

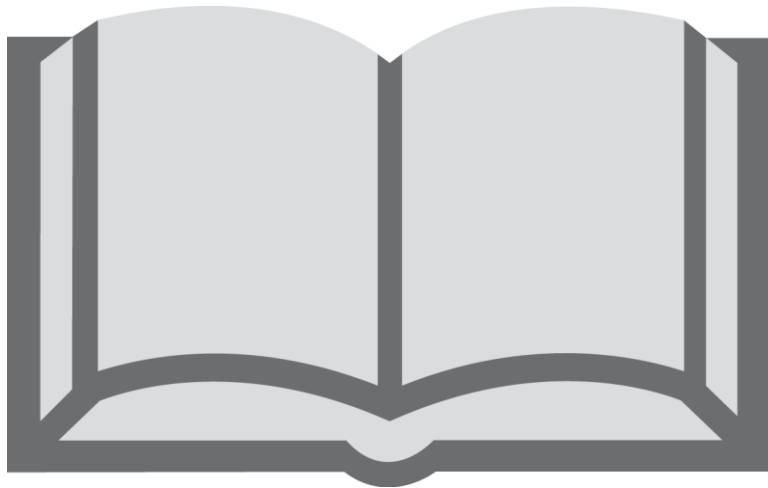


chevron benefit plan changes

effective january 1, 2022

for active employee coverage

(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**.



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**. 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 or by calling the HR Service Center at **1-888-825-5247 (1-832-854-5800 outside the U.S.)**

This SMM describes changes to the following Chevron benefit plans:

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Page 11	Dependent Day Care Spending Account Plan (DCSA)
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your plan documents

These documents are posted online at hr2.chevron.com 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.

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).

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 contact 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

orthodontic care lifetime maximum

This change applies to the Dental PPO Plan

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.)

major dental care coinsurance

This change applies to the Dental PPO Plan

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)

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, active U.S.-payroll employees.

who to contact



- Contact **Anthem** directly at **1-844-627-1632** to discuss reimbursement claims, eligible expenses, the HCSA debit card, 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).

2022 maximum annual contribution limit

For your reference, effective **January 1, 2022**, the maximum amount you're allowed to contribute to the Chevron Health Care Spending Account (HCSA) is as follows:

- You can contribute up to **\$2,750**. This is the same maximum amount as allowed in 2021.
- If you're eligible for the carryover of your 2021 HCSA (as described in the *Carryover* section), your carryover amount **does not** count toward the 2022 annual maximum; your carryover amount will be **added to** the amount you elect (if any) to contribute to the HCSA for 2022. For example, if you elect to contribute the maximum of \$2,750 in 2022 and you're eligible for a 2021 HCSA carryover of \$1,000, you will be eligible to spend a total of \$3,750 from January 1, 2022, through December 31, 2022, under the 2022 HCSA. See the **Carryover** section in this document for additional details.
- Chevron *does not* contribute to the HCSA.

temporary carryover opportunity

active employee coverage

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.**

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 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.



You do not have to be enrolled in or contribute to the HCSA in 2022 to receive your carryover, if any. However, if you are enrolled in 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



Legacy Noble employees: As a reminder, the carryover and other plan updates described in this document apply only to the Chevron HCSA; they do not apply to your Noble FSA. In addition, if you enroll in the Chevron 2021 HCSA, remember that eligible expenses incurred **October 1, 2021**, through **December 31, 2021**, apply to your Chevron 2021 HCSA. Outstanding claims for reimbursement of eligible Noble FSA expenses incurred January 1, 2021, through September 30, 2021, should be filed directly with Smart-Choice by March 31, 2022.

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

Step 3: How to use your carryover

If you are enrolled in the HCSA for 2022 ...

If you are enrolled in the HCSA for 2022 and you're eligible for carryover, your carryover amount will be determined after June 30, 2022, and *added* to the amount you elect to contribute to the HCSA for 2022. Your *new*, total 2022 HCSA balance must be used according to normal plan rules.

- The **2021 carryover amount**, now included in your 2022 HCSA account, can be used for:
 - 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*.
 - 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.

- Your new **2022 contributions** to your 2022 HCSA 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.
 - 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.
- Note: If you're eligible for the carryover of your 2021 HCSA, your carryover amount *does not* count toward the 2022 annual contribution maximum limit of \$2,750.

example

During open enrollment, you elected to contribute **\$2,750** to your 2022 HCSA account, the maximum amount allowed.

\$2,750
HCSA balance on January 1, 2022.

You submit any outstanding 2021 claims by June 30, 2022. After 2021 claims are processed, Anthem determines the carryover from your 2021 HCSA to your 2022 HCSA is \$750.

\$750
Carryover from your
2021 HCSA to your 2022 HCSA.

\$3,500

Total HCSA balance in July 2022, after carryover.

You have \$3,500 in your 2022 HCSA account, which now includes any carryover.

- Your **\$750 carryover** can be applied to eligible expenses incurred in 2021 *or* 2022.
- Your **\$2,750 in new 2022 contributions** can be applied to eligible expenses incurred in 2022 only.

If you are *not* enrolled in the HCSA for 2022 ...

If you are *not* enrolled in the HCSA for 2022 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 use your existing HCSA debit card, submit claims, and access your account online as you did in 2021.

- The money in your 2022 HCSA 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, if you are enrolled in 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.*



dependent day care spending account plan (DCSA)

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.
- Change to the annual maximum contribution limit for 2022.
- Deadline to submit claims for eligible expenses incurred January 1, 2021, through December 31, 2021, is temporarily extended.

This document applies to eligible, active 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.



Legacy Noble employees: As a reminder, the carryover and other plan updates described in this document apply only to the Chevron DCSA; they do not apply to your Noble FSA. In addition, if you enroll in the Chevron 2021 DCSA, remember that eligible expenses incurred **October 1, 2021**, through **December 31, 2021**, apply to your Chevron 2021 DCSA. Outstanding claims for reimbursement of eligible Noble FSA expenses incurred January 1, 2021, through September 30, 2021, should be filed directly with Smart-Choice by March 31, 2022.

2022 maximum annual contribution limit

Effective January 1, 2022, the maximum amount you're allowed to contribute to the Chevron Dependent Day Care Spending Account (DCSA) is as follows:

- **\$5,000** (reduced from \$10,500) for single taxpayers and married couples filing jointly
- **\$2,500** (reduced from \$5,250) for married individuals filing separately.

If you're eligible for the carryover of your 2021 DCSA, your carryover amount does *not* count toward the 2022 annual maximum; your carryover amount will be added to the amount you elect (if any) to contribute to the DCSA for 2022. See the carryover section in this document for additional details.

For example, if you're married, filing jointly, and you elect to contribute the maximum of \$5,000 in 2022 and you're eligible for a 2021 DCSA carryover of \$750, you will be eligible to spend a total of \$5,750 from January 1, 2022, through December 31, 2022, under the 2022 DCSA.

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

active employee coverage

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

Step 3: How to use your carryover

If you are enrolled in the DCSA for 2022 ...

If you are enrolled in the DCSA for 2022 and you're eligible for carryover, your carryover amount will be determined after June 30, 2022, and *added* to the amount you elect to contribute to the DCSA for 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*.
- Your new **2022 contributions** to 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.
 - 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.
- Remember, if you're eligible for the carryover of your 2021 DCSA, your carryover amount *does not* count toward the 2022 annual contribution maximum limit of \$5,000/\$2,500.

example

During open enrollment, you elected to contribute **\$5,000** (married filing jointly) to your 2022 DCSA account, the maximum amount allowed.

\$5,000
2022 DCSA contribution election

You submit any outstanding 2021 claims by June 30, 2022. After 2021 claims are processed, Anthem determines the carryover from your 2021 DCSA to your 2022 DCSA is \$750:

\$750
Carryover from your
2021 DCSA to your 2022 DCSA.

\$5,750

Total DCSA balance in July 2022, after carryover.

You have \$5,750 in your 2022 DCSA account, which now includes any carryover.

- Your **\$750 carryover** can be applied to eligible expenses incurred in 2021 *or* 2022.
- Your **\$5,000 in new 2022 contributions** can be applied to eligible expenses incurred in 2022 only.

If you are *not* enrolled in the DCSA for 2022 ...

If you are *not* enrolled in the DCSA for 2022 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*.



long-term disability plan

increase to amount of basic coverage

This change applies to the Long-Term Disability (LTD) Plan.

basic coverage

If you're an eligible employee, you automatically receive **Basic Coverage** under the **Long-Term Disability (LTD) Plan**. This coverage can pay disability benefits based on your annualized regular pay at the time your disability begins.

Effective **January 1, 2022**, the amount of **Basic Coverage under the LTD Plan is increasing** from 40 percent to **50 percent** of your annualized regular pay, up to the Internal Revenue Code limit (this limit is \$290,000 effective January 1, 2021 and is adjusted periodically for inflation).*

optional coverage

You can purchase Optional Coverage under the LTD Plan to provide additional benefits when combined with the company-paid Basic Coverage.

Effective January 1, 2022, the amount of Optional Coverage you can purchase is 60 percent of your annualized regular pay, up to the Internal Revenue Code limit. The 50 percent Optional Coverage is being eliminated because Basic Coverage is now equal to that amount.*

If you are currently enrolled in 50 Percent Optional Coverage, you may apply for 60 Percent Optional Coverage. Proof of good health is required if you enroll *after* 31 days of one of the following:

- First becoming an eligible employee.
- First reaching a salary level where you can elect Optional Coverage.

**There is no change to basic or optional coverage options if your annualized regular pay is \$52,500 or less.*



short-term disability plan

increase to amount of off-the-job coverage

This change applies to the Short-Term Disability (STD) Plan.

The Short-Term Disability (STD) Plan provides benefits to recover from an illness or injury (disability) or to visit a primary care provider to receive preventive care. You have two separate STD banks — one for **on-the-job disabilities** and **one for off-the-job disabilities**.

Effective January 1, 2022, if you have less than five years of health and welfare eligibility service, the maximum amount of benefits you can receive for off-the-job disabilities will generally increase or remain unchanged.

The chart on page 2 of this SMM shows the amount of benefits you receive for both on- and off-the-job disabilities as you complete years of health and welfare eligibility service. The chart in this SMM has been updated to include the revised off-the-job disability benefit amounts upon hire and from 2-4 years of health and welfare eligibility service and, effective January 1, 2022, replaces the chart in the current published Short-Term Disability (STD) Plan summary plan description.

(See next page of this SMM for benefit amount chart.)

Effective January 1, 2022

Health and Welfare Eligibility Service	On-the-Job Disability		Off-the-Job Disability*	
	Full Regular Pay	Half Regular Pay	Full Regular Pay	Half Regular Pay
Hire date	26 weeks	26 weeks	6 weeks	6 weeks
1 year	26 weeks	26 weeks	6 weeks	6 weeks
2 years	26 weeks	26 weeks	8 weeks	8 weeks
3 years	26 weeks	26 weeks	8 weeks	8 weeks
4 years	26 weeks	26 weeks	8 weeks	8 weeks
5 years	26 weeks	26 weeks	16 weeks	16 weeks
6 years	26 weeks	26 weeks	16 weeks	16 weeks
7 years	26 weeks	26 weeks	16 weeks	16 weeks
8 years	26 weeks	26 weeks	16 weeks	16 weeks
9 years	26 weeks	26 weeks	16 weeks	16 weeks
10 years	26 weeks	26 weeks	21 weeks	21 weeks
11 years	26 weeks	26 weeks	21 weeks	21 weeks
12 years	26 weeks	26 weeks	21 weeks	21 weeks
13 years	26 weeks	26 weeks	21 weeks	21 weeks
14 years	26 weeks	26 weeks	21 weeks	21 weeks
15 or more years	26 weeks	26 weeks	26 weeks	26 weeks

**Once you have completed six months of continuous service, you will receive off-the-job disability benefits in accordance with the above schedule upon each health and welfare service anniversary date. However, if you're not working your full regular work schedule (unless you're on a vacation or a leave of absence with pay) on the last workday before your service anniversary date, your off-the-job disability bank isn't adjusted until you return to work on your full regular work schedule.*

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. 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.

Notice Regarding Wellness Program

This notice applies to health information that may be collected when you participate in Chevron's wellness programs, including how it's collected, how it's used, who will receive it, and what will be done to keep it confidential. You can review a current version of this notice in the **Legal Notices** section on 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.

- 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 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