Chevron

Update to the Summary Plan Description
Effective March 1, 2019

All changes described in this SMM are effective March 1, 2019.

This enclosed document 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. 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.

You can access the summary plan descriptions for your benefits on the Internet at **hr2.chevron.com** or by calling the HR Service Center at 1-888-825-5247.

This SMM applies to the following summary plan description:

- **Chevron Mental Health and Substance Abuse (MHSA) Plan**

Temporary Special Provision for Permian Basin Participants

Effective March 1, 2019, a temporary special provision will take effect under the **Chevron Mental Health and Substance Abuse (MHSA) Plan** for plan participants who maintain a permanent home address in one any of the specified zip codes in the Permian Basin. This Summary of Material Modification (SMM) explains the temporary special provision, how it works, who's eligible for it, and additional considerations you should be aware of when it's applied.

What is the temporary special provision?

Under standard MHSA Plan rules, your out-of-pocket costs for covered services may be different depending on if you see a **network** or an **out-of-network provider**. In general, using a network provider saves you money.

However, under this temporary special provision, if you're an **eligible Permian participant** who receives covered **services** on or after **March 1, 2019** from an **out-of-network provider** located in one of the **specified zip codes**, the MHSA Plan's **network** coinsurance rates will *generally* be applied to the covered services received from the out-of-network provider.

Who is eligible

Eligible Permian participant
You're eligible for this temporary special provision if you're considered an eligible Permian participant. An **eligible Permian participant** is an eligible employee, eligible retiree or covered eligible dependent who is:

- Eligible to participate in the MHSA Plan at the time covered services are received.
- Maintains a permanent home address in any one of the zip codes specified by the temporary special provision.

The current specified zip codes are included in this SMM.

If you move and your permanent home address is *no longer in* one of the specified zip codes, you are *not* an eligible Permian participant. This means the temporary special provision will no longer apply to covered services received on or after the effective date of your new permanent home address.

Eligible out-of-network provider
The temporary special provision only applies if you're an eligible Permian participant who receives covered services from an out-of-network provider located in any one of the zip codes specified by the temporary special provision. The current specified zip codes are included in this SMM.

The temporary special provision *does not apply* if you're an eligible Permian participant, but you receive covered services from an out-of-network provider who is *not* located in any of the specified zip codes. In these situations, the MHSA Plan's standard out-of-network rules and requirements will apply.

How the special provision works

Under this temporary special provision, if you're an **eligible Permian participant** who receives covered services on or after **March 1, 2019** from an **out-of-network provider** located in one of the **specified zip codes**, the following rules will apply:

Deductible

- If you're **not participating in a Chevron medical plan** or you're enrolled in the **Medical PPO Plan**, there is *no deductible* for the MHSA Plan – regardless if you receive covered services from a network or out-of-network provider.

- If you're enrolled in the **Chevron High Deductible Health Plan (HDHP)** or the **Chevron High Deductible Health Plan Basic (HDHP Basic)**, there is one combined deductible to satisfy under the MHSA Plan - regardless if you receive covered services from a network or out-of-network provider.

- As a reminder, if you're enrolled in the **HDHP** or the **HDHP Basic**, your covered mental health and substance abuse services are *also* applied to your combined deductible for medical, prescription drugs, mental health and substance abuse services under the HDHP or HDHP Basic Plan. This means if you receive covered services from an out-of-network provider within one of the specified zip codes, those covered services will be applied to your **network combined deductible** under the HDHP or HDHP Basic.

- All other MHSA Plan rules and requirements for the network deductible will apply to covered mental health and substance use disorder services.

Coinsurance

- The MHSA Plan's **network coinsurance rates** will apply to the **allowed charges** for covered services. You'll be responsible for your share of coinsurance on the allowed charges *plus* the full cost of any additional amount charged by the out-of-network provider.

- All other MHSA Plan rules and requirements will continue to apply, including the current requirements to notify Beacon Health Options and/or Chevron Employee Assistance Program (ESP) for specific services.

Annual out-of-pocket maximum

- There is one combined annual out-of-pocket maximum under the MHSA Plan – regardless if you receive covered services from a network or out-of-network provider. The out-of-pocket maximum amount varies depending on if you're enrolled in Chevron medical coverage, the plan for which you're enrolled, and your coverage level.

- As a reminder, if you're enrolled in the **HDHP** or the **HDHP Basic**, your covered mental health and substance abuse services are *also* applied to your combined annual out-of-pocket maximum for medical, prescription drugs, mental health and substance abuse services under the HDHP or HDHP Basic Plan. This means if you receive covered services from an out-of-network provider within one of the specified zip codes, those covered services will be applied to your **network combined annual out-of-pocket maximum** under the HDHP or HDHP Basic.

- All other MHSA Plan rules and requirements for the network annual out-of-pocket maximum will apply to covered mental health and substance use disorder services.

What's not changing

The temporary special provision only affects how your MHSA Plan's deductible, coinsurance, and out-of-pocket maximum rules are applied for out-of-network covered mental health and substance use disorder services when an eligible Permian participant visits an out-of-network provider in one of the specified zip codes.

It does not:

- Alter the benefits provided by your MHSA Plan. The types of services the MHSA Plan covers remain the same.

- Alter the MHSA Plan's standard coinsurance rates for covered services from a network provider *or* an out-of-network provider who is *not* located in one of the specified zip codes.

- Alter the MHSA Plan's standard eligibility rules – who can enroll and who you can cover.

Filing a claim for services

While the temporary special provision applies certain network rules to out-of-network covered services received by an eligible Permian participant in one of the specified zip codes, you'll still generally need to submit a claim to Beacon Health Options to be reimbursed for covered services when you use an out-of-network provider. Contact Beacon at **1-800-847-2438 (714-763-2420 outside the U.S., call collect)** or log in to your account at **www.achievesolutions.net/chevron** to submit a claim.

Specified eligible zip codes
Temporary Special Provision for Permian participants
Effective January 1, 2021

76930	79511	79718	79758	79789	88250
76932	79512	79719	79759	79830	88252
76934	79517	79720	79760	79837	88253
76941	79527	79721	79761	79842	88254
76943	79532	79730	79762	79847	88255
76945	79535	79731	79763	79848	88256
76951	79545	79733	79764	79851	88260
76958	79549	79734	79765	79854	88262
78851	79550	79735	79766	79855	88263
79316	79565	79738	79768	88201	88264
79323	79701	79739	79769	88203	88265
79330	79702	79740	79770	88210	88267
79331	79703	79741	79772	88211	88268
79342	79704	79742	79776	88213	
79345	79705	79743	79777	88220	
79351	79706	79744	79778	88221	
79355	79707	79745	79780	88230	
79356	79708	79748	79781	88231	
79359	79710	79749	79782	88232	
79360	79711	79752	79783	88240	
79373	79712	79754	79785	88241	
79376	79713	79755	79786	88242	
79381	79714	79756	79788	88244	