



Legal Notices For New Employees

This document is a collection of notices that Chevron is legally-required to provide to you as a new employee. Be sure to review these notices carefully as they explain your rights as an employee and a participant in Chevron's benefits. **Note that depending on your situation, some of the information and benefits included in this document may not apply to you because you are not an eligible employee.** The personalized Enrollment Worksheet included in this package identifies the benefits and programs you're eligible to receive.

What's Inside?

- ✓ **Employee Privacy Notice**
Chevron respects the privacy of its employees. In processing personal data about its workforce personnel, Chevron complies with applicable privacy laws and internal policies as described in this notice.
- ✓ **Anti-Sexual Harassment Memorandum**
This memorandum describes Chevron's policy and procedures regarding sexual harassment.
- ✓ **Family and Medical Leave Act - Your Rights and Obligations**
This is a summary of your rights and obligations under the federal Family and Medical Leave Act (FMLA). Under this law, Chevron is required to grant you an unpaid leave of absence to handle family matters, including your own serious illness, and to protect your job while you are gone. In addition, Chevron is required to offer you continued health care coverage while you are on leave.
- ✓ **Women's Health and Cancer Rights Act of 1998 – Your Rights After a Mastectomy**
If you have had a mastectomy or expect to have one, you may be entitled to special rights under the Women's Health and Cancer Rights Act of 1998 (WHCRA). Under WHCRA, if your health plan covers mastectomies, the plan must provide certain reconstructive surgery and other post-mastectomy benefits.
- ✓ **Notice of Privacy Practices for Health Care Information (HIPAA)**
This notice describes how medical information about you may be used and disclosed and how you can get access to this information. This notice is provided as required by the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- ✓ **Medicaid and the Children's Health Insurance Program (CHIP)**
If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. This notice includes a list of states that offer premium assistance.
- ✓ **Notice of New Health Insurance Marketplace Coverage**
The Patient Protection and Affordable Care Act generally requires all U.S. citizens and resident aliens to have medical coverage beginning January 1, 2014, or pay a penalty. This enclosed notice provides some basic information you'll need if you enroll in health coverage through the Health Insurance Marketplace.
- ✓ **U.S. Equal Employment Opportunity Policy Memorandum**
This memorandum describes Chevron's policy and procedures regarding equal employment opportunity and affirmative action principles.
- ✓ **Pay Transparency Policy Statement**
The Office of Federal Contract Compliance Programs (OFCCP) published a final rule that prohibits federal contractors and subcontractors from firing or discriminating against employees for discussing, disclosing, or inquiring about their own pay or that of their co-workers.



Employee Privacy Notice

Chevron respects the privacy of its employees. In processing personal data about its workforce personnel, Chevron complies with applicable privacy laws and internal policies. Accordingly, Chevron is providing its employees this privacy notice.

At the beginning and during your employment with Chevron (the "Company"), the Company may collect and use certain personal data about you, including among others: contact details, job title and history, CAI, salary and benefits information, employment history, job performance information, information regarding use of Company resources, bank account number, and expense reimbursement information. The Company may also collect certain sensitive data, such as a government issued identifier, health information, nationality, and trade union membership information, as required or permitted by law to manage the employee relationship. The Company collects and uses personal data about you for business purposes and human resources management, including recruitment, administration of compensation and benefit programs, payroll, training, performance management, succession planning, meeting legal requirements, facilitating business transactions, and protecting the Company, its workforce personnel or the public against injury, theft, legal liability, fraud, abuse or other misconduct.

When the Company collects personal data directly from you other than as indicated in this notice, the Company will provide you with information about the collection and expected use of such information, including whether the information is required or voluntary, and any consequences of failing to provide the data. As required by law or Company policy, you may have a right to review and, if factually inaccurate, request a correction to certain personal data about you. To make a request to review and/or correct personal data about you, please contact your local human resources department.

The Company may disclose personal data to agents and contractors (such as payroll companies, insurance companies, information technology consultants, etc.) that provide services to the Company, as appropriate and necessary. The Company also may disclose personal data to other companies in connection with the operations of the Company's businesses or business transactions, or to governmental authorities pursuant to lawful requests. In these events, the Company will take appropriate steps, in accordance with applicable data protection laws and Company's privacy policies, to require that personal data are adequately protected.

Personal data may be transferred to other entities outside of your home country, including the United States, for processing consistent with the purposes described above. The Company has adopted privacy policies that apply consistent data protection standards across the enterprise.



Policy Prohibiting Sexual Harassment Memorandum

To: All U.S.-Based Employees and Applicants
From: Joe W. Laymon, Vice President-Human Resources and Corporate Services
Date: April 2016

Chevron is committed to an inclusive work environment that is free from discrimination. In keeping with this commitment, Chevron strictly prohibits all forms of discrimination, including harassment, based on race, color, religion, sex (including gender identity, gender expression and pregnancy), national origin or ancestry, age, mental or physical disability (including medical condition), military or veteran status, political preference, sexual orientation, marital status, citizenship, genetic information or other status protected by law or regulation. This prohibited conduct, whether by co-workers, supervisors, managers, or third-parties, will not be tolerated at Chevron. Employees found to have violated Chevron's non-discrimination policies will be subject to disciplinary action, up to and including discharge.

Sexual Harassment

Sexual harassment is an unlawful form of discrimination based on sex. It includes unwelcome sexual advances or requests for sexual favors where (1) submission to such conduct is an explicit or implicit condition of employment; (2) submission to or rejection of such conduct is a basis for employment decisions; or (3) such conduct interferes with work performance or creates an intimidating, hostile or offensive working environment. Sexual harassment may be perpetrated by members of the same sex, and is not limited to conduct based on sexual desire.

Sexual harassment can take many forms, including verbal, visual and physical. The following are a few examples of harassing activities:

- Verbal conduct or abuse such as epithets, slurs, offensive jokes, name calling or bullying; derogatory, suggestive or unwanted comments or statements describing an individual; remarks about sexual activities; or suggestive or obscene letters, notes or invitations.
- Visual conduct such as displaying or distributing objectionable items, offensive cartoons, photographs, electronic images, calendars, posters or similar written or graphic items at company facilities or using company equipment; leering; or making sexual gestures.
- Physical conduct such as assault, inappropriate touching, impeding or blocking movements, brushing against the body or other inappropriate physical contact directed at an individual.
- Sexual conduct such as unwanted sexual advances or innuendoes; offering employment benefits or preferential treatment in exchange for sexual favors; direct or indirect pressure for sexual activity; or actual or threatened retaliation for turning down sexual advances.

Harassment on the basis of protected characteristics other than sex is also strictly prohibited.

Chevron's Complaint Procedure

Chevron has developed procedures for handling complaints. If you are aware of or feel you have been subjected to discrimination, please immediately report your concerns to your direct supervisor (or if you are uncomfortable with doing so, the next level of management), manager, Human Resources business partner, or by calling the Chevron toll-free, 24-hour hotline at 1-800-284-3015. Complaints will be handled confidentially to the extent possible. Complaints will be promptly and effectively investigated, with prompt and effective corrective action for substantiated allegations.

Outside Agencies

Outside agencies, such as the Equal Employment Opportunity Commission (EEOC) and state agencies, generally request that a company's internal complaint procedures be followed first to hopefully resolve disputes. The EEOC can be contacted at 1-800-669-4000 (<http://www.eeoc.gov>). If you live in California, you can contact the EEOC or the California Department of Fair Employment and Housing (DFEH) at 1-800-884-1684 (www.dfeh.ca.gov). Unresolved complaints of discrimination for California residents may be filed with the DFEH within one year of the alleged occurrence. Remedies for substantiated claims can include, among other things, fines or damages, hiring or reinstatement, back pay or promotion, or changes in the policies or practices. Damage awards may also be assessed against individual employees found liable for harassment.

Retaliation Prohibited

No employee can be subjected to retaliation as a result of filing a discrimination complaint or participating in a discrimination investigation, proceeding, or hearing conducted by the company, the Equal Employment Opportunity Commission (EEOC), or a state agency. Retaliation under these circumstances is also a clear violation of company policy.



Family and Medical Leave Act

Your Rights and Responsibilities

This is a summary of your rights and obligations under the federal Family and Medical Leave Act (FMLA). Under this law, Chevron is required to grant you an unpaid leave of absence to handle family matters, including your own serious illness, and to protect your job while you are gone. In addition, Chevron is required to offer you continued health care coverage while you are on leave. Chevron's Family Leave Policy and disability policies meet or exceed the requirements of this law. Chevron is required to give you the following information about the Family and Medical Leave Act. Please read it and keep it with your benefits material.

General Information

This law went into effect on Aug. 5, 1993, for most employers. However, if a collective bargaining agreement was in effect on that date, the law went into effect no later than Feb. 5, 1994.

The law contains provisions about:

- Employer coverage
- Employee eligibility and entitlement
- Notice and certification of the need for a leave
- Continuation of health benefits during leave
- Job restoration after leave
- Protections for employees who request to take a leave.

The law also requires employers to keep certain records.

Employer Coverage

The law applies to all private-sector employers who employed 50 or more employees in 20 or more work weeks in the current or preceding calendar year and who are engaged in commerce or in any industry or activity affecting commerce, including joint employers and successors of covered employers.

Leave Entitlement

If you are an eligible employee, you may take up to 12 weeks of unpaid leave during any 12-month period for one or more of the following reasons:

- The birth of a child and care for the child within one year of birth.
- The placement of a child for adoption or foster care with the employee and to care for the newly placed child within one year of placement.
- To care for an immediate family member (spouse, child, parent) with a serious health condition (The definition of a serious health condition is included in the Definitions section near the end of this notice).
- For medical reasons, when you are unable to work because of your own serious health condition.
- For “any qualifying exigency” arising out of the fact that the employee’s spouse, domestic partner, son, daughter, or parent is on or has been notified of an impending call to active duty to a foreign country.

If you are an eligible employee, up to 26 weeks of unpaid leave during a 12 month period, to care for a family service member (spouse, son, daughter, parent or next of kin) who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability military retired list, for a serious injury or illness.

If your spouse is employed by the company, he or she may also be entitled to a leave. Spouses employed by the same employer are jointly entitled to a combined total of 12 work weeks of leave for the birth or placement of a child for adoption or foster care, and to care for a parent (but not a parent-in-law) who has a serious health condition.

If you take a leave for a birth or placement for adoption or foster care, your leave must end within 12 months of the birth or placement. In addition, you must take the leave in a minimum of two-week increments (except that you may take a shorter period of leave on two occasions).

Under some circumstances, you may take leave intermittently when medically necessary to care for a seriously ill family member or because you are seriously ill and unable to work. Intermittent leave may be taken in blocks of time down to one hour, or by reducing your normal weekly or daily work schedule.

Employee Eligibility

To be eligible for a leave covered by the Family and Medical Leave Act, you must meet all of the following:

- Work for an employer who is covered by the law.
- Work for the employer for a total of 12 months.
- Have worked at least 1,250 hours over the previous 12 months.
- Work at a location in the United States or in any territory or possession of the United States where at least 50 employees are employed by the employer within 75 miles.

Please note: the hours worked eligibility requirement for the Family and Medical Leave Act may be re-evaluated at the first absence after the conclusion of the 12-month period applicable to your leave. The applicable 12-month period continues for 12 months from the date of the first Family and Medical Leave Act approved absence for a serious health condition. If your need for leave extends beyond this 12-month period, your eligibility for the Family and Medical Leave Act may be re-evaluated based on hours worked. If you do not meet the hours worked eligibility requirement at that time, your request for leave beyond that date may be denied.

Paid Leave Can Count

Accrued paid leave, such as Short-Term Disability benefits or vacation, may be used to cover some or all of the leave you are entitled to under this law. Please contact your supervisor if you want to use all or part of your accrued vacation during your leave, and he or she will have your vacation coded in the payroll system. Chevron is responsible for notifying you if your use of paid or unpaid leave counts as a leave covered under law based on information you provide.

After a leave has ended, the absence cannot be credited as leave covered by the law unless one of the following occurs:

- The company knows why you were absent but is waiting for medical certification (or is in the process of obtaining a second or third medical opinion) to confirm whether the absence qualifies as a leave under the law.
- You are absent for a brief period (four to six work days, typically) for a reason that qualifies under the law, and the company is unaware of the reason. In this case, you must notify the company within two business days of returning to work that the absence was for a reason that is covered by the law. If you don't do this, you may not later assert that you are eligible for the protection granted by the law.

Notice and Certification

You must provide 30 days of advance notice when you can foresee the need for a leave and such notice is practical. You may also be required to provide:

- Medical certifications supporting the need for leave due to a serious health condition affecting you or an immediate family member.
- Second or third medical opinions (at the company's expense) and periodic recertification.
- Periodic reports during the leave regarding your status and intent to return to work.

When you need to take a leave for planned medical treatments for a family member or for your own illness, you must try to schedule the treatment so as not to unduly disrupt the company's operation.

Company Obligations

The company must post a notice approved by the Secretary of Labor explaining rights and responsibilities under the law. An employer that willfully violates this posting requirement may be subject to a fine of up to \$100 for each separate offense.

Also, the company must inform you of your rights and responsibilities under the law and give you specific information about what is required of you and what might happen under certain circumstances, such as if you do not return to work after the leave.

Continuation of Health Benefits

When you take a leave covered by the law, Chevron is required to offer you group health coverage as if you had continued to work. Chevron will pay the company portion of your health coverage contributions and you must pay your share of the contributions. While you are receiving Short-Term Disability benefits or vacation pay, your share of the contributions will be paid through deductions from your paychecks. During unpaid leave, arrangements will be made for you to pay your share of health care contributions. You will receive information from Chevron's Human Resources (HR) Service Center about how to make premium payments during your leave. If you do not pay your share of the health care contributions on a timely basis, your coverage for yourself and/or your dependents may be terminated for the remainder of your leave. Please contact the HR Service Center at 1-888-825-5247 (inside the U.S.) or 610-669-8595 (outside the U.S.) if you have questions about continuing your benefits while on leave. The company reserves the right to recover contributions it paid toward your health coverage if you do not return from the leave.

Job Restoration

When you return from leave, you must be restored to your original job, or to an equivalent job in the same general geographical work location with equivalent pay, benefits, and other employment terms and conditions.

If you take a leave, you cannot lose any employment benefit that you earned or were entitled to before the leave. In addition, the time you are on the leave cannot be counted against you under a “no fault” attendance policy.

Special Rule for Key Employees

There is a special rule about job restoration for highly paid “key” employees. In this case, a key employee is defined as an eligible salaried employee who is among the highest paid ten percent of employees within 75 miles of the work site.

If you are a highly paid key employee, an employer may refuse to reinstate you after a leave if reinstatement will cause substantial and grievous economic injury to the employer. To do this, an employer must do all of the following:

- Notify you of your status as a key employee in response to your notice of intent to take a leave.
- Notify you as soon as it decides to deny job restoration, and explain the reasons for this decision.
- Offer you a reasonable opportunity to return to work from leave after giving this notice.
- Make a final determination as to whether reinstatement will be denied at the end of the leave if you then request restoration.

Unlawful Acts

It is unlawful for any employer to interfere with, restrain, or deny the exercise of any right provided by the law. It is also unlawful for an employer to discharge or discriminate against you for opposing any practice, or because of involvement in any proceeding related to the law.

Enforcement

The U.S. Labor Department’s Employment Standards Administration, Wage and Hour Division administers and enforces the law, and investigates complaints. If violations cannot be satisfactorily resolved, the department may bring action in court to compel compliance. You may also bring a private civil action against an employer for violations.

Other Provisions

Salaried executive, administrative and professional employees of the company who meet the Fair Labor Standards Act (FLSA) criteria for exemption from minimum wage and overtime under Regulations, 29 CFR Part 541, do not lose their FLSA-exempt status by using any unpaid leave under this law. This special exception to the “salary basis” requirements for FLSA’s exemption extends only to eligible employees’ use of leave required by the law.

The Family and Medical Leave Act does not affect any other federal or state law that prohibits discrimination, nor does it supersede any state or local law that provides greater family or medical leave protection. In addition, it does not affect an employer’s obligation to provide more generous rights under a collective bargaining agreement or employment benefit plan.

Definitions

Here are definitions of terms according to the law.

Serious Health Condition

An illness, injury, impairment, or physical or mental condition that involves either one of the following:

- Any period of incapacity or treatment connected with inpatient care (an overnight stay) in a hospital, hospice or residential medical care facility, and any period of incapacity or later treatment in connection with such inpatient care.
- Continuing treatment by a health care provider that includes any period of incapacity (inability to work, attend school or perform other regular daily activities) due to:
 1. A health condition (including treatment for or recovery from the condition) that lasts more than three consecutive days, and any later treatment or period of incapacity relating to the same condition that includes one of the following:
 - Treatment two or more times by or under the supervision of a health care provider.
 - One treatment by a health care provider with a continuing regimen of treatment.
 2. Pregnancy or prenatal care. A visit to the health care provider is not necessary for each absence. (Note: In California, an employee who is disabled due to pregnancy, childbirth or related medical conditions may take a pregnancy-related disability leave for the period of actual disability, up to a maximum of four months. This is in addition to family care leave under California law.)
 3. A chronic serious health condition that continues over an extended period of time, requires periodic visits to a health care provider, and may involve occasional episodes of incapacity (for example, asthma or diabetes.) A visit to a health care provider is not necessary for each absence.
 4. A permanent or long-term condition for which treatment may not be effective (for example, Alzheimer's disease, a severe stroke or terminal cancer). Only supervision by a health care provider is required, rather than active treatment.
 5. Any absences to receive multiple treatments for restorative surgery or for a condition that would likely result in a period of incapacity of more than three days if not treated (for example, chemotherapy or radiation treatments for cancer).

Ordinarily, unless complications arise, conditions such as the following **do not meet the definition of a serious health condition and do not qualify under the law:** the common cold, the flu, earaches, upset stomach, minor ulcers, headaches other than migraine, routine dental or orthodontic problems, periodontal disease, etc.

Health Care Provider

A health care provider is any of the following:

- Doctors of medicine or osteopathy authorized to practice medicine or surgery by the state in which the doctor practices.
- Podiatrists, dentists, clinical psychologists, optometrists and chiropractors (limited to manual manipulation of the spine to correct a subluxation [partial dislocation] as demonstrated by an X-ray to exist) authorized to practice and performing within the scope of their practice under state law.
- Nurse practitioners, nurse-midwives and clinical social workers authorized to practice and performing within the scope of their practice, as defined under state law.
- Christian Science practitioners listed with the First Church of Christ Scientist in Boston, Massachusetts.
- Any health care provider recognized by Chevron.

Further Information

The Reed Group is an outside vendor who administers the FMLA for Chevron. If you're absent from work for any length of time for a reason that's covered under FMLA or a related state leave law and you want job protection for your absence, including time off to get medical treatment for your own serious health condition, time off to care for a seriously ill family member, or time off to bond with a newborn, newly adopted child, or a newly placed foster child, contact Reed Group by calling the HR Service Center:

- **1-888-825-5247** option 5 (inside the U.S.)
- **610-669-8595** option 5 (outside the U.S.)
- **hr2.chevron.com** (Choose the Disability Management link.)

If you want more details about your eligibility for leave under company policies please contact your HR representative. He or she can also provide you with details about Chevron's Family Leave Policy.

For information on how a leave affects your benefits, contact:

- **HR Service Center** at 1-888-825-5247 (610-669-8595 outside the U.S.).
- HR Policy 112 at hr.chevron.com/northamerica/us/ in the **HR Policies** section.
- *Request for Family Leave of Absence Without Pay (F-16)* form, available on the Chevron Forms Management website or through the HR Service Center.

For more information about the Family and Medical Leave Act, you may also contact the nearest office of the Wage and Hour division listed in most telephone directories under U.S. Government, Department of Employment Standards Administration. California-based employees may obtain more details on the State of California's Family Rights Act from the nearest office of the State Fair Employment and Housing Commission.

The final rule implementing the Family and Medical Leave Act is contained in the Jan. 6, 1995, Federal Register.



Women's Health and Cancer Rights Act of 1998

Your Rights After a Mastectomy

If you have had a mastectomy or expect to have one, you may be entitled to special rights under the Women's Health and Cancer Rights Act of 1998 (WHCRA). The WHCRA requires health plans to provide certain benefits for reconstructive surgery in connection with a mastectomy.

Consistent with the WHCRA, if you have a mastectomy and elect reconstructive surgery in connection with the mastectomy, coverage is provided for all of the following:

- Reconstruction of the breast on which the mastectomy is performed.
- Reconstruction and surgery of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment remedies for physical complications during all stages of the mastectomy, including lymphedemas.

You may need to contact your medical plan or your HMO before any reconstructive surgery to make sure you qualify for full benefits.



Notice of Privacy Practices

For Health Care Information

January 1, 2016

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

Summary

This is a legally required notice to advise you of your important health care information privacy rights concerning:

- The Omnibus Health Care Plan of Chevron Corporation (including any of its supplement health care plans)¹.
- The Chevron Corporation Health Care Spending Account.
- The Chevron Corporation Long-Term Care Insurance Plan.

(All of which have been designated as “affiliated” covered entities within the meaning of 45 C.F.R. § 164.105(b) and together are referred to as the “Plans”).

Its purpose is to notify you concerning:

1. How the Plans may use or disclose certain health information relating to you.
2. Information about how you may access your health information.
3. Rights you may exercise.

Purpose of Notice

This notice is provided as required by the federal Health Insurance Portability and Accountability Act of 1996, as amended, (“HIPAA”) and its regulations issued at 45 C.F.R. Parts 160 through 164 (the “Privacy Regulations”). As a participant or beneficiary of the Plans², you are entitled to receive a notice of the Plans’ privacy practices with respect to the Plans’ use or disclosure of your individually identifiable health information that they create or receive (your “Protected Health Information”). This Notice summarizes the Plans’ privacy practices.

This Notice is for the Plans’ participants and beneficiaries. While this notice is being sent directly only to the participant (such as the employee, former employee, or surviving spouse), it is deemed given to any current or future individuals (such as beneficiaries) who have coverage through the participant.

¹ The supplement health care plans to the Omnibus Health Care Plan of Chevron Corporation include:

- The Chevron Corporation Medical Plan (As Administered by United HealthCare) (Also referred to as Medical PPO)
- The Chevron High Deductible Health Plan
- The Chevron Global Choice Plan (U.S. Payroll Expatriates)
- The Chevron Global Choice Plan (Expatriates Working in the U.S.)
- The Chevron Corporation Medicare Standard Plan
- The Chevron Corporation Senior Care Plan
- The Chevron Corporation Medicare Plus Plan
- The Chevron Corporation Health Maintenance Organization Plan (consisting of all HMOs sponsored by Chevron Corporation)
- The Chevron Corporation Mental Health and Substance Abuse Plan
- The Chevron Corporation Dental Program (Also referred to as Dental PPO)
- The Chevron Corporation Prescription Drug Program
- The Chevron Corporation Vision Program
- The Chevron Executive Physical Examination Program
- The Chevron Health Decision Support Program

² This Notice assumes that you are a participant in one or more of the Plans. However, whether you are actually a participant in one or more of the Plans depends upon whether you qualify under the terms of such Plans.

This notice is effective January 1, 2016. It is intended to inform you about:

- The Plans' use or disclosure of your Protected Health Information.
- Your privacy rights with respect to the Plans' use and disclosure of your Protected Health Information.
- The Plans' duties with respect to your Protected Health Information.
- Your right to file a complaint with the Plans or with the Secretary of Health and Human Services about the Plans' privacy practices.

Overview of Plans' Responsibilities

The Plans are required by law to maintain the privacy of your Protected Health Information and to provide you with notice of their legal duties and privacy practices with respect to your Protected Health Information. The Plans are required to abide by the terms of the notice that is currently in effect. However, the Plans reserve the right to make amendments or changes to any and all of their privacy policies and practices described in this notice and to apply such changes to all Protected Health Information the Plans maintain. Thus, any Protected Health Information that the Plans previously received or created may be subject to such revised policies and practices.

The Plans will promptly revise and distribute a revised notice whenever there is a material change to permitted uses or disclosures, an individual's rights, the Plans' legal duties, or other privacy practices stated in the notice. Such notice shall be provided within 60 days of its revision. Except when required by law, a material change reflected in such revised notice will not be implemented prior to the revised notice's effective date. The Plans will also notify you at least once every three years of the availability of the notice and how to obtain a copy.

You may also receive notices about the use and disclosure of protected health information from others, such as from other health care plans or even insurers themselves (including HMOs). Thus, for example, if you receive benefits under the Omnibus Health Care Plan of Chevron Corporation through an HMO, you should also receive a notice from that HMO.

Permitted Uses and Disclosures

The following uses and disclosures of your Protected Health Information may be made by the Plans without your written authorization:

1. To you.
2. To a health care provider (and those authorized by the Privacy Regulations to receive such information on his or her behalf) for the purpose of treating you. For example, the Plans may disclose your Protected Health Information to your doctor or to an emergency room doctor for the purpose of his or her providing health care services to you.
3. To a health care provider, health care plan, health care clearinghouse (and those authorized by the Privacy Regulations to receive such information on their behalf) for the purpose of payment for health care services provided to you. For example, the Plans may use or disclose your Protected Health Information so that you are enrolled in the coverage you elected, that coverage is paid for, and so that covered health care services are properly paid for. (This includes use or disclosure for purposes of enrolling you in your coverage, recordkeeping concerning your coverage, coordination of benefits paid with other plans and medical payment coverages, disclosures for reimbursement or subrogation in order for the Plans to pursue recovery of benefits paid from parties who caused or contributed to the injury or illness, disclosures to determine if the benefits claimed are covered under the Plans, are medically necessary, experimental or investigational or unproven services, and disclosures to obtain reimbursement under insurance, reinsurance, stop loss or excessive loss policies providing reimbursement for the benefits paid under the Plans on your behalf.)

4. To a health care provider, health care plan, health care clearinghouse (and those authorized by the Privacy Regulations to receive such information on their behalf) for the purpose of health care operations. For example, your Protected Health Information could be used (along with that of others) for purposes of determining the cost of future coverage with current or future health care insurers. However, the Plans will only disclose your Protected Health Information to (or on behalf of) a health care provider, another health care plan, or health care clearinghouse if it is for the type of health care operations for which the Privacy Regulations permit such disclosure (for example, quality assessment and improvement activities, reviewing competency and qualifications, health care training programs and detecting fraud and abuse) and you have a relationship with such health care plan or provider.
5. To a family member, other relative, or to a close personal friend, or other person you identify, but only to the extent that the Protected Health Information is directly relevant to such person's involvement in your health care or to notify them of your location, general condition, or death. Further, the Plans will not disclose your Protected Health Information to such a person unless you are given a reasonable opportunity under the circumstances to object and did not, in fact, object.
6. When required by law.
7. When permitted for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. Protected Health Information may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, provided that it is authorized or required by law.
8. When authorized or required by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Plans will promptly inform you that such a disclosure has been or will be made unless such notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform a minor that such a disclosure has been or will be made. Disclosure may generally be made to a minor's parents or other representatives, although there may be circumstances under federal or state law when the parents or other representatives may not be given access to a minor's Protected Health Information.
9. To a public health oversight agency for oversight activities authorized or required by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
10. When required for judicial or administrative proceedings. For example, your Protected Health Information may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plans that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised (or any raised objections were resolved in favor of disclosure by the court or tribunal).
11. For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Disclosures for law enforcement purposes include disclosing information about an individual who is (or is suspected to be) a victim of a crime, but only if the individual agrees to the disclosure or the Plans are unable to obtain the individual's agreement because of emergency circumstances.

Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement, and disclosure is in the best interest of the individual as determined by the exercise of the Plans' best judgment.

12. When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized or required by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
13. For the purpose of facilitating organ, eye and tissue donations.
14. For certain limited research purposes, subject to conditions contained in the Privacy Regulations.
15. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

16. For the purpose of certain government functions specified in the Privacy Regulations, such as for military and national defense.
17. When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.
18. For purposes of marketing that is a face-to-face communication, or is in the form of a promotional gift of nominal value, made by a health plan or health care provider.
19. To the Plans' business associate or limited data set recipient provided that such entities enter into an agreement with the Plans as required by the Privacy Regulations. A business associate is a vendor that provides services to or on behalf of the Plans. A limited data set recipient is an entity that receives partially de-identified Protected Health Information that meets the Privacy Regulations requirements for being a limited data set. Such limited data set can only be used by the limited data set recipient for purposes of research, public health, or health care operations.
20. Where permitted by the Privacy Regulations as incidental to another permitted use.
21. To the Secretary of Health and Human Services when required by the Secretary to investigate or determine the Plans' compliance with the Privacy Regulations.

Separate Statement of Uses and Disclosures for Appointment Reminders

The Plans may also use Protected Health Information to provide you with appointment reminders or to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you.

Separate Statement of Uses and Disclosures for Disease Management Services

The Plans may also use Protected Health Information to provide you with information, educational materials, and health coaching related to specific health conditions that may be of interest to you.

Separate Statement of Disclosures to Chevron Personnel Who Perform Plan Administration Functions

The Plans may also disclose Protected Health Information to Chevron Corporation and Chevron Services Company; A division of Chevron U.S.A. personnel who are properly authorized to receive such information in order to perform "plan administration functions" on behalf of the Plans.

Special Rule for Psychotherapy Notes

Notwithstanding the foregoing, the Plans will not use or disclose psychotherapy notes other than:

1. For their own treatment of the individual.
2. To their own defense in a legal or other proceeding brought by the individual.
3. Where disclosure is required to the Secretary of Health and Human Services.
4. Where disclosure is required by law.
5. For health oversight activities.
6. To a coroner or medical examiner.
7. To avert a serious threat to health or safety.

In general, psychotherapy notes are notes of your conversation with a mental health professional during a counseling session.

Genetic Information

In accordance with the Genetic Information Nondiscrimination Act, the Plans (other than The Chevron Corporation Long-Term Care Insurance Plan) will not use or disclose genetic information for underwriting purposes, which include eligibility determinations, premium computations, applications of any pre-existing condition exclusions and any other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

Authorizations

Unless otherwise permitted or required by applicable law, the Plans will obtain your written valid authorization before using or disclosing your Protected Health Information. This includes the use or disclosure of psychotherapy notes, the use or disclosure of Protected Health Information for paid marketing purposes and the use and disclosure of Protected Health Information which is a sale of Protected Health Information. If you provide the Plans with a valid written authorization you may revoke that authorization in writing at any time, except your revocation cannot be effective to the extent the Plans have taken any action relying on your authorization or if the authorization was obtained as a condition of obtaining insurance coverage when other law permits the contesting a claim or coverage.

Rights You May Exercise

1. Right to Request Restrictions on Uses and Disclosures of Protected Health Information

You may request the Plans to restrict uses and disclosures of your Protected Health Information to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. The Plans will accommodate reasonable requests to receive communications of Protected Health Information by alternative means or at alternative locations. However, the Plans are not required to agree to your request.

Note that a covered entity, such as your health care provider, is required to agree to your request to restrict disclosure of your Protected Health Information if the disclosure is for the purpose of carrying out treatment, payment or health care operations and is not otherwise required by law and the Protected Health Information pertains solely to a health care item or service for which you (or someone on your behalf other than the Plans) have paid for in full.

Such requests should be made to: Chevron Corporation Health Care Plans Privacy and Complaint Official, 6001 Bollinger Canyon Road, E1458, San Ramon, CA 94583, 925-842-1314.

2. Right to Receive Confidential Communications of Protected Health Information

You have the right to request that you receive confidential communications of your Protected Health Information through alternate means. The Plans must accommodate reasonable requests provided:

- It is in writing.
- You clearly state that the disclosure of all or part of the information could otherwise endanger you (although the Plans cannot require a further explanation).
- There is appropriate information about how your payments will be handled.
- There are provisions for alternative means of contacting you.

3. Right to Inspect and Copy Protected Health Information

You generally have a right to inspect and obtain a copy of your Protected Health Information contained in a "designated record set,"³ for as long as the Plans maintain the Protected Health Information. The Plans may charge a reasonable, cost-based fee for a copy of, or a summary or explanation of, your Protected Health Information.

The Plans will provide access to your Protected Health Information in the form and format you request if it is readily producible in such form and format or, if not, in a readable hard copy or electronic form or such other form and format as agreed to by you and the Plans. Alternatively, the Plans may provide you with a summary of your requested Protected Health Information instead of providing access, or the Plans may provide an explanation of your Protected Health Information to which access has been provided if you agree in advance to such a summary or explanation and to the fees imposed, if any, by the Plans for such summary or explanation.

The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. You or your personal representative will be required to submit a written request to access your Protected Health Information in a designated record set. Requests for access to Protected Health Information should be made to: Chevron Corporation Health Care Plans Privacy and Complaint Official, 6001 Bollinger Canyon Road, E1458, San Ramon, CA 94583, 925-842-1314.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise any review rights, and a description of how you may complain to Plans' Complaint Official or the Secretary of the U.S. Department of Health and Human Services.

4. Right to Request Amendment of Protected Health Information

You have the right to request that the Plans amend your Protected Health Information or a record about you in a designated record set for as long as the Protected Health Information is maintained in the designated record set.

The Plans have 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. If the request is denied in whole or part, the Plans must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your Protected Health Information.

Requests for amendment of Protected Health Information in a designated record set should be made to: Chevron Corporation Health Care Plans Privacy and Complaint Official, 6001 Bollinger Canyon Road, E1458, San Ramon, CA 94583, 925-842-1314.

You or your personal representative will be required to complete a form to request amendment of the Protected Health Information in your designated record set.

5. Right to Receive an Accounting of Protected Health Information Disclosures

At your request, the Plans will also provide you with an accounting of disclosures by the Plans of your Protected Health Information during the six years prior to the date of your request. However, such accounting need not include Protected Health Information disclosures made:

- To carry out treatment, payment or health care operations.
- To individuals about their own Protected Health Information.
- Pursuant to a valid authorization.
- To federal officials for national security and intelligence activities.
- To correctional institutions or law enforcement officials about inmates or detainees.
- Incident to a use or disclosure otherwise permitted or required under the Privacy Regulations.
- As part of a limited data set.
- Prior to the date the Privacy Regulations were effective for the Plans on April 14, 2003.

³ A "designated record set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for the Plans; or other information used in whole or in part by or for the Plans to make decisions about individuals.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, the Plans will charge a reasonable, cost-based fee for each subsequent accounting. The Plans will notify you of any costs involved in advance of providing the subsequent accounting so that you may withdraw or modify your request.

6. Right to Receive a Notice Upon Breach of Unsecured Protected Health Information

You will receive notice from the Plans upon the occurrence of a breach of your unsecured Protected Health Information maintained by the Plans.

7. Right to Receive a Paper Copy of This Notice Upon Request

To obtain an additional paper copy of this Notice, contact the following: Chevron Corporation Health Care Plans Privacy and Complaint Official, 6001 Bollinger Canyon Road, E1458, San Ramon, CA 94583, 925-842-1314. You may also view or obtain an electronic version of this Notice on the company internet at hr2.chevron.com (or hr2.chevron.com/retiree for retirees).

8. Right to File a Complaint

You have the right to file a complaint with the Plans or to the Secretary of Health and Human Services if you believe that your privacy rights have been violated. You may file a complaint with the Plans by filing a written notice with Chevron Corporation Health Care Plans Privacy and Complaint Official, 6001 Bollinger Canyon Road, E1458, San Ramon, CA 94583, 925-842-1314 describing when you believe the violation occurred, and describing the purported violation. You will not be retaliated against for filing a complaint.

You may also file a complaint within 180 days of any alleged violation with the Director, Office of Civil Rights, the U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 509F, HHS Building, Washington, D.C. 20201, or at the appropriate regional office of the Office of Civil Rights of the U.S. Department of Health and Human Services. If you would like to receive further information, you should contact the Chevron Corporation Health Care Plans Privacy and Complaint Official, 6001 Bollinger Canyon Road, E1458, San Ramon, CA 94583, 925-842-1314.

A Note About Personal Representatives

You may exercise your rights through a personal representative, including an individual who is a minor child's parent, guardian, or is otherwise acting *in loco parentis*. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your Protected Health Information or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public.
- A court order of appointment of the person as the conservator or guardian of the individual.
- Evidence of one's relationship to the minor child.

The Plans retain discretion to deny access to your Protected Health Information to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. Further, the Plans will not treat a minor child's parent, guardian, or person otherwise acting *in loco parentis* as his or her personal representative to the extent restricted by applicable state law.



Premium Assistance

Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State 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, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out 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.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a *special enrollment* opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you have any questions

Please call the HR Service Center toll-free at 1-888-825-5247 (610-669-8595 outside the U.S.) to speak with a Customer Service Representative. Customer Service Representatives are available from 6 a.m. to 5 p.m., Pacific time (8 a.m. to 7 p.m., Central time), Monday through Friday, except on holidays.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2016. Contact your State for more information on eligibility.

ALABAMA – Medicaid	GEORGIA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ALASKA – Medicaid	INDIANA – Medicaid
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.hip.in.gov Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Medicaid	IOWA – Medicaid
Medicaid Website: http://www.colorado.gov/hcpf Medicaid Customer Contact Center: 1-800-221-3943	Website: http://www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562
FLORIDA – Medicaid	KANSAS – Medicaid
Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268	Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512

<p align="center">KENTUCKY – Medicaid</p> <p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/of/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/MassHealth Phone: 1-800-462-1120</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: http://www.ncdhhs.gov/dma Phone: 919-855-4100</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: http://mn.gov/dhs/ma/ Phone: 1-800-657-3739</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://www.oregonhealthykids.gov http://www.hijossaludablesoregon.gov Phone: 1-800-699-9075</p>
<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://dhhs.ne.gov/Children_Family_Services/AccessNebraska/Pages/accessnebraska_index.aspx Phone: 1-855-632-7633</p>	<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/hipp Phone: 1-800-692-7462</p>

NEVADA – Medicaid	RHODE ISLAND – Medicaid
Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: http://www.eohhs.ri.gov/ Phone: 401-462-5300
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/medicaid/premiumpymt/pages/index.aspx Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://www.dhhr.wv.gov/bms/Medicaid%20Expansion/Pages/default.aspx Phone: 1-877-598-5820, HMS Third Party Liability
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Website: Medicaid: http://health.utah.gov/medicaid CHIP: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2016, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution — as well as your employee contribution to employer-offered coverage — is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the **Human Resources Service Center at 1-888-825-5247, Option 2.**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

Important: The information needed to complete fields 3-9 varies by your operating company. Please see the last page of this notice to retrieve the information that applies to you.

3. Employer name <i>See last page of this notice.</i>	4. Employer Identification Number (EIN) <i>See last page of this notice.</i>	
5. Employer address <i>See last page of this notice.</i>	6. Employer phone number 1-888-825-5247 (inside the U.S.) 610-669-8595 (outside the U.S.)	
7. City <i>See last page of this notice.</i>	8. State <i>See last page of this notice.</i>	9. ZIP code <i>See last page of this notice.</i>
10. Who can we contact about employee health coverage at this job? Chevron Human Resources Service Center		
11. Phone number (if different from above) 1-888-825-5247 (inside the U.S.) 610-669-8595 (outside the U.S.)	12. Email address chvbens@chevron.com	

Here is some basic information about health coverage offered by this employer. The eligibility requirements are described as of **January 1, 2015**. In the event of any conflict with the official plan texts, the official plan texts will control.

- As your employer, we offer a health plan to:

All employees.

Some employees. Eligible employees are:

Except as described below, you're generally eligible for coverage under the Chevron Corporation Omnibus Health Care Plan 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 plan.

However, you're still not eligible for coverage under the Chevron Corporation Omnibus Health Care Plan 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) or the Global Choice Plan.
- You're a professional intern.

If you have questions about your eligibility for this plan, 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.)

- With respect to dependents:

We do offer coverage. Eligible dependents are:

Eligible spouses, domestic partners, and dependent children, as described in the Chevron Corporation Omnibus Health Care Plan text or the health summary plan descriptions available online at hr2.chevron.com.

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

Employer Name (3)	Employer Identification Number (EIN) (4)	Employer Address (5)	City (7)	State (8)	Zip (9)
Chevron Corporation	94-0890210	6001 Bollinger Canyon Road	San Ramon	CA	94583
Chevron Environmental Mgmt Co.	94-6062988	6001 Bollinger Canyon Road	San Ramon	CA	94583
Chevron Global Downstream LLC	20-0911618	6001 Bollinger Canyon Road	San Ramon	CA	94583
Chevron Global Technology SVCS Co.	25-1304789	6001 Bollinger Canyon Road	San Ramon	CA	94583
Chevron Land & Development Co.	94-6062831	6001 Bollinger Canyon Road	San Ramon	CA	94583
Chevron Marine Products LLC	94-3302975	6001 Bollinger Canyon Road	San Ramon	CA	94583
Chevron Oronite Company LLC	38-3776396	6001 Bollinger Canyon Road	San Ramon	CA	94583
Chevron Pipeline	94-1529160	6001 Bollinger Canyon Road	San Ramon	CA	94583
Chevron Shipping Company LLC	94-1379957	6001 Bollinger Canyon Road	San Ramon	CA	94583
Chevron TCI Inc.	94-3174875	6001 Bollinger Canyon Road	San Ramon	CA	94583
Chevron USA Inc.	25-0527925	6001 Bollinger Canyon Road	San Ramon	CA	94583



Notice of U.S. Equal Employment Opportunity Policy Statement Memorandum

To: All U.S.-Based Employees and Applicants
From: Joe W. Laymon, Vice President-Human Resources and Corporate Services
Date: April 2015

Chevron's EEO Commitment

Chevron is proud of its equal employment opportunity and affirmative action programs, which are endorsed by the corporation's Chairman and Chief Executive Officer, and annually reaffirmed to employees and applicants through this notice. Chevron values diversity and encourages an inclusive work environment that enables all employees to fully participate and contribute effectively to meet our business objectives. A work environment that is free of discrimination and harassment can help the company gain a competitive advantage. Our values in *The Chevron Way* include an expression of our commitment to diversity that states, "We learn from and respect the cultures in which we work. We value and demonstrate respect for the uniqueness of individuals and the varied perspectives and talents they provide. We have an inclusive work environment and actively embrace a diversity of people, ideas, talents and experiences."

Chevron is an equal opportunity employer. Our company policy provides for a working environment free from discrimination or harassment based on race, color, religion, sex (including gender identity, gender expression, and pregnancy), national origin, age, disability, veteran status, political preference, sexual orientation, marital status, citizenship, genetic information or other status protected by law or regulation. Our commitment extends to all facets of employment, including recruiting, selection, training, and promotion. We are committed to employing the most-qualified employees based on objectively valid factors. All employees are to conduct themselves in accordance with the company's policy. Discrimination or harassment will not be tolerated at Chevron.

We continue to endorse affirmative action programs as a tool to help eliminate potential barriers to equal employment opportunity and achieve an inclusive work force. In addition, our commitment ensures reasonable accommodation for qualified individuals with a disability. All of Chevron's U.S. employees (including individuals with disability and protected veterans) are covered under affirmative action programs designed to ensure equal opportunity for employees and applicants in all aspects of employment decisions such as recruiting, hiring, promotion, demotion, transfer, layoff or termination, compensation, selection for training, benefits, and discipline. All departments and divisions are responsible for the implementation, auditing, and reporting of their respective affirmative action programs. Chevron's undersigned Vice President-HR, Medical, Security, Diversity and Ombuds, with delegation to the Manager for HR Compliance, will provide specialized support and oversight.

Affirmative Action Programs are available for review upon request by employees and applicants during regular business hours. Also, if you wish to self-identify or correct your status covered by Affirmative Action Programs, please contact a member of your local Human Resources staff.

Chevron encourages you to raise any concerns you may have about discrimination or harassment to your supervisor (or if the concern involves the supervisor, the next level of management), your HR Business Partner, or the Chevron Hotline, without fear of reprisal. Chevron strictly prohibits retaliation (including harassment, intimidation, threats, coercion, or discrimination) for making an internal or external complaint about discrimination; assisting or participating in an investigation, compliance evaluation, hearing, or any other activity related to laws requiring equal employment opportunity; or opposing any act or practice made unlawful by laws requiring equal employment opportunity. By way of example and not limitation, Chevron's protections explicitly extend to protected rights under Section 503 of the Rehabilitation Act, and Section 5212 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, which apply to federal government contractors.



memorandum

To Current or potential U.S. employees
Date January 11, 2016
Re Pay Transparency Policy Statement

The contractor will not discharge or in any other manner discriminate against employees or applicants because they have inquired about, discussed, or disclosed their own pay or the pay of another employee or applicant. However, employees who have access to the compensation information of other employees or applicants as a part of their essential job functions cannot disclose the pay of other employees or applicants to individuals who do not otherwise have access to compensation information, unless the disclosure is (a) in response to a formal complaint or charge, (b) in furtherance of an investigation, proceeding, hearing, or action, including an investigation conducted by the employer, or (c) consistent with the contractor's legal duty to furnish information.