



Update to the Summary Plan Description

Effective March 1, 2019

All changes described in this SMM are effective March 1, 2019.

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

You can access the summary plan descriptions for your benefits on the Internet at hr2.chevron.com or by calling the HR Service Center at 1-888-825-5247.

This SMM applies to the following summary plan description:

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

Temporary Special Provision for Permian Basin Participants

Effective March 1, 2019, a temporary special provision will take effect under the **Chevron High Deductible Health Plan Basic (HDHP Basic)** for plan participants who maintain a permanent home address in one any of the specified zip codes in the Permian Basin. This Summary of Material Modification (SMM) explains the temporary special provision, how it works, who's eligible for it, and additional considerations you should be aware of when it's applied.

What is the temporary special provision?

Under standard HDHP Basic rules, there are *different* deductible, coinsurance and annual out-of-pocket maximum amounts for covered medical services depending on if you see a **network** or an **out-of-network provider**. In general, using a network provider saves you money.

However, under this temporary special provision, if you're an **eligible Permian participant** who receives covered **medical** services on or after **March 1, 2019** from an **out-of-network provider** located in one of the **specified zip codes**, the HDHP Basic's **network** deductible, coinsurance and annual out-of-pocket maximum amounts will *generally* be applied to the covered medical services received from the out-of-network provider. This temporary special provision only applies to covered medical services; it doesn't apply to covered prescription drug, basic vision or dental services.

Who is eligible

Eligible Permian participant

You're eligible for this temporary special provision if you're considered an eligible Permian participant. An **eligible Permian participant** is an eligible employee, eligible retiree or covered eligible dependent who is:

- Enrolled in the HDHP Basic at the time covered medical services are received.
- Maintains a permanent home address in any one of the zip codes specified by the temporary special provision.

The current specified zip codes are included in this SMM.

If you move and your permanent home address is *no longer in* one of the specified zip codes, you are *not* an eligible Permian participant. This means the temporary special provision will no longer apply to covered medical services received on or after the effective date of your new permanent home address.

Eligible out-of-network provider

The temporary special provision only applies if you're an eligible Permian participant who receives covered medical services from an out-of-network provider located in any one of the zip codes specified by the temporary special provision. The current specified zip codes are included in this SMM.

The temporary special provision *does not apply* if you're an eligible Permian participant, but you receive covered medical services from an out-of-network provider who is *not* located in any of the specified zip codes. In these situations, the HDHP Basic's standard out-of-network rules and requirements will apply.

How the special provision works

Under this temporary special provision, if you're an **eligible Permian participant** who receives covered medical services on or after **March 1, 2019** from an **out-of-network provider** located in one of the **specified zip codes**, the following rules will apply:

Deductible*

- As a reminder, the HDHP Basic has one *combined* deductible for medical, prescription drugs (both retail and mail-order), mental health and substance abuse services.
- The HDHP Basic's **network deductible** will apply to **covered medical services**.
- **Allowable charges** you pay out-of-pocket for covered medical services will apply to the network deductible.
- All other HDHP Basic rules and requirements for the network deductible will apply to covered medical services.

Coinsurance

- The HDHP Basic's **network coinsurance rates** will apply to the out-of-network provider's **billed amount or maximum allowed amount** for covered medical services, whichever is less. You will be responsible for your share of coinsurance and any amount charged by the out-of-network provider in excess of the maximum allowed amount.
- All other HDHP Basic rules and requirements for network coinsurance will apply, including the current requirements to notify Anthem - the claims administrator - for specific procedures and services.

Annual out-of-pocket maximum*

- As a reminder, the HDHP Basic has one *combined* out-of-pocket maximum for medical, prescription drugs, mental health and substance abuse services.
- The HDHP Basic's **network annual out-of-pocket maximum** will apply to covered medical services received from an **out-of-network provider** located in one of the **specified zip codes**.
- All other HDHP Basic rules and requirements for the network annual out-of-pocket maximum will apply to covered medical services.

Preventive care

The HDHP Basic includes 100 percent coverage with no copayment, coinsurance or deductible for certain preventive care services, as specified by the Affordable Care Act, when you see a network provider. Under the temporary special provision, 100 percent coverage for certain preventive care services will also apply to the out-of-network provider's billed amount or maximum allowed amount, whichever is less. This will only apply to eligible Permian participants who visit an out-of-network provider located in one of the specified zip codes.

** Please see the Mental Health and Substance Abuse Plan (MHSA Plan) to understand how the temporary special provision applies to covered mental health and substance abuse services for the combined deductible and combined annual out-of-pocket maximum.*

Maximum allowed amount

It's important to remember that covered medical services received from any out-of-network provider will continue to be subjected to Anthem's **maximum allowed amount** for that service. Allowed charges for the covered service will be applied to the to the HDHP Basic's **network** benefit provisions – deductible, coinsurance, copayment and out-of-pocket maximum – but you'll still be responsible for any charges *above* the maximum allowed amount.

maximum allowed amount example

You're an eligible Permian participant and you receive covered medical services from an out-of-network provider located in one of the specified zip codes.

- Your provider charges **\$250** for the service.
- Anthem's **maximum allowed amount** for that service in your area is **\$200**.
- According to the temporary special provision, for this service, network coinsurance rates will be applied. This means you'll pay **30 percent** of **maximum allowed amounts**, and the plan will pay **70 percent**, after you've met your annual combined network deductible.
- You've already met your annual combined network deductible, so for this service you'll pay:
 30% (the network coinsurance rate) \times $\$200$ (maximum allowed amount) = **\$60**
plus **\$50** (charges above the maximum allowed amount)
You'll pay a total of **\$110 out-of-pocket** and your HDHP Basic pays \$140.

*This example is provided for illustration and education purposes only.
Your provider's service charge and your coinsurance rates or out-of-pocket costs will differ.*

What's not changing

The temporary special provision only affects how your HDHP Basic's deductible, coinsurance and out-of-pocket maximum rules are applied for out-of-network covered medical services when an eligible Permian participant visits an out-of-network provider in one of the specified zip codes.

It does not:

- Alter the benefits provided by your medical, prescription drug or basic vision coverage. The types of services the HDHP Basic covers remain the same.
- Alter the HDHP Basic's standard coinsurance rates for covered medical services from a network provider *or* an out-of-network provider who is *not* located in one of the specified zip codes.
- Apply to covered prescription drug (Chevron Prescription Drug Program), basic vision (Chevron Vision Program) or dental services.
- Apply to the Vision Plus Program.
- Alter the HDHP Basic's standard eligibility rules – who can enroll and who you can cover.

Filing a claim for medical services

While the temporary special provision applies certain network rules to out-of-network covered services received by an eligible Permian participant in one of the specified zip codes, you'll still generally need to submit a claim to Anthem to be reimbursed for covered medical services when you use an out-of-network provider. Contact Anthem at **1-844-627-1632** or log in to your account at **www.anthem.com/ca** to submit a claim.

Anthem member ID card

If you are considered an eligible Permian participant, you will automatically receive a new medical ID card from Anthem at your mailing address. This is because your group number will change as an eligible Permian participant. It's important that you use your new Anthem ID card with the new group number for covered medical services on or after March 1, 2019. Contact Anthem at **1-844-627-1632** if you have questions about your new ID card. You *will not* receive a new ID card from Express Scripts for prescription drugs or VSP for basic vision coverage as these services are not affected by the temporary special provision.

Specified eligible zip codes

Temporary Special Provision for Permian participants

Effective January 1, 2021

76930	79511	79718	79758	79789	88250
76932	79512	79719	79759	79830	88252
76934	79517	79720	79760	79837	88253
76941	79527	79721	79761	79842	88254
76943	79532	79730	79762	79847	88255
76945	79535	79731	79763	79848	88256
76951	79545	79733	79764	79851	88260
76958	79549	79734	79765	79854	88262
78851	79550	79735	79766	79855	88263
79316	79565	79738	79768	88201	88264
79323	79701	79739	79769	88203	88265
79330	79702	79740	79770	88210	88267
79331	79703	79741	79772	88211	88268
79342	79704	79742	79776	88213	
79345	79705	79743	79777	88220	
79351	79706	79744	79778	88221	
79355	79707	79745	79780	88230	
79356	79708	79748	79781	88231	
79359	79710	79749	79782	88232	
79360	79711	79752	79783	88240	
79373	79712	79754	79785	88241	
79376	79713	79755	79786	88242	
79381	79714	79756	79788	88244	