015 and December 31, 2016, the surcharge will not apply to you during 2016. Tobacco Cessation Specialty Coaching combines one-on-one telephone coaching, nicotine replacement therapy and integrated online resources to help participants try to stop using tobacco products. Contact WebMD at **1-888-321-1544** (or 925-842-8346 from outside the U.S.) to enroll. You can also go to hr2.chevron.com/wellness to learn more about this and other Tobacco Free Program resources.

What's Considered Tobacco Use

Indicate your tobacco use status only; you don't have to certify the tobacco use status of your spouse or domestic partner and other dependents for 2016. The definition of tobacco use has not changed for 2016. Any use, regardless of frequency or location, is considered use. This includes daily, occasional or social use. It also includes if it's used only at your home. Tobacco use means you've used any of the following at any point since July 1, 2015:

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

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

Global Choice Plan (U.S.-Payroll Expatriates)

The Global Choice Plan is the only medical plan option available to you while you're on expatriate assignment. 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:**
 - Cigna administers your prescription drugs for prescriptions obtained outside the United States.
 - Express Scripts administers your prescription drugs for prescriptions obtained in the United States or by mail-order within the United States.
- **Basic Vision:** Automatically covered by the Vision Program for basic vision coverage with VSP.

Preventive Care

The Global Choice Plan includes 100 percent coverage with no deductible for certain preventive care services as specified by the Affordable Care Act when you see a network provider (100 percent of allowable charges for an out-of-network provider). Additional preventive screenings and services may also be covered, depending on factors like your age and gender.

Deductibles

There are two separate deductibles under the Global Choice Plan:

- There is a deductible that applies to **all medical services** (inside and outside the United States).
- There is a deductible that applies to **prescription drugs obtained inside the United States** (no deductible for mail-order).

There is no deductible for prescription drugs obtained outside the U.S., and no deductible for mental health and substance abuse services.

Health Care Spending Account (HCSA)

You *are eligible* to participate in the Health Care Spending Account (HCSA), a flexible spending account. The funds you contribute to this account do not roll over from year to year. Learn more about the HCSA on hr2.chevron.com. Choose **Open Enrollment**.

Health Savings Account (HSA)

You *cannot* participate in a health savings account when enrolled in the Global Choice Plan. However, you can use funds from an *existing* HSA to pay for qualified medical expenses while participating in the Global Choice Plan.

Mental Health and Substance Abuse (MHSA) Plan

You're automatically covered by the MHSA Plan. You can choose to use any provider, network or out-of-network (there are no network providers outside the United States). There is no deductible to satisfy. See Page 21 for more information about the MHSA Plan.

Global Choice Plan (U.S.-Payroll Expatriates)

Monthly Premium

This is the fixed amount of money you pay each month to be covered by your health plan. Chevron also currently contributes money each month to help pay for your premium.

You Pay		Chevron Pays
\$88	You Only	\$356
\$175	You + One Adult	\$712
\$148	You + Child(ren)	\$606
\$235	You + Family	\$962

Annual Deductible

This is the amount you pay out of pocket before your health plan begins to help pay for covered health care services.

Service Inside or Outside U.S.



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

Inside the U.S.



\$150	Individual
\$300	Family

Outside the U.S.

No deductible, but copayments or coinsurance do apply.

No deductible for retail prescriptions obtained outside the U.S. No deductible for mail-order prescriptions (only available within the U.S.). Doesn't count toward the deductible: vision and health care this plan doesn't cover, difference between cost of generic and brand-name drugs, or between network and out-of-network pharmacy price, drugs this plan doesn't cover.



\$0 There is **no deductible** for mental health and substance abuse coverage, **but copayments or coinsurance do apply.**

Out-of-Pocket Maximum

This amount is the most you will have to pay out of pocket for covered health care services for the year. When you reach this amount, your health plan begins to pay 100 percent of the allowed amount for covered health care services. This amount is important because it protects you in the event you have a year with major health expenses. Your monthly premium, charges in excess of the allowable charges, and services your plan doesn't cover are examples of things not included in the out-of-pocket maximum.

Medical Services (Inside and Outside the U.S.) Prescription Drugs (Outside the U.S.) Mental Health and Substance Abuse Services



\$2,300 You Only



\$4,600 You + One Adult

\$4,600 You + Child(ren)



\$6,900 You + Family

Deductible, copayments, coinsurance, mental health and substance abuse apply toward the out-of-pocket maximum.

Prescription Drugs (Inside the U.S.)



\$1,800 Individual

\$3,600 Family

Deductible, copayments, coinsurance apply toward the out-of-pocket maximum.



Covered **Medical Services and Supplies**



Covered **Prescription Drugs**



Covered **Mental Health and Substance Abuse Services**

Tobacco Surcharge

Chevron has established a tobacco surcharge for medical and supplemental life insurance coverage. This means there are different monthly rates for this coverage for tobacco and non-tobacco users. The rates above do not include a tobacco surcharge. See Page 14 for tobacco surcharge information.

For More Information

Be sure to go to hr2.chevron.com for access to a variety of other resources.



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**, or review the documents and links available from hr2.chevron.com. Choose the **Open Enrollment** link to get started.

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, then 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 ValeOptions, 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

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. However, you do share a portion of the costs if you receive benefits under the plan.
- If you're enrolled in the **Global Choice Plan** or **a medical plan with another employer**, there is no deductible to satisfy, no matter if you're receiving mental health or substance abuse benefits in the network or out-of-network.

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).

ValueOptions has merged with Beacon Health Strategies.

ValueOptions, the current administrator of your MHPA Plan, has merged with Beacon Health Strategies to form Beacon Health Options. There will be no changes to your MHPA Plan, other than a new logo and administrator name – **ValueOptions, a Beacon Health Options company**. Your MHPA 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

New Office Visit Coinsurance Maximum

Global Choice Plan (U.S.-Payroll Expatriates)

Mental Health Benefits

Outpatient

Office visit (individual, group, family, medication management).

Some services require pre-certification (for example, psychological testing and electroconvulsive therapy).

Network

90% after 10% coinsurance (maximum \$25) per visit.

Out-of-Network

80% of allowed charges.

Substance Abuse Benefits

Outpatient

Office visit (individual, group, family, medication management).

Network

90% after 10% coinsurance (maximum \$25) per visit.

Out-of-Network

80% of allowed charges.

New Notification Requirements for Inpatient Admission

Global Choice Plan (U.S.-Payroll Expatriates)

Also applies if you have waived Chevron medical coverage

Mental Health Benefits

Inpatient

Acute inpatient treatment, structured outpatient treatment, intensive outpatient treatment, residential treatment and partial hospitalization.

Some services require pre-certification (for example, psychological testing and electroconvulsive therapy).

All inpatient services require notification to ValueOptions within 3 business days of admission. **If notification requirements are met the plan pays:** 90% of network charges for network services or 80% of allowed charges for out-of-network services. **If you don't meet the notification requirement the plan pays:** 60% of network charges for network services or 60% of allowed charges for out-of-network services.

Substance Abuse Benefits

Inpatient

Acute inpatient treatment, structured outpatient treatment, intensive outpatient treatment, residential treatment and partial hospitalization.

Network

Employees:

- The plan pays 100% of network charges of first \$5,000¹ if you voluntarily notify EAP-WorkLife within 3 business days of admission. After the first \$5,000, the plan pays 90% of network charges².
- If you do not notify EAP-WorkLife but you notify ValueOptions within 3 business days of admission, the plan pays 90% of network charges².

Dependents:

If you notify ValueOptions within 3 business days of admission, the plan pays 90% of network charges².

Employees and Dependents:

If you do not meet the notification requirements within 3 business days of admission, the plan pays 60% of network charges².

Out-of-Network

Employees and Dependents:

The plan pays 80% of allowed charges² if you notify ValueOptions or EAP-WorkLife within 3 business days of admission.

Employees and Dependents:

The plan pays 60% of allowed charges² if you *don't* notify ValueOptions or EAP-WorkLife within 3 business days of admission.

¹Paid once per lifetime.

²If you are enrolled in the High Deductible Health Plan, you must first meet the annual combined deductible before the plan pays its share of charges.

Reminders About Using Your Global Choice Plan Coverage

Services Outside the U.S.

All medical services and prescription drugs obtained *outside* the United States are insured by Cigna.

- Individual providers (such as a doctor), pharmacies and outpatient hospital facilities will generally **require payment at the time services are delivered**. You'll need to submit a claim directly to Cigna for reimbursement.
- **There are no Cigna networks outside the United States**; however Cigna does have a direct settlement agreement with many international providers (physician and hospitals). This means that if you use one of these providers, Cigna can settle your charges directly. Be sure to provide your member ID card when you visit. If Cigna does not have a direct settlement agreement in place, they can, in many cases, arrange for a Guarantee of Payment. 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 settlement agreement, you should always obtain a copy of the bill for services rendered and retain it for your records.
- Cigna has more than 185,000 doctors and hospitals with either **direct settlement** or who are a part of **CignaLinks**. The **CignaLinks** program has partnerships with select, regional networks for additional cost savings and ease of access to health care. **CignaLinks** can also help you understand how health care works in your host country. Contact Cigna for more information about **CignaLinks**.
- **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.
- **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 (U.S.-Payroll Expatriates) 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.



Services Inside the United States

All medical services are insured by Cigna – whether inside or outside the United States. Express Scripts administers your prescription drugs for prescriptions obtained in the United States or by mail-order within the United States.

- **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 - although you will generally pay less for your out-of-pocket expenses if you use a network provider. Contact Cigna to find a U.S. provider in the Cigna network.
- **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 *outside* the U.S.
- **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.
- **Covered dependents staying behind in the United States** will be issued a card with their own name on it and should always use their own Cigna ID card when receiving medical services.
- **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 give your provider a Cigna claim form, then return the claim form with the required copies of receipts and bills to Cigna.
- **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.

Global Choice Contact Information

Chevron Global Choice Plan (U.S. Payroll Expatriates)

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 05721A008

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 U.S. payroll employees who are on a residential expatriate assignment and are eligible for Chevron's health and welfare benefits.

Page 13-24 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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