december 2022

welcome to your chevron COBRA benefits

for REG COBRA benefit participants



update to COBRA benefits

new coverage, new administrator

Chevron Corporation recently acquired Renewable Energy Group (REG). As part of integration efforts, effective **January 1, 2023**, REG benefits will transition to **Chevron benefits**, and the administration of COBRA benefits will transition from Optum Financial (Optum) to **BenefitConnect | COBRA**. As a result, there are important changes to your current COBRA plans, billing, payment and enrollment process. If you currently participate in COBRA benefits (or plan to), your action is required.

Effective January 1, 2023, **BenefitConnect | COBRA** will become the new administrator for your Chevron COBRA coverage. BenefitConnect | COBRA will:

- Provide information you need to make COBRA benefit elections.
- Provide customer service such as answering questions about your COBRA benefits.
- Collect your payments for COBRA benefits.

what's inside ...

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The information in this newsletter applies to legacy REG COBRA participants who are eligible for Chevron U.S. COBRA benefits. 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. Oral statements about plan benefits are not binding on Chevron or the applicable plan. There are no vested rights with respect to Chevron health and welfare plans or any company contributions toward the cost of such health and welfare 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.

how the transition works

use resources to research your coverage choices and prepare for the move to chevron benefits

1

Review this guide, for an overview of Chevron's COBRA benefits. You should also go to hr2.chevron.com/REG/COBRA to newer to the medical plan supplemental information, such as summary of benefits and coverage (SBC) documents, the medical plan snapshot comparison, instructions for researching network providers, instructions to transfer mail-order and other prescriptions, how to request continuation of care, and contact information for each of the plans.

2

refer to your personalized benefit election information from benefitconnect | COBRA and complete enrollment by the stated deadline

BenefitConnect | COBRA will mail personalized **Benefit Election Information** to you, separately. The mailing will include enrollment instructions, including web access and phone information. It will also include a Chevron COBRA Premium Rate Sheet. Be sure to make enrollment elections or changes, if desired, by the deadline provided in your materials.

follow instructions included in communications from benefitconnect | COBRA for new premium payment process

3

The premium payment process will change with the move to the new COBRA administrator, BenefitConnect | COBRA. After you submit your enrollment elections, you can immediately set up recurring **Auto Pay** (direct debit) for your Chevron COBRA coverage from the enrollment website. You'll also have the option to pay by mail using payment coupons; however, you're strongly encouraged to consider using the **One-time ACH payment feature** during the initial billing transition to ensure your first premium payment for coverage is received timely until you receive your payment coupon package. More information about new billing and payment arrangements are included in the communications you'll receive separately from BenefitConnect | COBRA.

prepare for your new coverage

4

You should also go to hr2.chevron.com/REG/COBRA to review additional supplemental information to help you prepare to change health benefit coverage, such as instructions for researching network providers, instructions to transfer mail-order and other prescriptions, how to request continuation of care, and contact information for each of the plans. You'll also receive ID cards (where applicable) and welcome information from your new plans.

key resources

to help you prepare for the move to Chevron benefits

We've provided only the highlights about your Chevron health benefits in this introduction guide. There are more resources you can access to get additional details that may help you make decisions.

go to hr2.chevron.com/REG/COBRA

We've created this page to help you transition to Chevron COBRA benefits. Here's what you can find on this page:



snapshot comparison of your medical choices

Get a closer look at how Chevron's medical choices compare, including deductibles, and other key plan features.



find a provider

With new claims administrators for your medical, dental, vision and prescription drug coverage, we know it's important that you know if your current provider is a part of the network. Access web links, phone numbers and instructions that make it easier to research your provider options.



summary of benefits and coverage

Summary of Benefits and Coverage (SBCs) provide summary information about your medical plans, such as benefits, copayments, coinsurance, deductibles, and plan contact information. SBCs can help you understand the key differences among the options available to you.



phone numbers

Access phone numbers to talk *directly* to your new benefit plans, like Anthem, if you have questions as you research your choices.



tipsheets and additional plan information

Access the special instructions and tipsheets referenced in this guide, research your prescription drugs, get continuation of care forms, see schedule of benefits or certificates, review summary plan descriptions, and more.

medical

Chevron provides you with up to four medical plan options:*

- Chevron Medical PPO Plan
- Chevron High Deductible Health Plan (HDHP)
- Chevron High Deductible Health Plan Basic (HDHP Basic)
- Medical HMO Plan options (if any) vary based on your zip code.
 - Chevron Medical HMO HMO Blue Texas
 - Chevron Medical HMO Kaiser Northwest
 - Chevron Medical HMO Kaiser WA

All plans include access to **medical services**, **prescription drugs**, and **basic vision care**. They also all offer comprehensive coverage for the same **major 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

When you enroll in a **Medical HMO Plan**, coverage for medical services is provided through the plan you choose. When you enroll in the **Medical PPO**, the **HDHP**, or the **HDHP Basic**, coverage for medical services is provided by Anthem Blue Cross (Anthem).

prescription drugs

When you enroll in a Medical HMO Plan, prescription drug coverage is provided through the plan you choose. When you enroll in the **Medical PPO**, the **HDHP**, or the **HDHP Basic**, you're also automatically enrolled in the **Prescription Drug Program** with **Express Scripts** at no additional monthly cost. As with your current REG Express Scripts prescription drug coverage, the Chevron Prescription Drug Program includes cost management programs and rules to help control pharmacy costs. This includes the use of generic drugs, home delivery pharmacy for maintenance medications, step therapy programs, prior authorization requirements, and a Specialty Pharmacy service for certain specialty drugs. The Prescription Drug Program also features a list of preferred brand-name drugs in a formulary designed to help keep costs down. If you're enrolled in the Prescription Drug Program, Express Scripts will notify you if any of these programs apply to your medications. Starting today you can access hr2.chevron.com/REG/COBRA for phone numbers and links to the formulary and the Express Scripts online tool to research your current medications under Chevron's Medical PPO, HDHP, and HDHP Basic plans.

basic vision

When you enroll in a **Medical HMO Plan**, basic vision coverage is provided through the plan you choose. When you enroll in the **Medical PPO**, the **HDHP**, or the **HDHP Basic**, you're also automatically enrolled in the **Chevron Vision Program** with **VSP** at no additional monthly cost. See page 10 for additional information about your vision coverage.

how all the chevron medical plans are the same

Chevron's medical plan choices all share some basic features:

- All plans include access to 100 percent coverage with no deductible for certain preventive care services, as specified by the Affordable Care Act, when you see a network provider.
- All Chevron plans are structured into three cost sharing phases: deductible, shared, and covered.
 At the beginning of the plan year, you are responsible for paying most out-of-pocket costs until you satisfy the deductible. In the shared phase, you and your Chevron plan share the cost of services you receive through copayments and/or coinsurance (depending on your plan). You enter the covered phase when you reach the out-of-pocket-maximum (OOP). This means your Chevron medical plan pays 100% of covered services for the remainder of the plan year.

network vs. out-of-network



A network is a group of independent health care providers — physicians, hospitals and other facilities — that have agreed with your health plan to charge contracted rates for services provided to plan members. If your plan allows the choice to use a network or an out-of-network provider, try to use the network when possible. Why? Network providers typically save you money by reducing your out-of-pocket costs. In addition, just like your REG coverage, some of Chevron's medical plans also have a different deductible, coinsurance/copayment, and out-of-pocket maximum amount depending on if you see a network or an out-of-network provider.



snapshot comparison of your medical choices

Get a closer look at how Chevron's medical choices compare, including deductibles, and other key plan features.



benefit summaries, tipsheets, phone numbers, and more

Research plan features and coverage, coinsurance and copayment amounts, network providers, get tipsheets for additional instructions on assorted topics, get phone numbers, and more on hr2.chevron.com/REG/COBRA.



plan for continuation of care, if you know you'll need it

Continuation of care allows you to continue to receive health care for certain conditions from providers who *do not* participate in your new plan's network. You might need continuation of care if you are already in active treatment for certain ongoing conditions on **January 1, 2023**. Continuation of care may be available for: if you're in an active course of treatment for an acute medical condition, you're pregnant, you have a terminal illness, you have a serious chronic condition, you have an imminent surgery or other procedure. Get instructions on hr2.chevron.com/REG/COBRA.



If enrolled, your REG COBRA medical, which includes prescription drug and mental health and substance abuse coverage, automatically ends on **December 31, 2022**.



medical coverage transition checklist

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You may need to act in advance to research and transfer your prescriptions , depending on several factors. If you use mail order , you'll need to take action. Access the tipsheet for instructions from https://example.com/REG/COBRA .	
Continuation of care allows you to continue to receive medical care for certain conditions – such as pregnancy, surgery or a course of treatment for an acute, serious chronic or terminal condition – from providers who do not participate in your new plan's network. If you need to arrange for continuation of care, you'll need to apply for it starting January 1, 2023. Please note that continuation of care is not available if you enroll in a Chevron Medical HMO Plan. Access the tipsheet for instructions from https://example.com/recom/REG/COBRA .	
f you have access to and choose to enroll in a Chevron Medical HMO , you'll have a new claims administrator for your medical, prescription drug and vision coverage so you should be sure to research the provider network in advance. If you choose to enroll in the Chevron Medical PPO , HDHP or HDHP Basic , you'll continue coverage with the Express Scripts and VSP networks. In addition, the Anthem and Wellmark networks are similar. You should still take the time to research the provider network under Chevron's plans to ensure your provider is in the network. Go to hr2.chevron.com/REG/COBRA for web links, phone numbers and instructions to search the networks.	
Your current REG medical plan <i>includes</i> coverage for behavioral health – which is mental health and substance use disorder coverage. Behavioral health coverage is provided in a <i>different</i> way at Chevron. See page 11 to learn more.	

dental

Chevron provides you with access to up to two dental plan options:

- Dental PPO Plan (Delta Dental)
- Dental HMO Plan (DeltaCare USA) (availability varies based on your zip code)

All plans help you pay for diagnostic, preventive, basic restorative, and major dental care, up to the plan's benefit maximums. Both plans include routine preventive cleanings and x-rays (bitewings) for you and your dependents each year that are 100 percent paid by the plan with no deductible and no copayment when you visit a *network* provider.

Dental PPO Plan with Delta Dental

You can see any dentist you choose but using at least a **Delta Dental Premier**® network provider saves you money directly by reducing your out-of-pocket costs. Use a **Delta Dental PPO**SM network provider to get the greatest savings on your covered dental services.

Coverage Level	Deductible	
	Network	Out-of-Network
You Only	No deductible	\$100
You + One Adult	No deductible	\$200 per person
You + Child(ren)	No deductible	\$200 per person
You + Family	No deductible	\$200 per person

Dental HMO Plan with DeltaCare USA

With an HMO you *must* visit a provider in the DeltaCare USA network, otherwise your services aren't covered (except for certain emergency situations). In addition, you must visit your selected **DeltaCare USA primary care dentist** to receive benefits under your Dental HMO Plan. Most services not performed by your primary care dentist must be authorized by DeltaCare. Learn more about the primary care dentist on hrc.chevron.com/REG/COBRA">hrc.chevron.com/REG/COBRA.

Coverage Level	Deductible
You Only You + One Adult You + Child(ren) You + Family	No deductible



• If enrolled, your REG dental coverage automatically ends on **December 31, 2022**.



dental coverage transition checklist

- □ For participants with a **qualifying orthodontia treatment in progress** you may be able to continue the treatment you started under your REG dental plan. For all other treatments, there are no treatment in progress provisions. If you need to arrange for orthodontia treatment in progress, you'll need to apply for it starting **January 1**. Access the tipsheet for instructions from **hr2.chevron.com/REG/COBRA**.
- ☐ The Chevron dental plans are also administered by Delta, so we expect most network dental providers to also be a network provider under your Chevron plan; however, there may be instances in which this is not the case. You are encouraged to search the network under the Chevron plans to verify the status of your current dental provider. Go to hrc.chevron.com/REG/COBRA for web links, phone numbers and instructions that make it easier to verify the status of your current provider and find a new one if necessary.



dental features, details, surcharge, tipsheets, phone numbers, and more

Research Chevron dental plan features and phone numbers, deductibles, out-of-pocket maximums, download tipsheets for additional instructions, and more on hr2.chevron.com/REG/COBRA.

vision

basic vision

- If you enroll in the Chevron Medical PPO Plan, the HDHP or the HDHP Basic, you're also automatically enrolled in the Chevron Vision Program for basic vision coverage with VSP.
- If you enroll in a Medical HMO Plan, your coverage also includes basic vision coverage through your HMO Plan.
- There is no additional, separate payroll deduction for basic vision coverage.

vision plus program

- Similar to your REG VSP Vision Plan, Chevron also offers the Vision Plus Program for additional coverage for prescription eyewear that goes beyond your basic vision coverage.
- Any U.S.-payroll employee eligible for Chevron's health plans can enroll, and you can enroll even if you waive Chevron health coverage.
- **VSP** is the insurer for the Chevron Vision Plus Program.
- This is a voluntary benefit choice paid entirely by you through payroll deductions. You must elect this coverage December 12 through December 30, 2022, if you want to participate. Elections you make during your enrollment period take effect on January 1, 2023.



vision features, monthly cost, phone numbers, and more

Review more details about basic and voluntary vision coverage, research network providers, access phone numbers to talk directly to VSP, and more on hr2.chevron.com/REG/COBRA.



• If enrolled, your REG vision coverage automatically ends on **December 31, 2022**.



vision coverage transition checklist

- ☐ There are no treatment in progress or continuation of care provisions for vision coverage.
- ☐ For **Chevron basic vision coverage**, go to **hr2.chevron.com/REG/COBRA** for web links, phone numbers and instructions that make it easier to verify the status of your current provider and find a new one if necessary.
- ☐ As with your REG VSP Vision Plan, **VSP** is also the claims administrator for the voluntary Chevron Vision Plus Program. As long as your current provider remains in the VSP network, you don't need to find a new vision provider.

behavioral health

mental health and substance use disorder coverage

With REG, your behavioral health coverage was part of your medical plan. At Chevron, there is a separate cost for a separate plan, the Mental Health and Substance Use Disorder (MHSUD) Plan, for this coverage; behavioral health coverage is not included with Chevron medical coverage. The Chevron Mental Health and Substance Use Disorder Plan (MHSUD) provides confidential support for a wide range of personal issues — from everyday challenges to more serious problems. You and your dependents have access to support services 24 hours a day for a variety of concerns, from family/relationship issues, stress and anxiety, depression, to drug and alcohol recovery and more.

MHSUD Basics

- Beacon Health Options is the claims administrator. This is different from your coverage with REG, in which medical and behavioral health claims are paid by the same administrator, Wellmark Blue Cross and Blue Shield.
- There is a *separate* cost for the MHSUD Plan; behavioral health coverage is not included with Chevron medical coverage.
- If you are enrolled in a Chevron Medical HMO Plan, you have the choice to use the behavioral health benefits provided by your HMO Plan, or use the benefits provided under the MHSUD Plan, if you enroll. However, you cannot make a claim to both your HMO Plan and the MHSUD Plan for the same service.
- The plan also includes coverage for **Applied Behavior Analysis (ABA)** treatment for participants diagnosed with autism or pervasive development disorder (PDD).

No deductible if enrolled in

- Medical PPO Plan
- A Chevron Medical HMO Plan

There's also no deductible to satisfy if you choose to **waive Chevron medical coverage**.

Deductible applies if enrolled in

- High Deductible Health Plan (HDHP)
- High Deductible Health Plan Basic (HDHP Basic)

These plans have *one combined deductible* for medical, prescription drugs, mental health, and substance use disorder services. This means you'll have to pay the full cost for covered services and supplies until you reach your combined deductible for the year.

Do I need to use a network provider?

- You can visit **any qualified provider you choose** (except for the Medical HMO Plan, as noted above), but you pay less if you use a provider that is in the Beacon network.
- If you enroll in a Chevron Medical HMO Plan, you must use a network provider to receive benefits, whether through your HMO or the MHSUD (if enrolled). Out-of-network benefits are not covered, except for emergency services.



features, requirements, phone numbers, and more ...

For more information about the MHSUD Plan, including what's covered and notification requirements, go to hr2.chevron.com/REG/COBRA.



• If enrolled, your behavioral health coverage ends when your REG medical coverage automatically ends on **December 31, 2022**.



behavioral health transition checklist

- ☐ **Transition care** allows you to continue to receive certain behavioral health care from providers who do not participate in Beacon Health Options' network. You might need transition care if you are already in active behavioral health treatment on or before January 1, 2023. If you need to arrange for transition care, you'll need to apply for it starting **January 1**. Access the tipsheet for instructions from https://hrt.ncbevron.com/REG/COBRA.
- ☐ With new claims administrators in 2023 for your behavioral health coverage, we know it's important that you know if your current provider is a part of the network. Go to hr2.chevron.com/REG/COBRA for web links, phone numbers and instructions that make it easier to verify the status of your current provider and find a new one if necessary.