



COVID-19 immunization coverage updates

high deductible health plan basic (HDHP Basic) effective december 11, 2020

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 **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**.



As of the writing of this benefit update, the cost of a COVID-19 immunization is often covered by local and federal government resources. This update describes medical coverage for qualifying coronavirus preventive services – including immunizations – in situations where public funding is not applicable.

COVID-19 preventive service and immunization update

The High Deductible Health Plan Basic (HDHP Basic) 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 HDHP Basic 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 HDHP Basic'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 **High Deductible Health Plan Basic**:

- When you see a **network provider**, the High Deductible Health Plan Basic 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 combined deductible will not apply**, and the High Deductible Health Plan Basic 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 COVID-19 emergency period. As of this writing, the emergency period expires **April 21, 2021**, but is subject to change.

A reminder about normal preventive care coverage rules

After the end of the COVID-19 emergency period, all of the normal High Deductible Health Plan Basic rules for preventive care shall apply to qualifying coronavirus preventive services. As a reminder, normal High Deductible Health Plan Basic preventive care rules are as follows:

- When you see a **network provider**, the High Deductible Health Plan Basic 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 High Deductible Health Plan Basic will pay **50 percent** of the maximum allowed amount for covered charges related to preventive care services, and the annual **out-of-network combined 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. 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.