



Getting Started Newsletter

Health care choices for eligible retirees

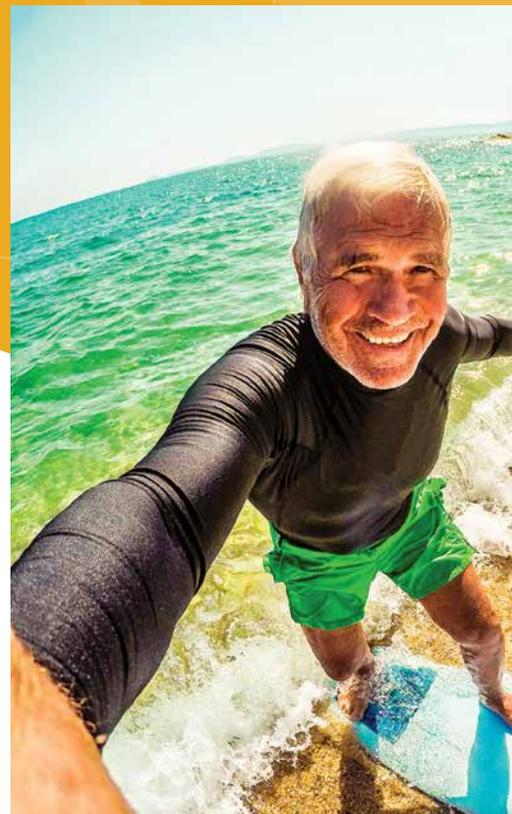
More choice, flexibility and support

Effective January 1, 2017, Chevron is changing the way you access and enroll in retiree medical, dental, vision and prescription drug plan coverage. For many post-65 eligible retirees, these changes will provide more flexibility and an expanded choice of available health plans. There are also changes to enrollment rules for eligible retirees and their eligible dependents. Also, the way Chevron shares in the monthly cost of your coverage will be different.

We understand you may have questions. You will have a number of opportunities over the next few months to learn more and get answers to your questions through group retiree informational meetings, one-on-one telephone appointments and online via the OneExchange website.

This guide is designed to help you start preparing for the coverage decisions you and your post-65 eligible dependents will need to make starting in October 2016. Specifically, you will find information about:

- OneExchange — who we are and what we offer.
- Accessing and enrolling in post-65 retiree medical, prescription drug, dental or vision coverage through OneExchange.
- Paying for coverage and receiving Chevron's company contribution through a new Health Reimbursement Arrangement (HRA).
- What to expect and actions to take between now and January 1, 2017.
- When your new coverage will be effective.
- Who to contact to get your questions answered.



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Start planning now

What you need to do

- Read this guide and the other information in this welcome packet.
- Attend a Chevron and OneExchange Retiree Informational Meeting in person, online or by phone. (See enclosed meeting schedule for details.)
- Review the new enrollment rules to ensure you don't lose access in the future.
- Contact a OneExchange benefit advisor NOW with your questions and set up your enrollment appointment by calling 1-844-266-1392**, Monday through Friday, from 7 AM to 8 PM Central time. To reach OneExchange from outside the U.S., please call **1-801-994-9805**.
- Consider the medical, prescription drug, dental and vision plan options available to you.
- Enroll in Medicare Part B (if not already enrolled). You cannot enroll in a Medicare supplemental plan unless you are enrolled in Medicare Part B.**
- If you are currently enrolled in a Chevron post-65 health plan**, you must enroll in new coverage through OneExchange between October 3 and December 31, 2016, to ensure your medical and prescription drug coverage is effective January 1, 2017.
- If you are NOT currently enrolled in a Chevron post-65 health plan**, you must enroll in new coverage through OneExchange between October 15 and December 7, 2016, to ensure your medical and prescription drug coverage is effective January 1, 2017.
- Complete any necessary paperwork related to coverage and premium payments.

What's new with post-65 eligible retiree health care

Before we get started, let's recap some of the most important changes Chevron recently introduced to you. They are an important part of the decisions you'll need to make in the coming weeks and months, so it's a good idea to reference them as needed.

Health care choices will depend on age

Currently, Chevron retiree health care choices depend on eligibility for Medicare. Beginning in 2017, health care choices also depend on if you (or your eligible dependents) are under age 65 or are age 65 and over.

• **Pre-65 (under age 65) health coverage**

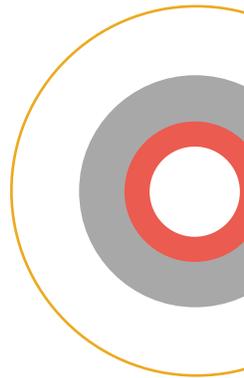
Pre-65 eligible retirees and/or their pre-65 eligible dependents will continue to be able to participate in generally the same group health choices offered to active Chevron employees with only minor differences. The information in this newsletter doesn't apply to pre-65 participants, for right now. Pre-65 participants should watch for Chevron open enrollment and other information about 2017 plan changes and follow Chevron's enrollment instructions. As you or your eligible dependent approach age 65, you will receive enrollment information from OneExchange to get you prepared to enroll in post-65 health care coverage.

• **Post-65 (age 65 and over) health coverage**

Post-65 eligible retirees and/or their post-65 eligible dependents will only be able to enroll in individual medical, prescription drug, dental and vision coverage through a private health exchange managed by Towers Watson OneExchange. Effective December 31, 2016, Chevron will no longer offer the Chevron Medicare Plus Plan, Chevron Senior Care Plan, Chevron Medicare Standard Plan or Chevron Medicare Medical HMO Plans for post-65 participants. If you or your eligible dependent is post-65, this newsletter will explain more about this change and what it means to you.

• **What about dependents?**

The age of your eligible dependent will dictate if they will enroll in Chevron's pre-65 group health plans or the post-65 OneExchange individual health options. So, if there are both post-65 and pre-65 eligible participants in your family, pre-65 participants will participate in Chevron group health coverage, and post-65 participants will participate in individual health coverage through OneExchange.





Are you currently enrolled in a non-Chevron medical plan?

If you are an eligible retiree but you are not currently enrolled in Chevron retiree medical coverage and are eligible to do so, this is your only opportunity to enroll in post-65 OneExchange medical coverage. It's also your only opportunity to receive the Chevron company contribution through a Health Reimbursement Arrangement.

You must enroll by December 7, 2016. If you do not enroll by December 7, 2016, you will not have access to post-65 OneExchange coverage or to Chevron's company contribution in the future.

If you are a post-65 eligible retiree, this is your *only* opportunity to enroll for coverage through OneExchange

Currently, Chevron allows post-65 eligible retirees to waive coverage, drop coverage or re-enroll in Chevron retiree health during open enrollment or after a qualifying life event. However, effective January 1, 2017, Chevron is changing your ability to re-enroll in coverage as a post-65 eligible retiree.

If you are currently a post-65 eligible retirees, this is your final opportunity to enroll in individual health coverage offered to Chevron eligible retirees through OneExchange. If you miss the final deadline to enroll in retiree health coverage, you and your eligible dependents — regardless of age — will not be permitted to return to coverage offered to Chevron eligible retirees in the future, regardless of open enrollment periods or other qualifying life events. If you are a pre-65 eligible retiree, please reference the benefit materials recently mailed to you from Chevron regarding the new enrollment milestones that apply to you.

Your opportunity to enroll eligible dependents for coverage will change

Currently, eligible retirees can add and drop eligible dependents due to qualifying life events or during open enrollment. Beginning in 2017, retirees must enroll eligible dependents upon reaching certain milestones. If you miss these select opportunities to enroll eligible dependents, you cannot add new dependents, existing dependents cannot return to your Chevron retiree health care coverage in the future, and post-65 eligible dependents will lose eligibility for the company contribution to medical coverage in the future. The specific details about dependent enrollment milestones for both pre-65 and post-65 eligible retirees will be provided from Chevron in mid-September.

Remember, the age of your eligible dependents will dictate if they will be able to enroll in Chevron's pre-65 health plans or the post-65 OneExchange options described in this newsletter.

A new approach to the Chevron company contribution to your post-65 medical coverage

As you know, if you're eligible, Chevron currently shares the monthly premium cost of your retiree medical coverage. Starting January 1, 2017, Chevron will contribute to your post-65 medical premiums in a new way, depending on your age.

• **Post-65 company contributions**

Effective January 1, 2017, post-65 eligible retirees and/or their post-65 eligible dependents will receive the monthly company contribution into a Health Reimbursement Arrangement, or HRA. Your company contribution amount will no longer be automatically applied to your monthly premiums. You can use the money in your HRA to help pay the monthly premiums for your Medicare Part B or any of the individual medical, prescription drug, vision or dental plans offered through OneExchange. This new contribution approach allows more flexibility in how you spend the company contribution.

Note: You are eligible for the HRA if you are eligible for post-65 health coverage through OneExchange and you're eligible for a company contribution to retiree medical coverage.

• **Pre-65 company contributions**

There is no change to the current practice at this time. For pre-65 eligible retirees and/or their pre-65 eligible dependents, the company contribution will continue to be automatically factored into your monthly medical premium for your Chevron group medical coverage.

It's also very important to note that to continue to receive the company contribution through the HRA:

- If you are eligible for the HRA, you must elect a **medical** plan through OneExchange.
- If your eligible dependent is eligible for the HRA, **you must be enrolled in a medical plan** (either a Chevron pre-65 or OneExchange post-65 medical plan, as applicable), **and your post-65 eligible dependent** must be enrolled in a medical plan through OneExchange.
- If you, a **post-65 eligible retiree, waives participation** in a medical plan through OneExchange, you and your eligible dependents will lose eligibility to receive the company contribution in the future.

Examples (assumes individual qualifies as an eligible retiree under the Chevron rules)

- At age 65, you enroll in a medical plan offered through OneExchange. You will receive the HRA contribution.
- At age 65, you enroll in a vision plan offered through OneExchange – but not a medical plan option – before your enrollment period deadline. You will not receive the HRA, and you would also lose your eligibility to receive the HRA company contribution in the future.
- At age 65, you are offered the opportunity to enroll in plans offered by OneExchange, but you do not enroll in any coverage – medical, prescription drug, vision or dental. You will not receive the HRA, and you and your eligible dependents will lose eligibility to receive the company contribution in the future.



Retirees who wish to enroll in Kaiser Permanente

Kaiser Permanente will be offered as an option through OneExchange. However, you'll have a number of other plans available to you, so be sure to learn about all of your options before enrolling. If you want to enroll in a Kaiser Permanente plan, please be aware that you will need to set up automatic reimbursement directly with Kaiser. This process will need to be completed annually. You will receive an automatic reimbursement set-up form in your enrollment kit after you enroll in a Kaiser plan.

What is a private exchange?

Individual medical plans have become widely available and affordable with changes to Medicare and the enactment of Medicare's Part D prescription drug coverage. To provide access to this expanded array of plan options, Chevron is partnering with OneExchange — a national leader in helping retirees understand and enroll in Medicare supplemental insurance options with a reputation for choice, flexibility, service and quality. A private Medicare exchange, like OneExchange, or an individual insurance market enables you to shop for and enroll in individual Medicare plans. In fact, the individual insurance market offers more choice and flexibility to meet each individual retiree's needs and situation. Chevron simply cannot provide comparable choice and flexibility by continuing to sponsor our own health plans for post-65 retirees.

Don't confuse the Towers Watson OneExchange private exchange with the public Health Insurance Marketplace developed in response to the Patient Protection and Affordable Care Act passed during President Obama's administration. OneExchange is completely separate from public health exchanges and is only open to select participant groups, such as Chevron's eligible retirees.

You and your eligible dependents will be able to enroll in new medical, prescription drug, dental and vision benefits through OneExchange with coverage effective January 1, 2017. Everyone is unique in terms of choosing and using benefits. Through OneExchange, you'll have a wider range of choices to help you find the plan that fits your needs and financial situation.

OneExchange partners with more than 90 of the leading insurance companies in the market, including AARP/UnitedHealthcare, Aetna, Kaiser Permanente, Anthem-Blue Cross, CVS/Caremark and Humana so you can choose the individual coverage that makes the most sense based on your situation and budget.

You will not have to navigate this marketplace alone. OneExchange offers access to personal decision support, information and tools to help you and your eligible dependents choose from the health care plans available in your area. OneExchange benefit advisors are also here to help you research, compare, choose and use your benefits.



Medicare Parts A and B refresher

Medicare benefits are provided in four parts: A, B, C and D. Medicare Parts C and D are described in more detail in the next few pages. As a reminder, here's a quick summary of the benefits provided under Medicare Parts A and B, or "original" Medicare.

Medicare Part A. Medicare Part A helps cover:

- Inpatient hospital care.
- Inpatient care in a skilled nursing facility (not custodial or long-term care).
- Inpatient care in a religious non-medical health care institution.
- Hospice care services.
- Home health care services.

You are enrolled automatically when you become eligible for Medicare, and a monthly premium is not usually required for coverage.

Medicare Part B. Medicare Part B helps cover medically necessary services such as:

- Physician services.
- Outpatient care.
- Home health services.
- Other medical services, such as some diagnostic and preventive services.

You generally must enroll once eligible for Medicare, or a penalty will be assessed for enrolling late. You will pay a monthly premium for this coverage.

For more information about Medicare, visit www.medicare.gov.



How the Health Reimbursement Arrangement (HRA) Works

Post-65 eligible retirees and their post-65 eligible dependents will, beginning January 1, 2017, receive the monthly company contribution in an account that can be used toward the purchase of an individual Medicare plan of their choice through OneExchange. This new contribution approach, called the Health Reimbursement Arrangement (HRA), allows more flexibility in how to spend contribution dollars — from individual Medicare supplemental, Medicare Advantage and prescription drug premiums to dental, vision and Medicare Part B premiums.

Eligible HRA expenses

Effective January 1, 2017, individual HRA account contributions can be used to reimburse the account holder's:

- Medicare Part B premium.
- Individual Medicare supplemental or Medicare Advantage medical premium.
- Prescription drug plan premium.
- Vision plan premium.
- Dental plan premium.

No other costs, including prescription drug out-of-pocket expenses, are eligible for reimbursement. Reimbursements for Domestic Partner premiums may be subject to imputed income tax. Contact your tax advisor with questions.

Eligibility and enrollment process

To receive HRA funds:

- If you are a post-65 eligible retiree, you must enroll in at least **medical** coverage through OneExchange.
- Your post-65 eligible dependents will receive HRA funds if you are enrolled in medical coverage (Chevron pre-65 or OneExchange post-65) and your post-65 eligible dependents enroll in medical coverage through OneExchange.
- Each eligible individual will have a separate HRA account.
- Your HRA will automatically be set up for you and your enrolled eligible dependents by OneExchange.

Monthly HRA contribution amount

Chevron will currently provide a monthly, tax-free contribution to your HRA for you and your eligible spouse (or eligible domestic partner who qualifies as your federal tax dependent). The monthly amount will begin the month in which you or your eligible dependents enroll in medical coverage through OneExchange. Funds will be available for use as of the effective date of coverage (i.e., January 1, 2017).

See the cover letter that is part of this packet for your personalized annual HRA contribution amount for 2017.

Account set-up

You and your eligible dependents will each have a separate HRA account based on the HRA of the eligible retiree.

You and your eligible dependents will pay the full premiums and receive reimbursement for some or all of the premium, depending on the current HRA balance.

Account set-up for Chevron couples

If you and your spouse are both Chevron eligible retirees and over the age of 65, each separate HRA account will be based on whether you were listed as a dependent prior to January 1, 2017. If you were listed as a dependent, you would receive the HRA amount of the primary retiree. If you were not listed as a dependent (you have Chevron coverage separate from your spouse), you would receive the HRA amount based on the company contribution you are eligible for as a retiree. If one of you passes away, your estate will have six months to submit claims on your or your dependent's behalf. Once claims have been paid and six months has passed, any remaining funds in the HRA account will be permanently forfeited.

If you are a Chevron couple, the amount you receive in your HRA will depend upon how you are enrolled today. If you are enrolled as a dependent, you will receive the same HRA amount as your spouse. If you are enrolled separately, you will each receive the HRA amount based on the company contribution you are eligible for as a retiree.

Keep in mind!

Depending on the coverage you choose, you may send premium payments to more than one insurance carrier. For example, you may have separate carriers for your medical plan, prescription drug plan, vision plan and dental plan.

Rollover of HRA funds

Unused funds remaining in your HRA account at the end of the calendar year will carry over to the next calendar year — as long as you continue your medical plan enrollment through OneExchange.

Please note: You must maintain enrollment in a Medicare supplemental or Medicare Advantage medical plan through OneExchange, both to continue receiving HRA funds each year and to use funds saved in your HRA account.

Reimbursement process

When you enroll in a retiree health plan through OneExchange, you will be responsible for paying your premium directly to your insurance carrier(s). Then you will submit a claim to OneExchange to get reimbursed from your HRA account. The timing of how all of this works will depend on the insurance carrier you choose. You will receive more information about the reimbursement process in the *Funding and Reimbursement Guide* from OneExchange, which will be sent to you in early January.

How you pay for Medicare Supplemental Plan Coverage is changing

Premium payments for pre-65 coverage will not change at this time. But for post-65 coverage, you will pay premiums for coverage directly to your insurance carrier(s) and get reimbursed by OneExchange from your HRA. If you currently have premiums deducted from any of the following sources, those deductions will automatically stop as of December 31, 2016:

- Your Chevron Retirement Plan annuity benefit.
- Your checking or savings account (via direct debit).
- Your payment through direct bill.

Your health insurance options

With the move to OneExchange, depending on where you live, you will most likely have a number of health care plan options from which to choose. OneExchange benefit advisors are available to help you explore your options further — and they can help you and your post-65 eligible dependent(s) enroll in the Medicare supplemental coverage of your choice.



Action required.

Remember, the Chevron Medicare Plus Plan, Chevron Senior Care Plan, Chevron Medicare Standard Plan and Chevron Medical HMO Plans for post-65 eligible retirees and post-65 eligible dependents will no longer be offered after December 31, 2016. As a result, you must take action to ensure you have medical and prescription drug coverage in 2017 (enroll early to ensure your coverage is effective January 1, 2017).

This is your only opportunity to continue to be eligible to receive Chevron's company contribution. If you do not take action by the deadline (see below), you will not have access to OneExchange medical coverage through Chevron or to Chevron's company contribution in the future.

Important information about covering yourself and your post-65 eligible dependent

Your post-65 eligible dependent can also enroll in a plan through OneExchange. Please note that each of you has to enroll in a separate individual plan. You may choose the same plan or different plans, according to what fits each of your needs and situation.

- **If you're currently enrolled** in any of Chevron's retiree medical plans, and you enroll in the same type of coverage — medical and prescription drug coverage through OneExchange — you may do so without having to provide health status information to the insurance company. **You must enroll by December 31, 2016. If you do not enroll in a medical plan through OneExchange by December 31, 2016, you will not have access to OneExchange medical coverage through Chevron or to Chevron's company contribution in the future.**
- **If you're not currently enrolled** in any of Chevron's retiree medical plans, you have a one-time opportunity to enroll and qualify for the Chevron company contribution. **You must enroll by December 7, 2016. If you do not enroll in a medical plan through OneExchange by December 7, 2016, you will not have access to OneExchange medical coverage through Chevron or to Chevron's company contribution in the future.**

Contact OneExchange to learn more about the benefit options available to you.

Please note:

- As long as you enroll in medical coverage through OneExchange by the deadline above, you may enroll in dental or vision (or both) at any time. Coverage will be effective January 1 or later, depending on when you enroll.
- You and any post-65 eligible dependents can enroll in any combination of medical, prescription drug, vision or dental plans. Just remember, in order to maintain the company contribution to the HRA, a medical coverage election must be made.

If you have questions after reading this newsletter and the other enclosed communications, please call OneExchange at **1-844-266-1392**, Monday through Friday, from 7 AM to 8 PM Central time. To reach OneExchange from outside the U.S., please call **1-801-994-9805**. The Chevron Human Resources Service Center cannot support enrollment or answer questions regarding your Medicare supplemental benefits under the new program through OneExchange. **Please do not contact the Chevron Human Resources Service Center to make your post-65 benefit elections.** The Chevron Human Resources Service Center will, however, continue to be available for pre-65 benefit questions and enrollment.



Medical and prescription drug plans

There are three types of plans you and your eligible dependent(s) may choose from to supplement your Medicare Part A and Part B coverage and ensure you have the right amount of coverage. The three types of supplemental plans you may choose from are described below.

These plans will likely be provided by a number of insurance carriers, depending on where you live.

OneExchange benefit advisors will help you determine the plan and insurance carrier that are best for you and your dependent's situation.

You can choose ONE or BOTH of the following...

Medicare Supplemental Plan (sometimes called Medigap)

A Medicare supplemental plan helps pay some or all of the medical costs not covered by Medicare Parts A and B — such as co-insurance costs, deductibles and copayments. Medicare supplemental plans do not use a network of doctors; instead, you have the flexibility to choose any provider that accepts Medicare.

However, Medicare Part D prescription drug coverage is not included — you must elect it separately.

AND/OR

Medicare Part D Plan

This plan provides prescription drug coverage for generic and brand name drugs included on the plan's "formulary" (the preferred list of drugs the plan will pay for).

OneExchange can help explain all of your prescription drug options.

OR you can choose the following...

Medicare Advantage Plan (also referred to as Medicare Part C)

This plan covers all of your Medicare Part A and Part B benefit, and provides additional benefits. There are two types of Medicare Advantage plans: Medicare Advantage Plan D (MAPD), which includes prescription drug coverage, and Medicare Advantage (MA), which does not. Within these two Medicare Advantage types, there are three doctor networks: HMO, PPO and Private Fee-for-Service Plans (PFFS). Medicare Advantage plan options vary depending on where you live — all plans may not be available in each location.

IMPORTANT: While Medicare Advantage (Medicare Part C) plans generally “replace” Medicare Parts A and B, you need to be enrolled in Medicare Parts A and B to be eligible for a Medicare Advantage plan.

You’ll get more detailed information about the Medicare plan options in the *Enrollment Guide*, which you’ll soon receive in the mail. The information in the Enrollment Guide will help you evaluate your plan options, so you’ll be ready to shop for plans and enroll.

You can shop for plans on the OneExchange marketplace and, in some cases, you can also complete your enrollment online. The website will walk you through the process.

You can also speak with a licensed benefit advisor to help you choose a plan and then enroll with the assistance of an application data processor.

Dental and vision plans

Through OneExchange, post-65 eligible retirees and their post-65 eligible dependents will also have the option to enroll in individual dental and vision plans at competitive rates. The available options generally depend on where you live. Talk to a OneExchange benefit advisor for more information.

Plans vary by region, and we offer plans in every region of the country — too many to include specific details of the plans in your area within the *Enrollment Guide*. You can see available plans online, or you can talk to a benefit advisor.





Catastrophic Supplemental Prescription Drug Benefit (for Medicare Part D)

Effective January 1, 2017, if you enroll in Medicare Part D prescription drug coverage through OneExchange and you enter the “catastrophic” level of a Medicare Part D, then the HRA will also provide a supplemental prescription drug benefit to offset the drug cost that Medicare will not reimburse. Under the Catastrophic Supplemental Prescription Drug Benefit, if you enter the “catastrophic” level of a Medicare Part D — which begins when you meet the annual true out-of-pocket maximum (referred to as TrOOP) set by Medicare each year — you will pay \$3.30 for generic drugs and \$8.25 for brand drugs or 5%, whichever is greater. If the 5% amount is greater than \$42, you can submit a claim for the HRA to pay the amount over \$42. You can be reimbursed from the catastrophic drug benefit up to \$4,000 in a calendar year. All catastrophic drug benefit claims incurred in 2017 must be submitted by June 30, 2018.

For 2017, the catastrophic level is reached when a participant incurs the Medicare prescription drug threshold \$4,950 of prescription drug expenses.

Keep in mind that most participants will not enter the annual “catastrophic” level of coverage but, for those who do, Chevron is currently providing this benefit to provide protection. Below is the process for receiving reimbursement under the supplemental prescription drug benefit:

- Once a participant has reached the Medicare prescription drug “catastrophic” threshold for the calendar year, he or she can call OneExchange and request a reimbursement “kit” for prescription drug assistance.
- The kit will include a special claim form for this benefit, a direct deposit form and instructions for substantiating each eligible prescription drug expense.
- In order to establish this catastrophic drug benefit account, the participant will submit the special claim form along with documentation that the out-of-pocket threshold has been met. After the new account is established, the participant will continue to submit claim forms identifying his or her prescription drug expenses incurred after the date the Medicare prescription drug catastrophic limit was met through the end of the plan year.

Initial Coverage

- Retiree pays deductible and copayments for selected plan (varies by plan)

Coverage Gap – Donut Hole

- Retiree pays 51% of generics and 40% of brand name drugs until out-of-pocket costs reach the True Out-of-Pocket Limit (TrOOP) of approximately \$4,950
- Plan pays 49% of generics and 5% of brand name drugs (pharma discount covers the remaining 55% of brand name drugs)

Catastrophic Coverage

- Retiree pays \$3.30 for generics and \$8.25 for brand or 5%, whichever is greater. If the 5% amount is greater than \$42, you can submit a claim for Chevron to pay the amount over \$42
- Any catastrophic coverage claims submitted cannot exceed \$4,000 total in a given year

Eligible for
Catastrophic RX
Benefit

For more information about the Catastrophic Supplemental Prescription Drug Benefit, please speak with a OneExchange benefit advisor.

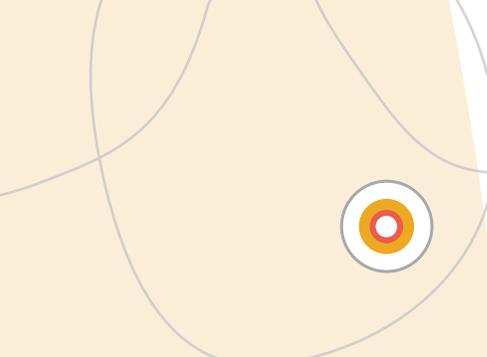
Life insurance

If you are currently enrolled in a Chevron retiree life insurance plan, your coverage and payment process is not changing at this time. Contact the Chevron Human Resources Service Center at **1-888-825-5247** (1+ **610-669-8595** outside the U.S.) with any questions about your life insurance benefits.

Turning age 65 between now and January 1, 2017?

If you or any of your eligible dependents are turning age 65 between now and January 1, 2017, your enrollment process will be different. You will receive health insurance information from **both** Chevron and OneExchange. You must enroll with **both** the Chevron Human Resources Service Center and OneExchange:

- Follow the instructions you receive from Chevron to enroll in retiree health coverage under Chevron's existing plan options. This coverage will last through December 31, 2016.
- Follow the enrollment instructions you receive from OneExchange to enroll in a new Medicare supplemental plan through OneExchange for coverage effective January 1, 2017 and beyond.



Choosing and enrolling in your Medicare coverage options

Coverage for your eligible dependent(s)

Medicare special enrollment period: October 3 through December 31, 2016

The enrollment period from October 3 through December 31, 2016, is a Medicare special enrollment period for post-65 retirees currently enrolled in a Chevron medical plan today. This means you and your post-65 eligible dependents are able to enroll in coverage that will be effective January 1, 2017, without providing information about your health status to the insurance company. During this special enrollment period, you are guaranteed coverage, regardless of any pre-existing conditions, so it is in your best interest to enroll between October 3 and December 31, 2016

Changing your elections after January 1, 2017

As you make your individual coverage elections, please keep in mind the following:

- Once you are enrolled in coverage, unless you qualify for a life event, such as moving into a new service area or qualifying for Medicaid, you may only change Medicare Advantage or Medicare Part D prescription drug coverage elections during the Medicare annual enrollment period, which is held each fall.
- You may change your individual Medicare Supplement (Medigap) plan at any time during the year; however, you may be subject to medical underwriting — meaning you may be required to provide information about your health status to the insurance company.
- You may enroll in dental or vision coverage (or both) at any time, as long as you are enrolled in a OneExchange medical plan.

If you experience a family status change — such as divorce or death of an eligible dependent or yourself — and need to make a benefit change, you will need to:

- Call the Chevron Human Resources Service Center to report the death/divorce.

If you have a change in address:

- Call the Chevron Human Resources Service Center to update your address for pension and life insurance related benefits.
- Call OneExchange to update your address for your post-65 medical enrollment and confirm that you are still eligible for the plan that you are enrolled in.

Towers Watson OneExchange

OneExchange offers you and your post-65 eligible dependents the support, information and tools necessary to help you choose and enroll in the plans that best fit your needs. When you call OneExchange, you will be connected with an experienced benefit advisor who will provide:

- **Personalized, one-on-one telephone support** to help you make informed enrollment decisions and choose a Medicare supplemental plan to meet your needs and financial situation.
- **General education and unbiased information** about the types of Medicare supplemental health insurance plans and costs available where you live.
- **Decision-making support and enrollment guidance**, based on your current coverage and future needs, for you and your post-65 eligible dependents.
- **Ongoing customer support** when using your plan(s) or considering new types of coverage, as well as managing your premium payments and HRA.

You can also access information and decision-making support tools online, 24/7, through OneExchange's personalized website at <https://medicare.oneexchange.com/chevron>. See page 18 to set up an account.



Individual coverage for eligible dependent age 65 and older

You and your eligible dependent must choose new individual Medicare medical and/or prescription drug plan(s) if you want coverage effective January 1, 2017. You can also each enroll in individual dental and vision coverage:

- You will each enroll separately for coverage through OneExchange between October 3 and December 31, 2016, if you are currently enrolled in a Chevron medical plan. If you are not currently enrolled in a Chevron medical plan, you must enroll between October 15 and December 7, 2016.
- You do not need to enroll in the same plan — you and your post-65 eligible dependent can each choose and enroll in the plan that best meets your individual coverage needs.
- You will each be responsible to pay the monthly premiums and other costs such as deductibles, copayments and co-insurance for the plan(s) you elect.

Coverage for pre-65 eligible dependents

The changes described in this newsletter will not affect eligible retirees or their eligible dependents who are currently pre-65. If one of you is post-65 and the other is not, there are certain enrollment rules you need to be aware of:

- Whoever is pre-65 and eligible for Chevron retiree medical coverage will currently remain eligible for coverage through a Chevron group plan.
- If pre-65, enrollment for retiree medical plan options will occur during Chevron's open enrollment period this fall. Enrollment information for Chevron's pre-65 retiree medical plans will be sent from Chevron, and pre-65 benefits enrollment will be processed through the Chevron Human Resources Service Center or on the Benefits Connection website.
- Once you or your eligible dependent reaches age 65, you will each have access to the enrollment support and plans offered through OneExchange.

Are you currently enrolled in a non-Chevron medical plan?

If you are a post-65 eligible retiree but you are not currently enrolled in Chevron retiree medical coverage, this is your only opportunity to enroll in medical coverage and receive the Chevron company contribution through an HRA. **You must enroll by December 7, 2016. If you do not enroll by December 7, 2016, you will not have access to this coverage through OneExchange or to Chevron's company contribution in the future.**

This is also your only opportunity to enroll your post-65 eligible dependents in a Medicare supplemental plan through OneExchange. If enrolled, your eligible dependents will also receive the Chevron company contribution through an HRA. Dependents must also enroll by December 7, 2016. **If you do not enroll your eligible dependents by December 7, 2016, they will not have access to this coverage through OneExchange or to Chevron's company contribution in the future, regardless of qualifying life events or subsequent open enrollment periods.**

Preparing to enroll

To help you prepare to enroll in new individual Medicare coverage, we recommend you complete the following two steps: create your profile and schedule a call. These steps can be done either online or by phone.

Step 1: Create your personal profile

A personal profile helps to make the process of evaluating, selecting and enrolling in new Medicare coverage smoother. To help you find plans that meet your medical and financial needs, we'll need you to collect information about yourself, the prescription drugs you take and the doctors you want to continue seeing.

After you've gathered this information, we recommend entering it into your online personal profile to reduce the time you spend on the phone with us.

If you don't have access to a computer or choose not to fill in your online profile, a OneExchange representative can fill it out for you when you call to schedule your enrollment appointment or during your call to enroll. We recommend that you write down your collected information on a separate sheet of paper.

Collect Information

Your personal and Medicare information

We'll need to collect the following personal information for your enrollment:

- Your full legal name.
- Phone number.
- Home address.
- Social Security number.

We'll also need to collect information from your Medicare ID card, including:

Your name as it appears on your card

Medicare claim number

Part A and Part B effective dates



Your prescription drug information

We can help you find prescription drug plans that cover your prescriptions while minimizing your out-of-pocket expenses. You'll need to collect the drug name (generic or brand), dosage, form (tablet, liquid, etc.) and quantity per 30-day period.

You can find this information on the medication label. Remember to include medications you order by mail.

Your doctor information

Since we know it's important for you to keep seeing your current doctors or specialists, we'll check to see if they participate in the plans that interest you. We'll need to collect the names and addresses of the doctors that you want to continue to see. Please be sure to include your primary care physician. You can find this information on a prescription label or doctor bill.



Drug name	Form (tablet, liquid, etc.)	Dosage	Quantity per 30-day period
You:			
Dependent:			

Your doctor's first and last names	State	City	ZIP Code
You:			
Dependent:			



If you or your covered dependents are not yet age 65

The changes described in this newsletter will not affect you, yet.

At this time, participants under age 65 will continue with their current Chevron coverage until the last day of the month prior to age 65. You should, however, watch for Chevron open enrollment and other information about 2017 plan changes that apply to you.

OneExchange will send information as you or your eligible dependent approaches age 65.

Create your online personal profile

After you have collected your information, you're ready to start your online personal profile. Creating your online personal profile is easy and helps ensure an accurate and efficient enrollment. And you can start shopping for plans on our online marketplace once you've completed your personal profile.*

You can either go online or call OneExchange to create your profile. Our OneExchange representatives will take the time you need to set up your profile over the phone.

Set up your online account

First, you'll need to set up your online account. Simply go to <https://medicare.oneexchange.com/chevron> and click the **My Account** link. You will need to provide an email address and your Social Security number, and create an account ID and password.

Complete your personal profile

After you create your account, our website will walk you through completing your personal profile. We may ask you to confirm information that already appears in your personal profile. If you find information already there, please be aware that your former employer or benefits provider shared it with us.

Once you have completed your personal profile, you will be prompted to schedule a call with us to complete your enrollment at the earliest available date. You can ignore this if you have already scheduled your call to enroll. If you haven't scheduled it, please do so at your earliest convenience.

Security and privacy

Our website is secure, and we guard your privacy. Only your licensed benefit advisor will use the information you provide to find health plans that meet your needs.

**You'll be able to view the 2017 plans on our online marketplace by the middle of October.*

Step 2: Schedule a call to enroll

You can schedule a call to enroll with a licensed benefit advisor either by going online to <https://medicare.oneexchange.com/chevron> or calling **1-844-266-1392**. Schedule your enrollment appointment as soon as possible, so you can be sure to secure a date that gives you enough time to consider your options before your current coverage ends. You should complete your enrollment by the deadline.

During your call, a licensed benefit advisor will walk you through your coverage options, help you determine which plans meet your medical and financial needs and have you work with an application data processor to complete your enrollment application. The call will take about an hour per person to complete. If you are also enrolling an eligible dependent, the call may take a few hours. You and your eligible dependents are welcome to enroll at the same time, or you can each make a separate appointment to enroll.

You may have anyone on the phone with you or for you that you wish. You may assign someone to gather this information for you and help you in the decision process. We don't want you to be alone while making this important decision. If the person you wish to involve does not live near you, you can call us, and we can call them and conduct a 3-way call.

Important information about covering your dependent

Your post-65 eligible dependent can also enroll in a plan through OneExchange. Please note that each of you has to enroll in separate individual plans. You may choose the same plan or different plans, according to what fits each of your needs. Either way, you will both need to complete an application for every plan you choose. Please expect an hour per person for the call.

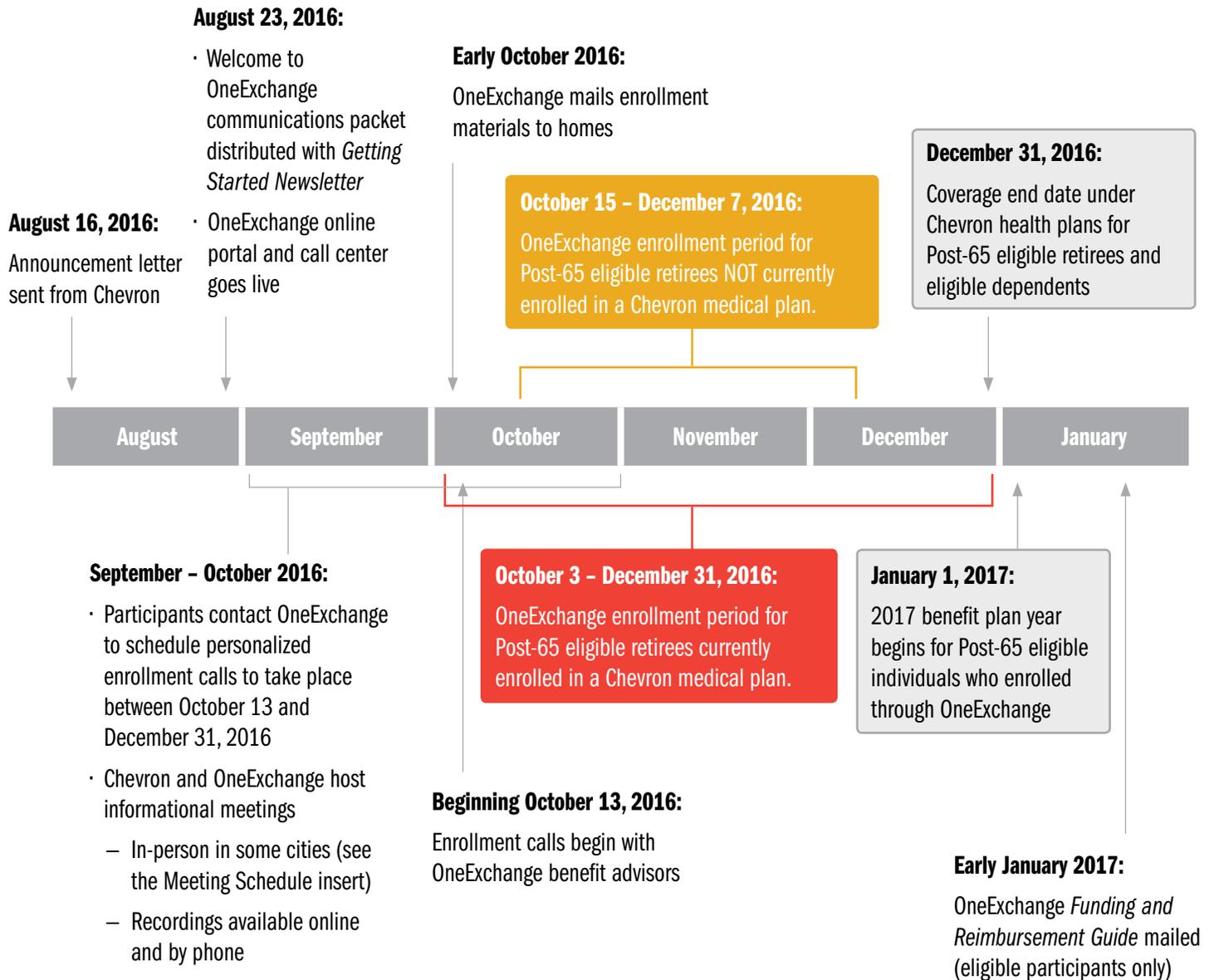
Things to consider as you prepare to enroll:

- Get refills on your prescriptions prior to December 31, 2016, to account for a delay in renewing your prescriptions with your new plan provider.
- If you're currently receiving treatment that will not be completed by the end of 2016, ask your OneExchange benefit advisor about transition of care.
- Schedule your appointment to talk to a OneExchange benefit advisor to answer questions and assist you in electing health care coverage for 2017.
- Review the retiree meetings available in September and October (see Meeting Schedule insert in this welcome packet). If you can attend a meeting near your home, be sure to bring your Chevron newsletters and this OneExchange welcome packet with you for reference.
- Questions? Call **1-844-266-1392**, Monday through Friday, from 7 AM to 8 PM Central time, or go online at <https://medicare.oneexchange.com/chevron>. To reach OneExchange from outside the U.S., please call **1-801-994-9805**. You can make your appointment online once you set up your online account.



What comes next

Below is a snapshot of some important dates to keep in mind.



Who to contact for more information

If you have questions now or would like to schedule an appointment with a OneExchange benefit advisor, you can:

- Call **1-844-266-1392**, Monday through Friday, from 7 AM to 8 PM Central time.
- Go online at **<https://medicare.oneexchange.com/chevron>**. You can make your appointment online once you set up your online account.
- To reach OneExchange from outside the U.S., please call **1-801-994-9805**.

Frequently Asked Questions

OneExchange has worked with more than a million individuals to help simplify Medicare enrollment decisions. Here are answers to some of the most frequently asked questions.

Will my new plan be as good as my current plan?

You'll find plans that offer benefits similar to your current health plan, and you may also find plans that provide a better match for your needs. Since we offer multiple options, you'll be able to find a plan that closely matches your specific requirements.

Are my options and rates affected by my current or past health?

No, not as long as you enroll in an individual Medicare plan during your enrollment period and before your current health plan expires. During this time, insurers cannot deny your application or charge you more because a doctor has treated you for a health condition.

What can I expect to pay for my new plan?

What you will pay depends on the type of plan that you select. Medicare Advantage plans tend to have lower premiums than Medigap plans but require copayments for services. Medigap plans typically have higher premiums with low or no copayments for services. During your call, your licensed benefit advisor will work with you to select plans based on your medical and financial needs.

Will I need to get new prescriptions from my doctor for my new coverage through OneExchange?

This will depend on the plan you select and how you receive your current prescriptions. In general, for 30-day prescriptions refilled at a retail location, you will not need to ask your doctor for a new prescription. Those prescriptions will be carried forward to the new coverage you elect through OneExchange (by showing your new prescription drug identification card on or after January 1, 2017). However, there may be instances where you will be required to transfer your prescription to a different pharmacy. For mail-order, 90-day supply prescriptions, if you are switching to a new mail order pharmacy, you will need to ask your doctor for a new prescription. Your licensed benefit advisor will help you select prescription drug coverage and discuss any steps you need to take to continue receiving your medications without interruption. **Please Note:** You may want to refill your current prescriptions as close as possible to the end of 2016 so you are not in immediate need for a prescription in January 2017.





How long does enrollment take?

Because we want to take the time necessary to match you to the right plan, most calls average slightly more than an hour for each individual. If you and your Medicare-eligible spouse or dependent are both enrolling in new coverage, your call may take two hours or more. Your call may be shorter if you complete your online personal profile in advance.

You may have anyone on the phone with you or for you that you wish. You may assign someone to gather this information for you and help you in the decision process. We don't want you to be alone while making this important decision. If the person you wish to involve does not live near you, you can call us, and we can call them and conduct a 3-way call.

The one time you **do** need to be on the phone is when you have made your plan selection and are ready to complete the enrollment. By law, it does need to be **your** voice that says, "Yes, this is the plan I wish to enroll in", and you will need to state your name and the date.

You can even have help with that if needed. You may have a Power of Attorney; this needs to be a Durable Power of Attorney for

Medical enrollment decisions; this person can complete this process for you. You do need to be prepared to provide proof of durable Power of Attorney to your new insurance company when they request it.

What is a Medicare marketplace?

A Medicare marketplace or private exchange enables you to shop for and enroll in individual Medicare plans. The OneExchange marketplace for Chevron post-65 eligible retirees offers personalized service, a large selection of Medicare plans, freedom of choice and the value of an open market.

Who will I talk with when I call OneExchange?

We employ people in multiple roles at OneExchange customer service centers, which are all located in the United States. Each role plays a specific part in making sure you find the coverage you need.

You may talk with:

- **Our automated answering system:** No one enjoys talking to a robot, but our sophisticated automated voice system makes sure we direct your call to a person who can help you.

- **A customer service representative:** This person will help you schedule your call to enroll, fill out your online profile and answer general questions about Medicare coverage options. They will help you get the information you need before you speak with a licensed benefit advisor.
- **A licensed benefit advisor:** A OneExchange licensed benefit advisor is trained, licensed and certified to discuss Medicare plans in your state. They will learn about your needs and what you are looking for in a health plan and help you shop for individual Medicare coverage. Only licensed benefit advisors are legally allowed to talk to you about specific plan details such as price and coverage levels.
- **An application data processor:** This person is dedicated to filling out and submitting your individual insurance applications. They will make sure your applications are accurate and complete.

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.