



COVID-19 immunization coverage updates medical PPO plan effective december 11, 2020 *update published as of may 11, 2023*

Update to the summary plan descriptions (SPD)

All changes described in this SMM are effective December 11, 2020 unless otherwise indicated.

The enclosed information serves as an official summary of material modification (SMM) for the **Medical PPO Plan**. 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.

COVID-19 preventive service and immunization update

The Medical PPO Plan currently provides coverage for preventive care services as required by the Patient Protection and Affordable Care Act and in accordance with guidelines based on recommendations from nationally recognized organizations, such as the U.S. Preventive Services Task Force. As previously communicated, effective [March 27, 2020 the Medical PPO Plan was updated](#) to include coverage for qualifying coronavirus preventive services as part of the plan's existing preventive care coverage rules, when such services became available. **As of December 11, 2020, qualifying coronavirus preventive services are now available and included under the Medical PPO Plan's preventive care coverage.**

What's a qualifying coronavirus preventive service?

A qualifying coronavirus preventive service means an item, service or immunization that is intended to prevent or mitigate coronavirus disease 2019 and that is *either one* of the following:

- An **immunization** that has in effect a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention with respect to the individual involved.
- An **evidence-based item or service** that has in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.

Temporary extension of coverage for out-of-network COVID-19 immunizations

As required by the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), effective **December 11, 2020** the following *temporary* rules apply to **qualifying coronavirus preventive services** under the **Medical PPO Plan**:

- When you see a **network provider**, the Medical PPO Plan will pay **100 percent** of the provider's **contracted rate** with no copayment, coinsurance or deductible for covered charges related to qualifying coronavirus preventive services.
- When you see an **out-of-network provider**, the **out-of-network deductible will not apply**, and the Medical PPO Plan will pay covered charges in an amount that is reasonable in comparison to prevailing market rates (or an alternative lower price, if negotiated) for qualifying coronavirus preventive services. Reasonable amounts are determined by Anthem, the claims administrator.



These temporary rules for qualifying coronavirus preventive services will be in effect beginning on **December 11, 2020** until the end of the Coronavirus Public Health Emergency (also known as the COVID-19 emergency period) on **May 11, 2023**.

A reminder about normal preventive care coverage rules

Starting May 12, 2023, all of the normal Medical PPO Plan rules for preventive care shall apply to qualifying coronavirus preventive services. As a reminder, normal Medical PPO Plan preventive care rules are as follows:

- When you see a **network provider**, the Medical PPO Plan will pay **100 percent** of the provider's contracted rate with no copayment, coinsurance or deductible for covered charges related to preventive care services.
- When you see an **out-of-network provider**, the Medical PPO Plan will pay **60 percent** of the maximum allowed amount for covered charges related to preventive care services, and the annual **out-of-network medical deductible will apply**.

contact

Contact **Anthem** directly at **1-844-627-1632** to discuss claims, coverage under your plan, or to find a network provider. For medical-related questions and concerns, please contact your provider directly before visiting the office. **As always call 911 or go to the emergency room if you think you need care right away.**

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. 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. Unless required by applicable law, there are no vested rights with respect to any Chevron health and welfare plan benefit or to any company contributions towards the cost of such health and welfare plan benefits. Some benefit plans and policies described in this document may be subject to collective bargaining and, therefore, may not apply to union-represented employees.