

dental PPO plan when there is no network provider near you effective january 1, 2019

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Update to the summary plan descriptions (SPD) All changes described in this SMM are effective January 1, 2019 unless otherwise indicated.

The enclosed information serves as an official summary of material modification (SMM) for the plans referenced herein. Please keep this information with your other plan documents for future reference. You can access the summary plan descriptions for your benefits at **hr2.chevron.com** or by calling the HR Service Center at **1-888-825-5247**.

This communication provides only certain highlights about changes of benefit provisions. It is not intended to be a complete explanation. If there are any discrepancies between this communication and the legal plan documents, the legal plan documents will prevail to the extent permitted by law. There are no vested rights with respect to Chevron health care plans or any company contributions towards the cost of such health care plans. Rather, Chevron Corporation reserves all rights, for any reason and at any time, to amend, change or terminate these plans or to change or eliminate the company contribution toward the cost of such plans. Such amendments, changes, terminations or eliminations may be applicable without regard to whether someone previously terminated employment with Chevron or previously was subject to a grandfathering provision. Some benefit plans and policies described in this document may be subject to collective bargaining and, therefore, may not apply to union-represented employees.

dental plan updates

dental PPO coinsurance update

With the Dental PPO Plan, you can see any dentist you choose, but using a network provider saves you money by reducing your out-ofpocket costs. You don't have to pay an annual deductible when you receive care from a network provider, and your share of the cost for covered services – or coinsurance – is often lower. In addition, you don't have to file claim forms, or worry about balance billing for covered services when you see a network provider.

However, there may be times when there is not a network provider where you live. **To assist with these limited situations, effective** January 1, 2019, the Dental PPO Plan will pay 90 percent of Delta Dental's allowance for covered basic dental care services provided by out-of-network providers - after you pay the deductible - if there is no Delta Dental PPOSM network or Delta Dental Premier® network provider within 45 miles of your home zip code. You will also pay the difference between your dentist's fees and Delta Dental's allowance. Go to the summary plan description posted online at hr2.chevron.com for a listing of what's considered basic dental care services.

check both the dental PPO networks for a provider

To be eligible for the 90 percent coinsurance amount when using an out-of-network provider, you'll need to make sure there is no network provider within 45 miles of your home zip code in either the **Delta Dental PPO network or the Delta Dental Premier network.** Use the **Find a Provider** link available on **hr2.chevron.com/openenrollment** to start your search for a Delta Dental network provider.

As a reminder, Delta Dental offers two different types of networks: the **Delta Dental PPOSM** network and the **Delta Dental Premier**[®] network. Both options are considered network providers, so they cover the same services, have the same annual maximums, the same coinsurance or copayment levels, and covered services from these providers aren't subject to the deductible. The difference between the two comes down to the reduced fees the dentists have agreed to provide Dental PPO plan participants.

2019 dental monthly premiums*

dental PPO plan	dental HMO plan		
	\$6	You only	
✿ \$64 You + One adult	\$11	You + One adult	
🕈 🕇 You + Child(ren)	\$9	You + Child(ren)	
🕇 \$86 You + Family	\$15	You + Family	

*The monthly premiums listed above assume that you received your preventive dental cleaning in 2018. As a reminder, if you are currently enrolled in the Chevron Dental PPO or Dental HMO Plan, you're encouraged to take steps to protect your health and receive at least one preventive dental cleaning between January 1 and December 31, 2018. If you do not participate in this preventive care measure by December 31, 2018, you will pay \$120 more for your annual dental plan premium in 2019. Go to hr2.chevron.com/openenrollment to learn more.