travel reimbursement
for covered medical services

high deductible health plan (HDHP)
high deductible health plan basic (HDHP Basic)
effective august 1, 2022

Update to the summary plan descriptions (SPD)
All changes described in this SMM are effective August 1, 2022.

The enclosed information serves as an official summary of material modification (SMM) for the **High Deductible Health Plan (HDHP) and High Deductible Health Plan (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**.

overview

The HDHP and HDHP Basic *currently* covers the cost of transportation and lodging only for certain emergencies and organ and tissue transplants. **Effective August 1, 2022, the HDHP and HDHP Basic now also include an expanded travel expense reimbursement benefit for all covered medical services if you cannot access the care you need where you live.** The benefit applies to a covered service received on or after August 1, 2022, and for travel to obtain that service on or after August 1, 2022.

how it works

This plan provision reimburses you for charges incurred for reasonable, qualifying travel expenses that are essential to receive any covered medical service under the HDHP or HDHP Basic. To be eligible for reimbursement, **all** of the following requirements must be satisfied:

- **The covered service is not reasonably available to you from a network provider or facility within 100 miles of your home residence.**
  Reasonably available might include – but is not limited to – when there are no network providers or facilities who offer the service in your area, or you cannot get an appointment within a reasonable time based on your health situation.

- **The health care must be a covered medical service under the HDHP or HDHP Basic.**
  - If the related medical service is not covered or benefits are denied, travel expenses will not be covered.
  - Note that this benefit only provides reimbursement for qualifying travel expenses; the cost of the covered service continues to be covered as per the plan's normal schedule of medical benefits and is separate from this travel benefit plan provision.

- Reimbursement for eligible travel expenses is only available under the HDHP or HDHP Basic. This plan provision *does not* apply to covered prescription drugs under the Chevron Prescription Drug Program or basic vision services under the Chevron Vision Program.
- Travel expense reimbursement for organ and tissue transplant services are ineligible for reimbursement under this plan provision because they are already covered under the existing Organ and Tissue Transplant provision.
- Travel expense reimbursements for online visits are also ineligible for reimbursement under this plan provision because this service can be accessed without the requirement to travel.

- **The expense must be a covered, qualifying travel expense.**
  In general, qualifying travel expenses for non-emergency transportation and/or lodging must be essential to obtain a covered medical service and are incurred by an enrolled participant (the patient) and caregiver, if any. See the *Qualifying Travel Expenses* section below for further details.

- **The qualifying expenses are incurred by the plan participant receiving the covered service - the patient - and eligible caregiver(s), if any.**
  To receive reimbursement for qualifying travel expenses, an eligible *caregiver* must meet **both** of the following requirements:
  - The caregiver is a person who can give injections, medications, or other treatment required by the patient who is unable to travel alone to receive the covered service.
  - The caregiver(s) must travel with the patient on the same day(s) to and from the site where the service is provided.

  If the patient is a dependent child enrolled in the HDHP or HDHP Basic, the qualifying travel expenses of up to **two** caregivers will be covered – a parent who must accompany the child and another caregiver. For adult patients, qualifying travel expenses for **one** caregiver will be covered.

- **Reimbursement is subject to IRS and plan reimbursement limits.**
  You are limited in the amount of reimbursement you can receive for qualifying travel expenses. Amounts in excess of any applicable limits will not be reimbursed. See the *Reimbursement Limits* section below for further details.

- **Reimbursement is subject to the annual combined deductible.**
  Qualifying travel expenses will be subject to the applicable annual combined deductible for the HDHP or HDHP Basic. Benefits for the covered medical service will continue to follow the HDHP and/or HDHP Basic's normal deductible and coinsurance schedule.

- **The covered service must be received in the United States*, from either a network or out-of-network provider or facility.**
  While you are strongly encouraged to use a network provider or facility whenever possible, there is no network requirement to receive reimbursement under this plan provision.
  ** Includes a territory or possession under the jurisdiction of the United States.*

- **Properly completed travel claim(s) for reimbursement, including documentation, are submitted by the plan's claim filing deadline.**
  Submit your travel benefit claim as soon as possible after your related medical claim is approved. You must file a claim for reimbursement of travel expenses no later than six months (by June 30) following the calendar year in which the covered service was provided. If you don't file a proper claim within this time frame, travel expenses for the related covered service will be denied. Refer to the HDHP or HDHP Basic summary plan description for more information about claim filing limitations and exclusions. See the *How to Use the Travel Benefit* section later in this document for further instructions about the travel claim process.

qualifying travel expenses

For purposes of this plan provision, qualifying travel expenses are generally non-emergency **Lodging** and **Transportation** expenses for *medical care* for which you could have claimed a tax deduction on an itemized federal income tax return. Guidance for what constitutes such an expense may be found in **IRS Publication 502 – Medical and Dental Expenses**. In general, qualifying transportation and/or lodging expenses must be essential to obtain a covered medical service and are incurred by an enrolled participant (the patient) and caregiver, if any.

General examples of **qualifying travel expenses** include but are not limited to:

- Mileage in your personal car to/from your home to the covered service provider or facility
- Rental cars
- Train or airline travel tickets
- Bus, shuttle, taxi and ride share services
- Lodging not provided by a hospital or other institution for the patient and caregiver, subject to IRS per diem limits
- Gas
- Tolls
- Long-term airport parking or other parking fees

Qualifying travel expenses do not include meals, personal use items (laundry, telephone calls, vehicle maintenance, etc.) or other travel expenses that relate to travel that is merely beneficial to general health and unrelated to a covered service, such as a vacation or personal trip. They also don't include amounts you pay for the care of children, even if the expenses enable you, your spouse or domestic partner, or your dependent to receive a covered medical service.

Review IRS Publication 502 available online at www.irs.gov for complete details about what are and are not qualifying expenses.

reimbursement limits

Under this provision, you are limited in the amount of reimbursement you can receive for qualifying transportation and lodging expenses. Amounts in excess of any applicable limits will not be reimbursed. Reimbursement is subject to the following limits:

- **$2,000 per covered service maximum** – whether the related medical service is received from a network or out-of-network provider or facility – for qualifying transportation and lodging expenses incurred by the plan participant receiving the covered service (the patient) and the eligible caregiver(s).
- A combined **overall lifetime maximum of $10,000** per covered plan participant when traveling as the patient receiving the covered medical service.
  - The same limit applies whether the related medical service is received from a network or out-of-network provider or facility.
  - The limit applies to qualifying transportation and lodging expenses incurred by the patient and the eligible caregiver(s), combined.
  - This lifetime maximum benefit aggregates the qualifying travel expense reimbursements accumulated while you're an eligible participant in the Chevron Medical PPO Plan, the Chevron High Deductible Health Plan (HDHP), the High Deductible Health Plan Basic (HDHP Basic), the Mental Health and Substance Use Disorder (MHSUD) Plan, or any combination thereof.
- Qualifying charges for reasonable and necessary **lodging expenses** for the patient (while not confined) and caregiver are *also* subject to the current IRS per diem limit, as defined in Publication 502. As of the writing of this publication, those limits are as follows:
  - For covered adult patients, the per diem rate is up to **$50** for one person or up to **$100** per day for a patient and one caregiver, combined.
  - If the patient is a covered dependent minor child, the transportation expenses of two caregivers will be covered, but lodging will be reimbursed up to the **$100** per diem rate for the patient and both caregivers, combined.

how to use the travel benefit

Follow these steps to request reimbursement for qualifying travel expenses under this plan provision.

Step 1: Plan ahead, when possible

- Be sure to read these plan rules for the travel benefit to ensure you are meeting all requirements to be eligible for reimbursement. If you have questions, contact Anthem.
- Remember that the health service you or an enrolled dependent receives must be a *covered medical service* under the HDHP or HDHP Basic. If your coverage for the service is denied, you cannot request reimbursement for travel expenses. **For this reason, you are strongly encouraged to contact Anthem in advance, when possible, to confirm coverage for the service** and ensure you have completed any other plan requirements necessary to receive that coverage.
- You do not need to receive pre-approval to use the *travel* benefit, but if your covered medical service requires prior authorization, you will need to complete these normal benefit requirements to receive coverage for the service. If the medical service isn't covered, your travel expenses aren't covered.
- You'll need to make your own travel and lodging arrangements.
- Anthem can help you locate a network provider or facility. You can choose any provider or facility but using a network provider or facility can save you money on your out-of-pocket costs for the medical service.
- Keep in mind that you can't be reimbursed for qualifying travel expenses in *advance* of receiving the medical service, even if you've prepaid for air or train tickets and lodging.
- You are responsible for the payment of services rendered. Anthem will reimburse you directly, not the transportation or lodging provider.

Step 2: Receive care, save your receipts

When you submit a claim for reimbursement of qualifying travel expenses, you will be required to provide a valid receipt for all transportation and/or lodging expenses. Be sure that your receipts are itemized and legible. Itemization includes, but is not limited to: name, date, time, amounts, and purpose. Credit card statements are not acceptable as documentation, so be sure to collect proper documentation at each step of your journey. You should also make a copy of all receipts and itemized bills as originals will not be returned to you.

Step 3: Submit a *medical* claim for the covered service, first

The related qualifying **medical claim** for the covered service must be on file with and approved by Anthem *before* you can submit a claim for reimbursement of travel expenses. As a reminder, if the service was received from a network provider or facility, the provider or facility will file a medical claim for you. If the service was received from an out-of-network provider or facility, it is your responsibility to file a medical claim with Anthem. You can learn how to file a medical claim or check the status of a medical claim:

- From your Anthem website account at **www.anthem.com/ca**
- From the Anthem **Sydney Health** mobile app
- By calling Anthem at **1-844-627-1632**

Step 4: Submit a travel claim for the travel expenses, last

You can submit a claim for reimbursement of qualifying **travel expenses** after Anthem has approved your claim for the related medical service. *Do not* use the standard medical claim form or the Anthem website to submit a travel benefit claim. You must use the **Claim for Reimbursement of Travel Expenses** paper form specifically for this reimbursement. Complete submission instructions are included on the form. Your reimbursement will be paid from Anthem by check after processed. You can get the special travel benefit claim form:

- From the **Forms Library** on **hr2.chevron.com (or hr2.chevron.com/retiree)**
- From your Anthem website account at **www.anthem.com/ca**
- By calling Anthem at **1-844-627-1632**

As a reminder, your signature on the **Claim for Reimbursement of Travel Expenses** form attests to the accuracy and completeness of all information on the form, including the receipts, and that you acknowledge that any material omission or misrepresentation of facts may result in the denial of benefits, termination of coverage for you and your dependents and/or disciplinary action including and up to termination of employment. It also authorizes the release of your medical records by the provider to Anthem, if necessary.

contact

Contact **Anthem** directly at **1-844-627-1632** to discuss claims, coverage under your plan, or to find a network provider.

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.