



COVID-19 coverage

high deductible health plans

effective march 19, 2020

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Update to the summary plan descriptions (SPD)

All changes described in this SMM are effective March 19, 2020 unless otherwise indicated.

The enclosed information serves as an official summary of material modification (SMM) for the **Chevron High Deductible Health Plan (HDHP)** and the **High Deductible Health Plan Basic (HDHP Basic)**. 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 testing

Effective March 19, 2020 the following temporary plan rules apply under the **Chevron High Deductible Health Plan (HDHP)** and the **High Deductible Health Plan Basic (HDHP Basic)**:

- The **network or out-of-network annual combined deductible** does not apply to covered charges related to medical care services and items purchased for FDA-approved COVID-19 testing. As a reminder, high deductible health plans have one combined deductible for medical, prescription drugs (both retail and mail-order), mental health and substance use disorder services.
- The HDHP and HDHP Basic will pay **100%** of the provider's **contracted rate** for covered charges relating to medical care services and items purchased for FDA-approved COVID-19 testing when you see a **network provider**.
- The HDHP and HDHP Basic will pay **100%** of the provider's **billed charges** for covered charges relating to medical care services and items purchased for FDA-approved COVID-19 testing when you see an **out-of-network provider**.



COVID-19 treatment

Effective March 19, 2020 the following temporary plan rules apply under the HDHP and HDHP Basic:

- Covered charges related to medical care services and items purchased for COVID-19 treatment will be subject to the **annual combined deductible**.
- After meeting the applicable network or out-of-network annual combined deductible, the **HDHP** will pay:
 - **80%** of the provider's **contracted rate** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see a **network provider**.
 - **60%** of the provider's **billed charges** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see an **out-of-network provider**.
- After meeting the applicable network or out-of-network annual combined deductible, the **HDHP Basic** will pay:
 - **70%** of the provider's **contracted rate** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see a **network provider**.
 - **50%** of the provider's **billed charges** for covered charges relating to medical care services and items purchased for COVID-19 treatment when you see an **out-of-network provider**.



online visits

Member cost sharing for LiveHealth Online visits related to COVID-19 will be waived for HDHP and HDHP Basic participants from March 19, 2020 through June 17, 2020. Anthem provides access to online visits through the LiveHealth Online service for participants of the HDHP and HDHP Basic. **LiveHealth Online** is a safe and effective way for you to receive medical guidance, including guidance for COVID-19, from your home using a smartphone, tablet or computer with a web cam. You're encouraged to use this service when possible to help prevent the spread of infection and improve access to care.

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, or use the LiveHealth Online service. **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. 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.