



expanded gender dysphoria coverage

medical PPO plan, high deductible health plan,
high deductible health plan basic

effective january 1, 2023

Update to the summary plan descriptions (SPD)

All changes described in this SMM are effective January 1, 2023 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 hr2.chevron.com/retiree) or by calling the HR Service Center at 1-888-825-5247.

expanded gender dysphoria coverage

This change applies to the Medical PPO Plan, the High Deductible Health Plan (HDHP) and the High Deductible Health Plan Basic (HDHP Basic)

snapshot of what's changing

In support of Chevron's diversity and inclusion journey, effective **January 1, 2023**, the plans will expand current **Gender Dysphoria** (formerly Gender Identity Disorder) coverage to *include* coverage for certain medically necessary and clinically appropriate gender affirming treatments, as described below. Covered treatments will comply with Anthem's clinical guidelines which follow current World Professionals Association for Transgender Health (WPATH) standards of care. There is no change to the coinsurance or deductible schedule, notification and clinical review requirements, and other general coverage requirements (also included here below for your reference). The complete rules – including existing and updated rules – effective January 1, 2023 are included below.

Gender Dysphoria	
Hospital Care* (inpatient and outpatient)	
Network (Medical PPO Plan)	80% of contracted rates after deductible.
Out-of-Network (Medical PPO Plan)	60% of the maximum allowable amount after deductible.
Network (HDHP)	80% of contracted rates after deductible.
Out-of-Network (HDHP)	60% of the maximum allowable amount after deductible.
Network (HDHP Basic)	70% of contracted rates after deductible.
Out-of-Network (HDHP Basic)	50% of the maximum allowable amount after deductible.

**Gender Dysphoria
Office Visits***

Network
(Medical PPO Plan) 100% of contracted rates after a \$40 copayment per visit, no deductible.

Out-of-Network
(Medical PPO Plan) 60% of the maximum allowable amount after deductible.

Network
(HDHP) 80% of contracted rates after deductible.

Out-of-Network
(HDHP) 60% of the maximum allowable amount after deductible.

Network
(HDHP Basic) 70% of contracted rates after deductible.

Out-of-Network
(HDHP Basic) 50% of the maximum allowable amount after deductible.

* Review the **Hospital Care** and **Office Visit** tables in your plan's summary plan description for additional coverage information.

Gender Dysphoria
Continued

Before beginning treatment, you or your physician must contact Anthem to obtain precertification for any gender affirming/confirming surgical procedures. If you don't obtain precertification, no benefit will be paid for the surgical treatment or procedures.

The plan pays benefits for **inpatient and outpatient** treatment of Gender Dysphoria as follows:

- Charges for a clinically appropriate treatment plan of services that treats Gender Dysphoria and that complies with the Anthem's clinical guidelines which follow the current WPATH (World Professionals Association for Transgender Health) standards of care, which may include, but is not limited to, hormonal balancing and medically necessary gender affirming/confirming surgical procedures, for example surgical facial hair removal, certain facial plastic reconstruction, genital surgery and chest reconstruction or augmentation.
 - The treatment plan must conform with identifiable external sources and/or evidence-based professional society guidance, as well as Anthem's clinical guidelines; and
 - For irreversible surgical interventions, the patient must be age 18 years or older; and
 - Prior to surgery, the patient must complete 12 months of successful continuous full time real life experience in the desired gender.

(Continued next page)

Gender Dysphoria

Continued

- Continuous hormone replacement - hormones of the desired gender injected by a medical provider. *Note:* Coverage may be available for oral and self-injected hormones may be covered under the Chevron Corporation Prescription Drug Program.
- Laboratory testing to monitor the safety of continuous hormone therapy.
- The surgery must be performed by a qualified physician at a facility with a history of treating individuals with gender dysphoria, as determined by Anthem.

Anthem has specific guidelines regarding benefits for treatment of gender dysphoria. Contact Anthem at the telephone number on your ID card for information about these guidelines.

Important: Certain patients will be required to complete continuous hormone therapy prior to surgery. In consultation with your physician, this will be determined by Anthem on a case-by-case basis through the precertification process.

The following services are not covered under the plan:

- Cryopreservation of fertilized embryos
- Drugs for hair loss or growth
- Drugs for sexual performance or cosmetic purposes (except for hormone therapy described above)
- Reversal of genital surgery or reversal of surgery to revise secondary sex characteristics
- Sperm preservation in advance of hormone treatment or gender surgery
- Treatment of the negative effects from hormone therapy that are not otherwise covered charges
- Treatment received outside of the United States
- Meals or similar expenses

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. Oral statements about plan benefits are not binding on Chevron or the applicable plan. There are no vested rights with respect to Chevron health and welfare plans or any company contributions towards the cost of such health and welfare 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.