

meet anthem blue cross

Chevron has selected Anthem Blue Cross Life and Health Insurance Company (Anthem Blue Cross or Anthem) to be the claims administrator for the Chevron Medical PPO Plan, the High Deductible Health Plan (HDHP), and the High Deductible Health Plan Basic (HDHP Basic) effective January 1, 2017. UnitedHealthcare (UHC) will continue to be the claims administrator for the remainder of 2016. This section will describe what you need to know about your Medical PPO Plan, HDHP or HDHP Basic because of the change to Anthem, including what you'll need to know during the transition to Anthem and how to access your benefits starting in January.

what's staying the same

Plan coverage

The move to Anthem is an administrative change and does not alter the benefits provided by your medical, prescription drug or basic vision coverage. The types of services the medical plans cover remain the same. The plans will continue to offer comprehensive coverage for the types of medical services you'd expect, including office visits, emergency services, hospital care, lab services, outpatient care, pregnancy and newborn care and rehabilitative services. Please note that changes are typically made to your medical plans each year, irrespective of a change in claims administrators. As announced in August, there are some plan design changes coming in 2017, as described later in this section.

Prescription drug, basic vision, mental health and substance abuse coverage

The move to Anthem only affects your medical coverage.

- **Express Scripts** will continue to be the claims administrator for your prescription drug plan.
- If you are enrolled in the Medical PPO Plan, the HDHP or the HDHP Basic, you're automatically enrolled in the Vision Program for basic vision coverage. **VSP Vision Care (VSP)** will continue to be the claims administrator for this coverage.
- If you are enrolled in the Medical PPO Plan, the HDHP or the HDHP Basic, you're automatically enrolled in the Mental Health and Substance Abuse (MHSA) Plan. **Beacon Health Options (Beacon)** will continue to be the claims administrator for this coverage.

Eligibility rules

Who is covered, and who you can cover — the eligibility rules for eligible employees and their eligible dependents — are the same. We recently announced new eligibility rules and plan options for eligible retirees and their eligible dependents. However, the eligibility rules while you're an active employee — regardless of your age — have not changed. Eligible employees can continue to add and drop eligible dependents during open enrollment or within 31-days of a qualifying life event while you're an active employee.

Preventive care

All plans will continue to include 100 percent coverage with no deductible for certain preventive care services, as specified by the Affordable Care Act, when you see a network provider. Additional preventive screenings and services may also be covered, depending on factors like your age and gender. If you see an out-of-network provider, your visit is subject to the deductible and copayments or coinsurance will apply. Go to hr2.chevron.com and click on **2017 Benefit Changes** to see a list of covered preventive services.

Out-of-pocket maximum protection

All plans will continue to include out-of-pocket maximum protection, which means there's a defined limit on how much you need to pay for covered services during a plan year. This is an important feature because it protects you in the event of major medical expenses during the year.

Access to tax-advantaged health accounts

All of the plans will continue to offer access to one of two tax-advantaged health accounts — either the **Health Care Spending Account (HCSA)** or a **health savings account (HSA)**. Health accounts can help you pay for your out-of-pocket health care costs. Enrolling in a health account is a voluntary choice, and the account you can use varies based on the medical plan you choose. See Page 22 to learn more.

what's changing

Who to contact

There are new phone numbers and website addresses for the claims administrator of your medical services. See Page 73.

Provider network for medical services

A network is a group of independent health care providers — doctors, hospitals and other facilities — that have agreed with your health plan to charge contracted rates for services provided to plan members. Network providers save you money directly by reducing your out-of-pocket costs. They also help to lower overall claim costs for all of us. With a new claims administrator comes a new provider network. Go to hr2.chevron.com and click on **2017 Benefit Changes** to access special links that make it easier to research your provider options.

New member number and medical ID card

You will receive a new medical ID card with your new member number in December. Continue to use your current UnitedHealthcare member ID card until December 31, 2016, and begin using your new Anthem card on January 1, 2017 for all medical services.

- You *will not* receive a new ID card from Express Scripts for prescription drugs.
- You *will not* receive a new ID card from VSP for basic vision coverage as a result of this change to Anthem.
- You *will not* receive new ID cards from Beacon for mental health and substance coverage.

Claim form for medical services

There will be a new claim form to be reimbursed for medical services received from an out-of-network provider. Go to hr2.chevron.com and click on **2017 Benefit Changes** for the new form, go to the Anthem website in January, or call Anthem to request a form.

Do I need to find a new doctor?

You can continue to use any provider you choose, network or out-of-network, under the Medical PPO Plan, HDHP or HDHP Basic. This means you aren't required to find a new provider. If your current doctor or hospital is not on the Anthem network, it's still your choice to continue to use that provider or locate a new network provider. Just be sure you understand how that choice affects your out-of-pocket costs.

continuation of care

Remember, the Medical PPO, HDHP and HDHP Basic are preferred provider organization plans, so you can continue to use any provider you choose, network or out-of-network. However, the deductible and out-of-pocket amounts are lower when you see a network provider. Continuation of care allows you to continue to receive care for certain conditions from providers who do not participate in the Anthem network. You might need continuation of care if you are already in active treatment for certain ongoing conditions on January 1, 2017. Examples of conditions eligible for continuation of care might include:

- Be in an active course of treatment for an acute medical condition.
- Be pregnant, regardless of trimester.
- Have a terminal illness.
- Have a surgery or other procedure that has been authorized by the previous plan scheduled to occur within 180 days of January 1, 2017.

To qualify for this continuation of care benefit, you must apply for it by March 1, 2017. The application form is available on hr2.chevron.com (click on **2017 Benefit Changes**) and is also available by calling Anthem (see Page 73). A letter will be sent to you outlining the decision or requesting additional information, if needed. You can contact Anthem to confirm if your request has been received.

If approved, you'll have a set amount of time — typically a minimum of 180 days — to continue to see your provider and continue to receive the network level of coverage for that condition. After that, you will need to choose a doctor from within the Anthem network to receive the network level of coverage. Keep in mind that continuation of care approval does not guarantee a treatment is medically necessary, and it also doesn't mean you are pre-approved for any medical services. All medical services must be medically necessary. Pre-approval by Anthem may still be required.

Do I need to get a new prescription?

Maybe. If you intend to continue to see the prescribing physician, then you will not need to get a new prescription as a result of the change to Anthem, and you can continue to use mail-order for your current prescriptions, if applicable. However, if you intend to change prescribing physicians and need to refill a prescription on or around January 1, 2017, you may need to plan ahead and get that refill prior to January 1, 2017. You may also need to schedule an appointment with your new physician as soon as possible in 2017 to have your prescription transferred, and if you use mail-order for this prescription, be sure to contact Express Scripts Member Services at **1-800-987-8368** for any steps you need to take to ensure your delivery continues as expected.

claims for medical services

If you use an out-of-network provider, typically you'll need to submit a claim to be reimbursed for covered medical services. The medical plans generally do not allow benefits to be assigned to an out-of-network provider.

Submit 2016 claims to UnitedHealthcare by June 30, 2017

Don't delay or hold your claim forms and submit them all at once at the end of each year. This practice can cause delays for getting reimbursement. It's always good practice to submit claims for reimbursement ongoing and as soon as possible after receiving services. With the transition to a new claims administrator, it's important to submit any final claims for covered 2016 medical services to UnitedHealthcare as soon as possible, but your final deadline is June 30, 2017. A UnitedHealthcare claim form is still available on hr2.chevron.com.

How to submit 2017 claims to Anthem Blue Cross

Use the Anthem claim form for covered medical services on or after January 1, 2017. You can submit claim forms and bills by mail or fax. Keep a copy of your completed claim form and receipts for your records. You can track the status of your claim by contacting Anthem. Go to hr2.chevron.com and click on **2017 Benefit Changes** for the new form, go to the Anthem website in January, or call Anthem to request a form.

anthem website

You'll have access to the full Anthem site starting on January 1, 2017. Note that you'll need some of the information printed on your ID card to register for access to the site. If you're searching for a provider prior to January 1, 2017, you don't need to register; go to hr2.chevron.com and click on **2017 Benefit Changes** to access a provider search tool.

- Go to anthem.com/ca starting January 1, 2017.
- Click **Register Now** and follow the instructions on the screen.



Find a provider

Go to hr2.chevron.com and click on **2017 Benefit Changes** to access special links that make it easier to research your provider options.

anthem anywhere mobile app

With the Anthem Anywhere app, you can manage your benefits anytime and anywhere you go. Just search for **Anthem Anywhere** in iTunes, the Apple Store or Google Play and download the app starting January 1, 2017. With the app you can:

- **Find a doctor.** Search for a doctor, specialist, urgent care or hospital close by.
- **Get your ID card.** Share, fax, or email your ID card right from your smartphone.
- **Check your claims.** Find out what your doctor billed, how much was paid and if you owe anything.
- **Estimate your costs.** See what nearby doctors and facilities charge for a procedure. You can compare providers on cost and quality.
- **View your medical benefits.** See your copayments, deductibles, your percentage of the costs and other important plan benefit information.