



behavioral health benefits provided under chevron medical plans

chevron mental health and substance use disorder plan discontinued

effective January 1, 2026

Update to the summary plan description (SPD)

All changes described in this SMM are effective January 1, 2026.

The enclosed information serves as an official summary of material modification (SMM) for participants enrolled in the following plans: **Chevron Medical PPO Plan**, the **High Deductible Health Plan (HDHP)**, the **High Deductible Health Plan Basic (HDHP Basic)**, **Medical HMO Plan**, **Global Choice Plan (U.S.-Payroll Expatriates)** and the **Chevron Mental Health and Substance Use Disorder Plan (MHSUD 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**.

chevron MHSUD plan no longer offered effective january 1, 2026

Behavioral health services will be provided solely through Chevron's medical plans.

As a reminder, *prior to* January 1, 2026, you were automatically enrolled in the **Chevron Mental Health and Substance Use Disorder Plan (MHSUD Plan)** for behavioral health coverage if you were an eligible U.S.-payroll employee.



The MHSUD Plan, administered by Carelon Behavioral Health, will end on December 31, 2025. This is because, effective January 1, 2026, behavioral health services previously provided by the MHSUD Plan will now be offered *solely* through Chevron medical plans and included as part of your plan's standard medical coverage.

why this matters

While the kinds of behavioral health services covered will generally remain the same, your costs may change starting January 1, 2026. If you regularly use the MHSUD Plan for behavioral health services, you are strongly encouraged to review the changes, then evaluate your potential behavioral health needs so you can make appropriate enrollment choices and plan ahead for health care costs in 2026.

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what is changing

- **Streamlined access and administration.** If you are enrolled in a Chevron medical plan, you will use the *same* ID card, *same* provider network and the *same* claims administrator for both behavioral health *and* medical services.
- **Your costs may be different.** The deductible, coinsurance/copayments, and out-of-pocket maximum may be different than they are today, depending on your Chevron medical plan choice, the type of services you receive, and the provider you use (network or out-of-network).
- **Enrollment in a Chevron medical plan is *required*.** All behavioral health coverage will be provided *solely* through your Chevron medical plan. This means if you aren't enrolled in any of Chevron's medical plan options and you rely on the Chevron MHSUD Plan to receive behavioral health services, effective January 1, 2026, these plan benefits will no longer be available to you. If you want to continue to receive behavioral health service coverage, you'll need to use coverage available under another non-Chevron plan (if any), **or** you'll need to enroll in one of Chevron's medical plans during open enrollment.
- **For the Anthem medical plans,** Transcranial Magnetic Stimulation (TMS) continues to be a covered service when provided in conjunction with a diagnosed and covered psychiatric disorder; however, there is a change in the notification requirements effective January 1, 2026.
 - To receive full benefits, notice to Anthem must be provided within **two business days** of the service being performed.
 - As a reminder, TMS services must meet medical necessity as determined by Anthem and pre-certification is required.

what you need to do

If you regularly use behavioral health services, you are strongly encouraged to evaluate your needs so you can make appropriate enrollment choices.

If you are currently enrolled in a Chevron medical plan ...

Your current Chevron medical plan election will automatically continue in 2026 unless you decide to change your plan choice during open enrollment, October 20 through October 31, 2025.

- **If you are satisfied with your current Chevron medical plan choice, no additional action is required.** Behavioral health coverage will automatically begin through your Chevron medical plan starting January 1, 2026.
- **If you decide you want to change your Chevron medical plan choice,** you must update your plan election during open enrollment, October 20 through October 31, 2025, on the BenefitConnect website.

If you are currently waiving Chevron medical plan coverage ...

Remember if you aren't enrolled in any of Chevron's medical plan options and you rely on the Chevron MHSUD Plan to receive behavioral health services, these plan benefits will no longer be available to you.

- **If you decide to enroll in a Chevron medical plan** so you can continue to receive behavioral health coverage through Chevron, you *must* elect a medical plan during Chevron's open enrollment, October 20 – October 31, 2025, on the BenefitConnect website. If you enroll, coverage begins January 1, 2026.
- **If you decide to continue to waive Chevron medical coverage** (or otherwise miss the open enrollment deadline) you will no longer have Chevron coverage for behavioral health services starting January 1, 2026.

submit outstanding 2025 claims

June 30, 2026, is the deadline to submit outstanding claims for eligible expenses incurred from January 1, 2025, through December 31, 2025, under the Chevron MHSUD Plan. Keep in mind that you don't always need to file a claim; if you received services from a network provider in the U.S., a claim was automatically filed for you.

If you have questions about a 2025 claim, [contact Carelton directly](#).

- Claim Form: [Services in the U.S.](#) | [Services outside the U.S.](#)
- Claim Form: [Reimbursement of Travel Expenses](#) | [Rules and Requirements](#)

learn more



- **For more information**, including a medical plan comparison and benefit summary documents, go to hr2.chevron.com/openenrollment.
- **If you have specific questions about behavioral health coverage**, including your out-of-pocket costs, the provider network or coverage for specific services, [contact your medical plan directly](#) starting October 20, 2025.

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 towards 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 and, therefore, may not apply to union-represented employees.