



# infertility services

## effective january 1, 2020

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### Update to the summary plan descriptions (SPD)

All changes described in this SMM are effective January 1, 2020 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](http://hr2.chevron.com) or by calling the HR Service Center at **1-888-825-5247**.

### infertility services

This change applies to the Medical PPO Plan, the High Deductible Health Plan (HDHP) and the High Deductible Health Plan Basic (HDHP Basic)

Effective **January 1, 2020**, the lifetime maximum for infertility services has been increased from \$5,000 to **\$60,000**. Note that:

- There is no change to the specific services covered or the plans' deductible and coinsurance rates.
- Covered services previously accumulated toward the \$5,000 lifetime maximum under the plan(s) prior to January 1, 2020 count toward the increased \$60,000 lifetime maximum.
- Infertility services incurred prior to January 1, 2020 and after a participant previously reached the \$5,000 lifetime maximum cannot be retroactively applied to the new \$60,000 lifetime maximum.

#### Infertility Services

<b>Network</b> (Medical PPO Plan)	80% of contracted rates after deductible.
<b>Out-of-Network</b> (Medical PPO Plan)	60% of the maximum allowed amount after deductible.
<b>Network</b> (HDHP)	80% of contracted rates after deductible.
<b>Out-of-Network</b> (HDHP)	60% of the maximum allowed amount after deductible.
<b>Network</b> (HDHP Basic)	70% of contracted rates after deductible.
<b>Out-of-Network</b> (HDHP Basic)	50% of the maximum allowed amount after deductible.

The following services to facilitate a pregnancy are covered by the plan and are subject to an aggregate **\$60,000** per person lifetime maximum benefit:

- In vitro fertilization.
- Embryo transfer.
- Gamete intrafallopian transfer.
- Zygote intrafallopian transfer.

- Tubal ovum transfer.

This lifetime maximum benefit aggregates the covered services accumulated while an eligible participant in the Chevron Medical PPO Plan, the Chevron High Deductible Health Plan (HDHP), the High Deductible Health Plan Basic (HDHP Basic), or any combination thereof.

Charges related to surrogate parents and charges incurred by a sperm or egg donor are not covered. Over-the-counter supplies are not covered. Related covered prescription drugs are covered separately as part of the Prescription Drug Program.

*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.*