



# chevron benefit plan changes

## effective january 1, 2022

### for pre-65 participants

(unless otherwise indicated)



Open enrollment instructions and a summary of 2022 changes were previously sent to you under separate cover prior to the enrollment period. This publication provides full details about the 2022 Chevron benefit plan changes for your records; no action is required. This information is also posted online at [hr2.chevron.com/OpenEnrollment](https://hr2.chevron.com/OpenEnrollment).



### **next time, consider electronic delivery**

Sign up to receive your Chevron benefit plan updates to an email of your choice. You'll receive your plan updates earlier than the post office can deliver, and you'll conserve resources. The same information here is already available online, from work or home, at [hr2.chevron.com/OpenEnrollment](https://hr2.chevron.com/OpenEnrollment). You can also go there to learn how to sign up for electronic delivery of your Chevron benefit information in the future.



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

**All changes described in this SMM are effective January 1, 2021 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/retiree](http://hr2.chevron.com/retiree) or by

<b>Page 03</b>	<b>Prescription Drug Program</b>
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**your plan documents**

These documents are posted online at [hr2.chevron.com/retiree](http://hr2.chevron.com/retiree) or you can request that a copy be mailed to you by calling the HR Service Center at 1-888-825-5247 (1-832-854-5800 outside the U.S.)



**Summary of Benefits and Coverage (SBCs)** provide summary information about your health plans, such as benefits, copayments, coinsurance, deductibles, and plan contact information. SBCs can help you understand the key differences among the options available to you.

**Summary Plan Descriptions (SPDs)** provide specific details about your Chevron benefits, such as eligibility, covered services, non-covered services and participation rules.

*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.*



# prescription drug program

When you enroll in the **Medical PPO Plan**, the **High Deductible Health Plan (HDHP)** or the **High Deductible Health Plan Basic (HDHP Basic)**, you are also automatically enrolled in prescription drug coverage through the Prescription Drug Program with Express Scripts.

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## annual deductible for prescription drugs

This change applies to the Prescription Drug Program for eligible pre-65 retirees and their eligible pre-65 dependents enrolled in the Medical PPO Plan.

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The Medical PPO Plan has *separate* deductibles, one for **medical services** and the other for **prescription drug costs**. There is no deductible for mental health and substance use disorder services.

The Medical PPO prescription drug annual deductible will increase effective **January 1, 2022** to align with Centers for Medicare and Medicaid Services (CMS) changes. The prescription drug deductible is the same whether you use a network or out-of-network provider. As a reminder, mail-order prescriptions are *not* subject to the annual deductible.

### Covered prescription drugs annual deductible

	Coverage Category	Network and Out-of-network
	You Only Dependent Adult Only	\$480 (↑ \$35)
	You + One Adult*	\$960 (↑ \$70)
	You + Child(ren)* Dependent Child(ren) Only*	\$960 (↑ \$70)
	You + Family* Dependent Adult + Child(ren)*	\$960 (↑ \$70)

\* Each covered individual has a maximum deductible equal to the **You Only/Dependent Adult Only** amount.

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## new coverage for weight loss class of prescription drugs

This change applies to the Prescription Drug Program for participants in the Medical PPO Plan, the High Deductible Health Plan (HDHP) and the High Deductible Health Plan Basic (HDHP Basic).

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Effective **January 1, 2022**, the weight loss class (anorexiant and appetite suppressants) of prescription drugs will now be covered by the Prescription Drug Program as follows:

- All generic equivalents will be covered, while only certain brand-names, such as Wegovy and Saxenda, will be covered. Refer to the **2022 Prescription Drug Program Formulary** or call **Express Scripts** for covered drugs.
- Prior authorization will apply – whether generic or brand-name is prescribed.

Your Prescription Drug Program standard **deductible, coinsurance or copayment, out-of-pocket maximum** and **maintenance drug refill** rules and requirements will apply. The Prescription Drug Program's standard schedule of benefits for **Preferred Brand-Name Drugs** or **Non-Preferred Brand-Name Drugs** will apply to covered weight loss drugs.



### who to contact

- If you currently use one of these covered drugs and have questions about this new coverage, contact **Express Scripts Member Services** at **1-800-987-8368** starting October 18, 2021.



# dental PPO plan

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## orthodontic care lifetime maximum

This change applies to the Dental PPO Plan

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The **orthodontic care lifetime maximum** under the Chevron Dental PPO Plan will increase for network benefits. The orthodontic care lifetime maximum for out-of-network benefits has not changed.

Effective **January 1, 2022** the orthodontic care lifetime maximum is as follows:

- **Network coverage:** There is a lifetime benefit maximum of \$2,000 per plan member.
- **Out-of-network coverage:** There is a lifetime benefit maximum of \$1,000 per plan member.

There is no change to the specific services covered or the Chevron Dental PPO Plan's coinsurance rates and other applicable plan rules. In addition:

- Covered services previously accumulated toward the \$1,500 network lifetime maximum under the plan(s) prior to January 1, 2022 count toward the increased \$2,000 network lifetime maximum.
- Covered services incurred prior to January 1, 2022 and after a participant previously reached the \$1,500 network lifetime maximum cannot be retroactively applied to the new \$2,000 network lifetime maximum.

### Reminder

Any *network* orthodontia benefits you use count toward your maximum *out-of-network* orthodontia benefits. Similarly, any *out-of-network* orthodontia benefits you use count toward your maximum *network* orthodontia benefits.

For example, if a plan member has received \$500 in benefits for orthodontic care under network coverage and \$500 under out-of-network coverage, no further **out-of-network** orthodontia benefits are payable for that individual, because the \$1,000 lifetime benefit maximum has been reached. However, that individual could qualify for another \$1,000 in orthodontic care benefits under the plan's network coverage — bringing total paid benefits up to the \$2,000 lifetime *network* coverage benefit maximum.



If you have questions regarding orthodontia coverage or your personal situation, contact Delta Dental at 1-800-228-0513 (415-972-8300 outside the U.S.)

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## major dental care coinsurance

This change applies to the Dental PPO Plan

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**Effective January 1, 2022**, the cost share percentage for covered major dental care services under the Chevron Dental PPO Plan will change as follows:

- **Network coverage:** The plan pays 60 percent of contracted fees with no deductible.\*
- **Out-of-network coverage:** The plan pays 60 percent of Delta's program allowance after you pay the deductible\*. You pay the difference between your dentist's fees and the program allowance.

\* **Nonsurgical treatment of temporomandibular joint dysfunction (TMJ), including Occlusal guards:** For covered temporomandibular joint dysfunction (TMJ) treatment, the out-of-network coverage also pays 60 percent of Delta's program allowance, but there is no deductible required for this coverage. In addition, nonsurgical treatment of TMJ has a lifetime benefit maximum of \$750 for covered network or out-of-network benefits, per covered member of your household. These benefits aren't counted when determining if the plan's deductibles or annual maximums have been reached.

There is no change to the kinds of major dental care covered, including dental implants, cast restorations, prosthodontics and nonsurgical treatment of temporomandibular joint dysfunction (TMJ), including Occlusal guards.



If you have questions regarding coverage for major dental care services or your personal situation, contact Delta Dental at 1-800-228-0513 (415-972-8300 outside the U.S.)



# health care spending account plan (HCSA)

**NOTE: While flexible spending account plans are not offered to retirees, depending on when you retired or left Chevron, you may have been participating in the HCSA as an employee or while enrolled in COBRA coverage (if available) during the effective dates of these changes. Please note the following HCSA updates if this applies to you; otherwise you may disregard this information.**

This document describes the following changes to the Chevron Health Care Spending Account (HCSA) Plan as permitted by the 2021 Consolidated Appropriation Act:

- Temporary carryover opportunity for unused 2021 health care flexible spending account funds into 2022.
- Deadline to submit claims for eligible expenses incurred January 1, 2021, through December 31, 2021, is temporarily extended.

**These expanded rules are effective as of January 1, 2022, and remain available to Chevron Health Care Spending Account (HCSA) Plan participants through December 31, 2022, as described in this document.**

This document applies to eligible, former U.S.-payroll employees.

## who to contact



- Contact **Anthem** directly at **1-844-627-1632** to discuss reimbursement claims, eligible expenses or other carryover questions.
- HCSA information and claim resources are available on **hr2.chevron.com**. Go to **Health Plans** on the top navigation, then choose **Health Accounts** from the dropdown menu.



As a reminder, if you are enrolled in the High Deductible Health Plan (HDHP) or the High Deductible Health Plan Basic (HDHP Basic), you cannot also participate in the HCSA.

## claims deadline extended

As a reminder, due to the current global pandemic, the deadline to submit claims for eligible expenses incurred **January 1, 2021**, through **December 31, 2021**, has been extended. The deadline for 2021 claims is **60 days** after the President announces the end of the National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak *or* **June 30, 2022**, whichever occurs *later*. **After the applicable claims deadline, you can no longer submit a claim for expenses incurred in 2021.**

While you have extra time to submit claims if you need it, we *strongly* encourage you to submit as many of these claims as possible prior to the normal claims deadline of June 30, 2022, to assist with processing the carryover of your 2021 HCSA (if any).



# temporary carryover opportunity

## former employees enrolled in the HCSA in 2021

Typically, the money in your HCSA can be used only for eligible expenses incurred between January 1 and December 31 in the year you are enrolled. Any remaining balance left in your account after the final claim filing deadline will be forfeited.

Due to the COVID-19 public health emergency, HCSA participants may have more unused HCSA amounts at the end of the plan year than in previous years. To address this issue, Congress and the IRS temporarily adjusted standard flexible spending account rules and requirements. **Chevron has adopted this increased flexibility for January 1, 2022, through December 31, 2022, and Chevron HCSA Plan participants now have access to carryover balances as described in this document.**

**As a reminder, COBRA coverage for the HCSA is usually only available for the remainder of the year in which your employee coverage ends.** However, if you're eligible for the carryover, your carryover amount will continue to be available to you as described in this SMM.

### who is eligible for the carryover

To be eligible for the special, carryover opportunity, you must satisfy **all** of the following requirements:

- You were an active, U.S.-payroll employee **enrolled in the HCSA** for all or part of the 2021 plan year.
- You have **at least \$25 in unused funds** in your 2021 HCSA. There is *no* maximum limit to the amount you're permitted to carry over.



**Important:** If you are enrolled in COBRA coverage for the Chevron High Deductible Health Plan (HDHP) or the Chevron High Deductible Health Plan Basic (HDHP Basic) in 2022, you still cannot also participate in the HCSA in 2022 and therefore are not eligible for the carryover.

## how the carryover works

### Step 1: Submit your outstanding 2021 claims.

While the claims deadline has been extended for eligible expenses incurred January 1, 2021, through December 31, 2021, you're strongly encouraged to submit claims as soon as they happen. Claims for eligible expenses submitted by June 30, 2022, will be paid from your 2021 HCSA account balance.

#### example

**You elected to contribute \$1,000 to your 2021 HCSA account.**

Prior to adopting the carryover, the money in your 2021 HCSA could be used for eligible expenses incurred January 1, 2021, through December 31, 2021.

Expense	2021 Account balance is now ...
\$100 on July 8, 2021, using your HCSA debit card.	\$900
\$50 on September 12, 2021, using your HCSA debit card.	\$850
You submit a claim form on June 10, 2022, for a \$100 eligible expense incurred on March 10, 2021, that you forgot about.	\$750

### Step 2: Anthem determines your carryover, if any

Carryover amounts will not be available in your account until *after* June 30, 2022. Anthem will process all 2021 claims submitted by June 30, 2022, and then review the remaining 2021 HCSA account balances for participants who are eligible to receive a carryover. Anthem will automatically apply your eligible carryover amount to your account *after* June 30, 2022, as follows:

- If your 2021 HCSA account balance is **under \$25**, you will not receive a carryover.
- If your 2021 HCSA account balance is **at least \$25**, your remaining account balance will carry over.

#### example

**You elected to contribute \$1,000 to your 2021 HCSA account.**

Expense	2021 Final account balance
You incurred <b>\$250</b> in total expenses incurred between January 1 and December 31, 2021. You submitted all outstanding 2021 claims prior to June 30, 2022.	\$750
<b>Amount that will carryover to 2022.</b> As a reminder your carryover amount will appear in your account <i>after</i> June 30, 2022:	<b>\$750</b>
Amount from your 2021 HCSA that will be forfeited:	\$0

### Step 3: How to use your carryover

#### If your employee HCSA coverage ended in 2021 ...

If your employee HCSA coverage ended in 2021 (your qualifying event) and you're eligible for carryover\*, your carryover amount will be applied to your existing HCSA account after June 30, 2022. Your account will remain available for you to use the carryover according to normal plan rules. You can continue to submit claims and access your account online as you did in 2021.

- The money in your 2022 HCSA account, which now *only* includes any carryover, can be used for:
  - Eligible expenses incurred **January 1** through **December 31, 2022**, as long as the deadline to claim 2022 expenses has not passed. The normal claims deadline for 2022 eligible expenses is June 30, 2023.
  - Eligible expenses incurred **January 1** through **December 31, 2021**, as long as the deadline to claim 2021 expenses has not passed. The claims deadline for 2021 eligible expenses is 60 days after the President announces the end of the National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak **or** June 30, 2022, whichever occurs *later*.
- As a reminder, if your qualifying event occurred in 2021, you cannot elect to contribute *new* amounts to the HCSA in 2022, but you may still be eligible for the carryover of 2021 amounts.
- You are not required to elect COBRA coverage for your 2021 HCSA to be eligible for carryover.

*\* If you are enrolled in COBRA coverage for the Chevron High Deductible Health Plan (HDHP) or the Chevron High Deductible Health Plan Basic (HDHP Basic) in 2022, you still cannot also participate in the HCSA in 2022 and therefore **are not eligible** for the carryover.*

#### If your employee HCSA coverage ended in 2022 ...

If you left Chevron in 2022, and you were a participant in the HCSA in 2021 *and* in 2022, your *new*, total 2022 HCSA balance must be used according to normal plan rules. This means:

- The **2021 carryover amount**, now included in your 2022 HCSA account, can be used for:
  - Eligible expenses incurred **January 1** through your **date of termination** (or, if COBRA is elected, through the earlier of the date COBRA coverage ceases or December 31, 2022), as long as the deadline to claim 2022 expenses has not passed. The normal claims deadline for 2022 eligible expenses is June 30, 2023.
  - Eligible expenses incurred **January 1** through **December 31, 2021**, as long as the deadline to claim 2021 expenses has not passed. The claims deadline for 2021 eligible expenses is 60 days after the President announces the end of the National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak **or** June 30, 2022, whichever occurs *later*.
  - You are not required to elect COBRA coverage for your 2022 HCSA to be eligible for carryover of 2021 amounts (if any).

- The **2022 contributions** you made to your 2022 HCSA account prior to leaving Chevron can be used for:
  - **If you do not elect COBRA coverage** for your 2022 HCSA for the remainder of the plan year, your 2022 contributions can be used for eligible expenses incurred **January 1, 2022** through **your termination of employment date in 2022**, as long as the deadline to claim 2022 expenses has not passed. The normal claims deadline for 2022 eligible expenses is June 30, 2023. As a reminder, while you are eligible to use 2021 carryover amounts in your account, if any, you still are not eligible to make new contributions to your 2022 HCSA account after your participation in the plan ended
  - **If you are eligible and elect COBRA coverage** for your 2022 HCSA for the remainder of the plan year, your 2022 employee and COBRA contributions can be used for eligible expenses incurred **January 1** through **December 31, 2022**, as long as the deadline to claim 2022 expenses has not passed.
  - You *cannot* use new 2022 contributions to pay for eligible expenses incurred **January 1** through **December 31, 2021**, even if the claims deadline has not passed.
  - There is no opportunity to carry over 2022 balances into 2023; 2022 account balances must be used according to normal plan rules.



## dependent day care spending account plan (DCSA)

**NOTE: While flexible spending account plans are not offered to retirees, depending on when you retired or left Chevron, you may have been participating in the DCSA as an employee during the effective dates of these changes. Please note the following DCSA update if this applies to you; otherwise you may disregard this information.**

This document describes the following changes to the Chevron Dependent Day Care Spending Account (DCSA) Plan as permitted by the 2021 Consolidated Appropriation Act:

- Carryover opportunity for unused 2021 dependent day care flexible spending account funds into 2022.
- Deadline to submit claims for eligible expenses incurred January 1, 2021, through December 31, 2021, is temporarily extended.

This document applies to eligible, former U.S.-payroll employees.

### who to contact



- Contact **Anthem** directly at **1-844-627-1632** to discuss reimbursement claims, eligible expenses, or carryover questions.
- More DCSA information and claim resources are available on **hr2.chevron.com**. Go to **Wealth Management** on the top navigation, then choose **Dependent Day Care Account** from the dropdown menu.

## claims deadline extended

Due to the current global pandemic, the deadline to submit claims for eligible expenses incurred **January 1, 2021**, through **December 31, 2021**, has been extended. The deadline for 2021 claims is **60 days** after the President announces the end of the National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak *or* **June 30, 2022**, whichever occurs *later*. **After the applicable claims deadline, you can no longer submit a claim for expenses incurred in 2021.**

While you have extra time to submit claims if you need it, we *strongly* encourage you to submit as many of these claims as possible prior to the normal claims deadline of June 30, 2022, to assist with processing the carryover of your 2021 DCSA (if any).

## temporary carryover opportunity former employees enrolled in the DCSA in 2021

Typically, the money in your DCSA can be used only for eligible expenses incurred between January 1 and December 31 in the year you are enrolled. Any remaining balance left in your account after the final claim filing deadline will be forfeited.

Due to the COVID-19 public health emergency, DCSA participants may have more unused DCSA amounts at the end of the plan year than in previous years. To address this issue, Congress and the IRS temporarily adjusted standard flexible spending account rules and requirements. **Chevron has adopted this increased flexibility for January 1, 2022, through December 31, 2022, and Chevron DCSA Plan participants now have access to carryover balances as described in this document.**

### who is eligible for the carryover

To be eligible for the special, carryover opportunity, you must satisfy **all** of the following requirements:

- You were a U.S.-payroll employee **enrolled in the DCSA** for all or part of the 2021 plan year.
- You have **at least \$25 in unused funds** in your 2021 DCSA. There is *no* maximum limit to the amount you're permitted to carry over.
- You **do not have to be enrolled in or contribute to the DCSA in 2022** to receive your carryover, if any.

## how the carryover works

### Step 1: Submit your outstanding 2021 claims.

While the claims deadline has been extended for eligible expenses incurred January 1, 2021, through December 31, 2021, you're strongly encouraged to submit claims as soon as they happen. Claims for eligible expenses submitted by June 30, 2022, will be paid from your 2021 DCSA account balance.

#### example

**You elect to contribute \$1,000 to your 2021 DCSA account.**

Prior to adopting the carryover, the money in your 2021 DCSA can be used for eligible expenses incurred January 1, 2021, through December 31, 2021.

Expense	2021 Account balance is now ...
\$100 on July 8, 2021.	\$900
\$50 on September 12, 2021.	\$850
You submit a claim form on June 10, 2022, for a \$100 eligible expense incurred on March 10, 2021, that you forgot about.	\$750

### Step 2: Anthem determines your carryover, if any

Carryover amounts will not be available in your account until *after* June 30, 2022. Anthem will process all 2021 claims submitted by June 30, 2022, and then review the remaining 2021 DCSA account balances for participants who are eligible to receive a carryover. Anthem will automatically apply your eligible carryover amount to your account *after* June 30, 2022, as follows:

- If your 2021 DCSA account balance is **under \$25**, you will not receive a carryover.
- If your 2021 DCSA account balance is **at least \$25**, your remaining account balance will carry over.

#### example

**You elected to contribute \$1,000 to your 2021 DCSA account.**

Expense	2021 Final account balance
You incurred <b>\$250</b> in total expenses incurred between January 1 and December 31, 2021. You submitted all outstanding 2021 claims prior to June 30, 2022.	\$750
<b>Amount that will carryover to 2022.</b> As a reminder your carryover amount will appear in your account <i>after</i> June 30, 2022:	<b>\$750</b>
Amount from your 2021 DCSA that will be forfeited:	\$0

### Step 3: How to use your carryover

#### If your employee DCSA coverage ended in 2021 ...

If you left Chevron in 2021, and you're eligible for carryover, your carryover amount will be applied to your existing DCSA account after June 30, 2022. Your account will remain available for you to use the carryover amount according to normal plan rules. You can continue to submit claims and access your account online just as you did in 2021.

- The money in your 2022 DCSA account, which now includes any carryover, can be used for:
  - Eligible expenses incurred **January 1** through **December 31, 2022**, as long as the deadline to claim 2022 expenses has not passed. The normal claims deadline for 2022 eligible expenses is June 30, 2023.
  - Eligible expenses incurred **January 1** through **December 31, 2021**, as long as the deadline to claim 2021 expenses has not passed. The claims deadline for 2021 eligible expenses is 60 days after the President announces the end of the National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak **or** June 30, 2022, whichever occurs *later*.
  - As a reminder, while you are eligible to use carryover amounts in your account, if any, you still are not eligible to make new contributions to your DCSA account after your participation in the plan ended.

#### If your employee DCSA coverage ended in 2022 ...

If you left Chevron in 2022, and you were a participant in the DCSA in 2021 *and* in 2022, your *new*, total 2022 DCSA balance must be used according to normal plan rules. This means:

- The **2021 carryover amount**, now included in your 2022 DCSA account, can be used for:
  - Eligible expenses incurred **January 1** through **December 31, 2022**, as long as the deadline to claim 2022 expenses has not passed. The normal claims deadline for 2022 eligible expenses is June 30, 2023.
  - Eligible expenses incurred **January 1** through **December 31, 2021**, as long as the deadline to claim 2021 expenses has not passed. The claims deadline for 2021 eligible expenses is 60 days after the President announces the end of the National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak **or** June 30, 2022, whichever occurs *later*.
- The **2022 contributions** you made to your 2022 DCSA account prior to leaving Chevron can be used for:
  - Eligible expenses incurred **January 1** through **December 31, 2022**, as long as the deadline to claim 2022 expenses has not passed. The normal claims deadline for 2022 eligible expenses is June 30, 2023.
  - You *cannot* use new 2022 contributions to pay for eligible expenses incurred **January 1** through **December 31, 2021**, even if the claims deadline has not passed.
  - There is no opportunity to carry over 2022 balances into 2023; 2022 account balances must be used according to normal plan rules.
- As a reminder, while you are eligible to use carryover amounts in your account, if any, you still are not eligible to make new contributions to your DCSA account after your participation in the plan ended.



# annual health benefit notices



Here are notices that Chevron is legally-required to provide to you regarding your health benefits. No further action is required from you.

## **Your Rights After a Mastectomy – Women’s Health and Cancer Rights Act of 1998**

If you have had a mastectomy or expect to have one, you may be entitled to special rights under the Women’s Health and Cancer Rights Act of 1998 (WHCRA). The WHCRA requires health plans to provide certain benefits for reconstructive surgery in connection with a mastectomy. You may need to contact your medical plan or your HMO before any reconstructive surgery to make sure you qualify for full benefits. Consistent with the WHCRA, if you have a mastectomy and elect reconstructive surgery in connection with the mastectomy, coverage is provided for all of the following:

- Reconstruction of the breast on which the mastectomy is performed.
- Reconstruction and surgery of the other breast to produce a symmetrical appearance.
- Prostheses.
- Treatment remedies for physical complications during all stages of the mastectomy, including lymphedemas.

## **The Mental Health and Substance Use Disorder Plan (MHSUD) is a Grandfathered Health Plan Under the Patient Protection and Affordable Care Act**

Chevron Corporation believes the Chevron Corporation Mental Health and Substance Use Disorder Plan (the MHSUD Plan) is a grandfathered health plan under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at 1-888-825-5247. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans.

## **Notice of Privacy Practices for Health Care Information (HIPAA)**

This notice describes how medical information about you may be used and disclosed and how you can get access to this information in accordance with the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA). You can review a current version of this notice in the Legal Notices section on [hr2.chevron.com](http://hr2.chevron.com).

## Free or Low-Cost Health Coverage to Children and Families

To comply with the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Chevron reminds you that if you are eligible for health coverage from Chevron or another employer, but are unable to afford the monthly premiums, you may qualify for a premium assistance program that some states offer to help pay for your coverage. These states use funds from their Medicaid or Children's Health Insurance Program (CHIP) programs to help people who are eligible for employer-sponsored health coverage but need assistance with paying their health premiums. For a list of states that participate in premium assistance, go to the **Legal Notices** section on [hr2.chevron.com](http://hr2.chevron.com).

- If you or your dependents are already enrolled in Medicaid or CHIP, and you live in a participating state, contact your state's Medicaid or CHIP office to find out if premium assistance is available.
- If you or your dependents are not currently enrolled in Medicaid or CHIP but you think you or your dependents might be eligible for either program, contact your state's Medicaid or CHIP office. You can also call 1-877-Kids-Now or visit [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to learn how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

**Special enrollment opportunity:** If it's determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, Chevron is required to allow you and your dependents to enroll in a company-offered plan. To qualify for this special enrollment opportunity, you must be eligible for Chevron coverage but not already enrolled. In addition, you must contact the HR Service Center and request Chevron health coverage within 60 days of being determined eligible for Medicaid or CHIP premium assistance. If you enroll within the 60-day time limit, Medicaid or CHIP will subsidize, or pay for, a portion of the Chevron health plan premium cost.

**Chevron**

Human Resources Service Center

PO Box 981901

El Paso, TX 79998

Address Service Requested