



chevron post-65 retiree health benefits

summary plan description
effective january 1, 2017

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This information constitutes the summary plan description of the Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan ("Retiree HRA Plan") as required by the Employee Retirement Income Security Act of 1974 (ERISA). These descriptions don't cover every provision of the plan. Many complex concepts have been simplified or omitted in order to present more understandable plan descriptions. If this plan description is incomplete or if there's any inconsistency between the information provided here and the official plan text, the provisions of the official plan text 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. Once approved, plan changes are incorporated into the plan texts, SPDs and vendor administration at the effective date.

Chevron Corporation is the plan administrator of the plans described in this booklet. Chevron Corporation, in its sole discretion, has the authority to interpret these plans, and it may adopt rules and procedures to implement any plan provision. Chevron Corporation also has the authority to take any appropriate action to administer these plans. Subject to the plans' review procedures, Chevron Corporation's decisions about these plans are conclusive and binding on all persons.

Some benefit plans and policies described in this document may be subject to collective bargaining and, therefore, may not apply to union-represented employees.

What's included in this summary plan description

This summary plan description only covers the retiree health plans available to **post-65** eligible retirees and their post-65 eligible dependents as effective January 1, 2017. For information about the retiree health coverage offered to pre-65 eligible retirees and their pre-65 eligible dependents, see the **Chevron Pre-65 Retiree Health Benefits** summary plan description available by calling the HR Service Center or going online to hr2.chevron.com/retiree.

If You Retired or Left Chevron or One of Its Predecessor Companies Before July 1, 2002

This booklet mainly describes benefit plans in effect for those who left Chevron on or after July 1, 2002. If, before July 1, 2002, you retired or left Chevron, Texaco, Gulf, Getty, Caltex, Amoseas, or another company that merged into Chevron or Texaco, other benefit plan provisions may apply to you. For the most part, if you were considered a retiree or survivor with eligibility for health care benefits as of June 30, 2002, then you also are eligible for at least some or all of the benefit plans described in this booklet.

If You Retired From Unocal Before July 1, 2006

This booklet mainly describes benefit plans in effect for former Unocal participants who left Chevron on or after July 1, 2006. If you are a former Unocal employee and you retired or left Chevron before July 1, 2006, other benefit plan provisions may apply to you. For the most part, if you were considered a retiree or survivor with eligibility for health care benefits as of June 30, 2006, then you also are eligible for at least some or all of the benefit plans described in this booklet.

Please contact the HR Service Center to obtain information that describes your benefit eligibility and coverages.

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Also Enclosed:

Company Contributions to Health Coverage - *Supplement to the summary plan description*

benefit contact information

This summary plan description refers you to contact the administrators listed below. Please refer to this section for phone numbers, website and other key contact information.

Chevron Retiree Benefits HR2 Website

Why access this website

- Access summary plan descriptions (SPDs).
- Learn about enrollment milestones.
- Access other benefit information and documents.
- Get other benefit phone numbers and websites that may not be referenced in this summary plan description.

Website information

- You don't need a password to access the information posted on this website.
- hr2.chevron.com/retiree

Human Resources Service Center (HR Service Center) and Benefits Connection Website

Why contact this administrator

- Enroll in Chevron pre-65 group health coverage.
- To make open enrollment elections for Chevron pre-65 group health coverage.
- Activate the Chevron Retiree HRA Plan.
- When you reach an enrollment milestone.
- Ask about your or your dependents' eligibility to participate in pre-65 group health coverage, post-65 health benefits, the Chevron Retiree HRA Plan, or COBRA coverage.
- To report qualifying life events – such as a marriage, divorce, birth or death.
- Change your address with Chevron and your benefit plans.
- Report the death of a retiree.
- Enroll in Chevron pre-65 survivor health coverage.
- Register your domestic partner.
- Request an *Intent to Retire* package.
- Request a printed copy of summary plan descriptions (SPD).
- If you or an enrolled eligible dependent become eligible for Medicare due to a disability.

Phone information

- 1-888-825-5247 (inside the U.S.)
- 610-669-8595 (outside the U.S.)

Website information

- **Benefits Connection** website for personal information and conduct certain transactions, such as changing your address (all retirees) or to enroll in group health coverage, make changes or make open enrollment elections (for pre-65 eligible participants).
- Go to hr2.chevron.com/retiree and click the **Benefits Connection** link from the top banner.

Towers Watson OneExchange (OneExchange)

Why contact this administrator

- Enroll in post-65 individual health coverage offered to Chevron eligible retirees and their eligible dependents.
- To make enrollment elections during Medicare's Annual Enrollment Period for post-65 individual health coverage.
- Request a reimbursement from your Retiree HRA Plan account.
- Manage your Chevron Retiree HRA Plan account, including funding information and reimbursement claim status and reimbursement claim forms.
- Request access to your Catastrophic Supplemental Prescription Drug Benefit.
- When you reach an enrollment milestone.
- Ask or learn about your or your eligible dependents' post-65 health benefit choices, costs, and eligibility for the individual plans.
- COBRA coverage for the Chevron Retiree HRA Plan.
- To report qualifying life events – such as a marriage, divorce, birth or death – and to confirm eligibility for plans currently enrolled in.
- Change your address with OneExchange and your health benefit plans.
- Enroll in Chevron post-65 survivor health coverage.

Phone information

- 1-844-266-1392 (Inside the U.S.)
- 1-801-994-9805 (Outside the U.S.)
- 5 a.m. - 6 p.m. Pacific time (7 a.m. - 8 p.m. Central time)

Website information

- Go to hr2.chevron.com/retiree and click the **OneExchange** link from the top banner.
- You can also go directly to <https://medicare.oneexchange.com/chevron>.
- On this website you can manage your Retiree HRA Plan account and reimbursement claims and also access individual health coverage information and decision-making support tools.

Summary Plan Descriptions

Summary Plan Descriptions (SPDs) provide detailed information about your Chevron benefit plans such as eligibility, claims and participation.

- **For pre-65 health benefits**, see the **Chevron Pre-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree.
- **For post-65 health benefits**, see the **Chevron Post-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree.
- You can also call the HR Service Center or OneExchange to request that a copy be mailed to you, free of charge.

ADP Benefit Services (ADP)

Why contact this administrator

- To enroll, learn about or update COBRA and continuation coverage for active employee health plans when you leave Chevron.
- For information about the COBRA law.

Phone information

- 1-888-825-5247 (Inside the U.S.) Select option 2, then press the * key.
- 610-669-8595 (Outside the U.S.) Select option 2, then press the * key.

Mailing address

ADP Benefit Services
P.O. Box 2638
Alpharetta, GA 30023-2638

retiree health program overview

Chevron's retiree health benefit choices depend on if you or your eligible dependents are pre-65 (under age 65) or are post-65 (age 65 or over). This section provides an overview of the pre-65 and post-65 retiree health program.

pre-65 retiree health benefits
post-65 retiree health benefits
health benefits for eligible dependents
special situations

pre-65 retiree health benefits

Pre-65 (under age 65) eligible retirees and/or their pre-65 eligible dependents (including surviving dependents of an eligible retiree) participate in generally the same group health choices offered to active Chevron employees, with only minor differences. Currently these group health choices may include:

- **Medical PPO Plan (Anthem).** This is a preferred provider organization (PPO) plan, which offers network and out-of-network benefits and includes automatic enrollment in the Prescription Drug Program (Express Scripts) and the Vision Program (VSP) for basic vision benefits.
- **High Deductible Health Plan (Anthem).** This is a preferred provider organization (PPO) high deductible health plan, which offers network and out-of-network benefits and includes automatic enrollment in the Prescription Drug Program (Express Scripts) and the Vision Program (VSP) for basic vision benefits. This plan is compatible with a health savings account (HSA). Please note that Chevron does not sponsor an HSA or determine your eligibility for an HSA.
- **High Deductible Health Plan Basic (Anthem).** This is a preferred provider organization (PPO) high deductible health plan, which offers network and out-of-network benefits and includes automatic enrollment in the Prescription Drug Program (Express Scripts) and the Vision Program (VSP) for basic vision benefits. This plan is compatible with a health savings account (HSA). Please note that Chevron does not sponsor an HSA or determine your eligibility for an HSA.
- **Medical HMO Plans.** With a medical health maintenance organization (HMO) plan, you must use a network provider to receive coverage. Otherwise, those services will not be covered (except in emergencies). A medical HMO sponsored by Chevron may be available, depending on your zip code.
- **The Dental PPO Plan (Delta).*** This is a preferred provider organization (PPO) plan, which offers network and out-of-network dental benefits.
- **Dental HMO Plan (DeltaCare USA).*** With a dental health maintenance organization (HMO) plan, you must use a network provider to receive coverage. Otherwise, those services will not be covered (except in emergencies). A dental HMO sponsored by Chevron may be available, depending on your zip code.
- **Mental Health and Substance Abuse Plan (Beacon Health Options).** When you and any of your covered dependents enroll in the Medical PPO Plan, the High Deductible Health Plan or the High Deductible Health Plan Basic, mental health coverage is automatically provided by the Chevron Mental Health and Substance Abuse Plan, as long as you aren't eligible for Medicare. If you are enrolled in a Chevron Medical HMO, the HMO includes mental health coverage, so these services are offered only through the HMO, not the Chevron Mental Health and Substance Abuse Plan.

**Former Gulf employees who retired before July 1, 1986, former Texaco, former Getty, former Caltex, and former Amoseas employees who retired before July 1, 2002, and former Unocal employees who retired before July 1, 2006, and their survivors, are not eligible for coverage under the Dental PPO Plan or Dental HMO plans sponsored by Chevron.*

This summary plan description only covers the retiree health plans available to post-65 eligible retirees and their post-65 eligible dependents. For information about the retiree health coverage offered to pre-65 eligible retirees and their pre-65 eligible dependents, see the **Chevron Pre-65 Retiree Health Benefits** summary plan description available by calling the HR Service Center or going online to hr2.chevron.com/retiree.

post-65 retiree health benefits

Health benefits for post-65 (age 65 or over) eligible retirees and/or their post-65 eligible dependents (including surviving dependents of an eligible retiree) consist of the following:

- Access to **individual medical, prescription drug, dental and vision** coverage through a private health exchange managed by Towers Watson OneExchange.
- Eligibility to participate in the **Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan (Retiree HRA Plan)**. The Retiree HRA Plan is the health reimbursement arrangement that Chevron sponsors for post-65 eligible retirees and their post-65 eligible dependents to receive their company contributions to retiree health coverage. The Retiree HRA Plan can be used to reimburse the monthly premiums for Medicare Part B or any of the individual medical plans offered to Chevron retirees through OneExchange. You can also use your Retiree HRA Plan account to pay for any other prescription drug, vision or dental plan premiums. The Retiree HRA Plan also includes a Catastrophic Supplemental Prescription Drug benefit. See the **Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan** chapter of this summary plan description for more information.

Important: Post-65 eligible participants must be enrolled in both Medicare Part A and Medicare Part B to enroll in the individual health plans offered through OneExchange and to participate in the Retiree HRA Plan. Please see the **Participation** chapter, **Enroll in Medicare Part A and Part B** section in this summary plan description for more information.

About the Private Exchange

Chevron partners with Towers Watson OneExchange to provide post-65 eligible retirees and their post-65 eligible dependents with access to a private Medicare exchange. A private exchange, like OneExchange, enables you to shop for and enroll in individual Medicare plans. Everyone is unique in terms of choosing and using benefits. Through OneExchange, you'll have a range of choices, flexibility and personalized help finding the plan that fits your needs and financial situation. You must be enrolled in both Medicare Part A and Medicare Part B to participate in the post-65 OneExchange individual health coverage and the Retiree HRA Plan.

- The OneExchange private exchange offers access to five types of plans – Medicare Advantage, Medicare Supplement (Medigap), Prescription Drug (Part D), dental and vision. You're permitted to choose from any combination of medical, dental or vision coverage.
- OneExchange is completely separate from the public Health Insurance Marketplace. Private exchanges like this one are only open to select participant groups, such as Chevron's post-65 eligible retirees and their post-65 eligible dependents.
- This private exchange is managed by OneExchange. Chevron does not choose the health plans offered through this exchange or the network providers who contract with the health plans.
- The insurance carrier determines what coverage is provided and the monthly premium cost for each of your individual health plans. You'll also communicate directly with the insurance carrier for all administrative matters such as claims for covered services, monthly premium payments, or ID cards.
- The insurance carrier also determines the rules surrounding your eligibility for and participation in their plan – who is eligible for coverage, when coverage starts, when coverage ends, and when you can make coverage changes. You have to be a Chevron post-65 eligible retiree or a post-65 eligible dependent of a Chevron eligible retiree to be able to access the plans in the private exchange, but each individual insurance carrier will further determine your eligibility for that particular coverage.

When you enroll, your insurance carrier(s) will provide information about what your plan covers and other eligibility and participation information you need to know. You can also contact your carrier directly to request this information. This information is generally not covered in this summary plan description.

health benefits for eligible dependents

The age of your eligible dependent (including surviving dependents of an eligible retiree) will dictate the health benefits in which they can participate:

- **Pre-65 eligible dependents can participate in Chevron's pre-65 retiree group health plans** if all eligibility requirements are met. Note that you, the eligible retiree, must be enrolled in health coverage offered to Chevron retirees (medical only, dental only or both medical and dental) in order to cover your pre-65 eligible dependents in Chevron group health coverage.
- **Post-65 eligible dependents can participate in the post-65 OneExchange individual health coverage** if all eligibility requirements are met. Note that, in order for your post-65 eligible dependents to participate, you, the retiree, must be enrolled in at least Chevron retiree medical coverage (pre-65 or post-65).
- **Post-65 eligible dependents can participate in the Chevron Retiree HRA Plan** if all eligibility requirements are met. Note that, to participate in the Retiree HRA Plan, your post-65 eligible dependent must be enrolled in at least individual medical coverage through OneExchange and you, the retiree, must also be enrolled in at least Chevron retiree medical coverage (pre-65 or post-65).
- Post-65 eligible dependents must also be enrolled in both **Medicare Part A** and **Medicare Part B** to participate in the post-65 OneExchange individual health coverage and the Retiree HRA Plan.
- 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.

See the **Eligibility** and **Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan** chapters of this SPD for further information about the eligibility requirements for dependent participation.

special situations

Post-65 and Still an Active Chevron Employee at Work

Remember, while you're an active employee, you'll continue to be eligible to participate in the group health coverage options offered to active Chevron employees, regardless of your age. In addition, you can continue to enroll your eligible dependents under your active employee group health coverage, regardless of the age of your eligible dependent. The plans described in this summary plan description only apply to eligible retirees.

Surviving Dependents of an Eligible Retiree

In general, if you die, your enrolled, eligible dependents may be able to participate in either **continuation coverage** or **survivor health coverage**. In all cases, your survivor(s) must take action to report your death to the HR Service Center within 31 days of your death to remain eligible for coverage. See the **If You Die** and **COBRA and Continuation Coverage** chapters of this summary plan description for further details.

Pre-65 and Eligible for Medicare due to a Disability

If you – the eligible retiree – or an eligible dependent are under age 65 and become eligible for Medicare due to a disability, you must notify the HR Service Center within 31 days of becoming Medicare eligible. You and your eligible dependents will continue to be eligible for the pre-65 retiree group health benefits that are currently available to you; however, Medicare will become the **primary** payer for covered services for the person eligible for Medicare. In these situations, Chevron group medical plan coverage becomes **secondary** for the person eligible for Medicare, which means it generally supplements what Medicare covers.

If you don't notify the Chevron HR Service Center when you or your pre-65 eligible dependent become eligible for Medicare, your Chevron retiree group medical plan reserves the right to reprocess claims if it is determined that Medicare should have been the primary payer. This means that you could be responsible for an additional portion of the cost for those services, and in some cases, the total cost.

Please contact the HR Service Center for details.

Post-65 Eligible Dependent Who is Eligible for Full Medicaid

Post-65 eligible dependents can participate in the Chevron Retiree HRA Plan if your post-65 eligible dependent is enrolled in at least individual medical coverage through OneExchange and you, the retiree, are enrolled in at least Chevron retiree medical coverage (pre-65 or post-65). However, there is an exception to this rule if the eligible retiree is eligible for full Medicaid. In this situation, the post-65 eligible dependent can still participate in the Retiree HRA Plan even though the eligible retiree is not enrolled in medical coverage offered to Chevron retirees as long as all of the following requirements are met:

- The post-65 eligible dependent meets all other eligibility requirements to participate in the Retiree HRA Plan.
- The post-65 eligible dependent activates Retiree HRA Plan participation at the time the eligible retiree reaches an applicable enrollment milestone.
- The post-65 eligible dependent remains eligible for and continuously covered under the Retiree HRA Plan.

In addition, if you lose eligibility for full Medicaid and you and your dependent are entitled to a special enrollment period under Medicare rules, you may be eligible to enroll in the Retiree HRA Plan as long as you meet all other eligibility requirements. You must call the HR Service Center within 31 days of losing full Medicaid to activate participation in the Retiree HRA Plan. You must also call OneExchange to understand and begin the enrollment process for post-65 individual medical coverage.

Post-65 and Living Abroad

If you reside outside of the U.S., you generally cannot receive Medicare benefits (unless you live in a U.S. territory), and OneExchange does not offer health coverage options outside the U.S. Furthermore, to enroll in post-65 health coverage through OneExchange and receive the Chevron company contribution in the Retiree HRA Plan, you must have a permanent U.S. address. For these reasons, if you reside outside the U.S. or in a U.S. territory, you are not eligible to enroll in the individual health coverage offered to Chevron eligible retirees and their eligible dependents through OneExchange.

If you move back to the United States in the future, it is your responsibility to contact the HR Service Center to update your address within 31 days of your move. You should also take action to enroll in Medicare Part A and Medicare Part B, if you have not already done so. You can enroll yourself and eligible dependents in the retiree coverage offered to Chevron retirees at the next applicable enrollment milestone – if any – as long as you have a permanent U.S. address, are enrolled in Medicare Part A and Part B, and meet all other eligibility requirements. **Please note that returning to the U.S. is not an enrollment milestone.** See the **Enrollment Milestone** section in the **Eligibility** chapter in this summary plan description for more information.

Post-65 eligible retiree or post-65 eligible dependent living in a U.S. territory.

A U.S. citizen living in a U.S. territory (such as Puerto Rico) is allowed to enroll in Medicare Part A and Part B. There may be supplemental insurance available in your territory, but OneExchange does not offer these plans and therefore you cannot enroll in medical coverage through OneExchange. Ordinarily, you are required to be enrolled in at least medical coverage through OneExchange to participate in the Retiree HRA Plan. However, if you reside in a U.S. territory, have Medicare Part A and Part B, and meet all the other Retiree HRA Plan eligibility requirements, you are allowed to submit your HRA eligible expenses for reimbursement. You will be required to verbally attest that you have medical coverage. Contact OneExchange for further details and instructions.

Post-65 but not Eligible for Medicare

If you – the eligible retiree – or an eligible dependent are age 65 or older, live in the U.S., and are *not* eligible for Medicare, your situation is unique and requires action. Ordinarily, post-65 participants would be required to enroll in the individual health coverage offered through OneExchange. However, to enroll in the post-65 individual health coverage offered through OneExchange, enrollment in Medicare Part A and Part B is required.

Post-65 eligible retirees and/or their eligible dependents who are not Medicare eligible are required to certify their Medicare eligibility status with Chevron in order to be permitted to continue coverage under the Chevron group health plan options for pre-65 eligible retirees and their pre-65 eligible dependents.

Medicare will provide an explanation stating the reason for your ineligibility. You must send a copy of this explanation to the Chevron Human Resources Service Center by the applicable deadline. Chevron will review this information and determine whether coverage under the pre-65 group health plan(s) can continue for the Plan Year for the post-65 Medicare ineligible participant.

If you – the eligible retiree – or your eligible dependent continue to be ineligible for Medicare benefits, you must re-certify your Medicare eligibility status with Chevron annually by the recertification deadline provided to you in the future.

If you do not provide this information by the applicable deadline, current coverage for the post-65 Medicare ineligible participant will end, if applicable. The participant will not be able to re-enroll until the next available enrollment milestone, if any. See the **Enrollment Milestones** section in the **Eligibility** chapter in this summary plan description for information. If pre-65 and/or post-65 eligible dependents are enrolled in health coverage, that coverage will also end. The dependent enrollment rules will apply in the future.

Send a copy of the Medicare eligibility statement to:

Chevron Human Resources Service Center
P.O. Box 18012
Norfolk, VA 23501
Fax: 1-888-329-8647

Participant Becomes Eligible for Medicare

If the current post-65 Medicare ineligible participant becomes eligible for Medicare, it is the participant's responsibility to timely enroll in Medicare Part B and contact OneExchange within 60 days of Medicare Part B approval to enroll in the post-65 individual health coverage offered through OneExchange. If Chevron determines that the participant is eligible for Medicare and did not take action to enroll through OneExchange by the deadline, the participant will have missed an enrollment milestone. Chevron pre-65 group health coverage for the participant will end, and the enrollment milestones will apply in the future. This means the participant must wait until the next applicable enrollment milestone, if any, to enroll in the health coverage offered to Chevron post-65 eligible retirees. See the **Enrollment Milestones** section in the **Eligibility** chapter for information in this summary plan description. If pre-65 and/or post-65 eligible dependents are enrolled in health coverage, that coverage will also end. The dependent enrollment rules will apply in the future.

eligibility

This section provides important information about who's eligible to participate in Chevron's health benefits for retirees and their eligible dependents. **Important:** Each individual plan may have other specific eligibility requirements *in addition to* those described in this chapter. See each plan for additional eligibility requirements, if any.

eligible retiree

eligible dependent

enrollment milestones

important considerations when you leave chevron

eligible employee

Except as described below, employees are generally eligible for Chevron health benefits if you're considered by Chevron to be a common-law employee of Chevron Corporation or one of its subsidiaries that it has designated to participate in the Omnibus Health Care Plan and you meet all of the following qualifications:

- You're paid on the U.S. payroll of Chevron Corporation or a participating company.
- You're assigned to a regular work schedule (unless you're on a family leave, disability leave, short union business leave, furlough leave, military service leave or leave with pay) of at least 40 hours a week, or at least 20 hours a week if such schedule is an approved part-time work schedule under the corporation's part-time employment guidelines.
- If you're a casual employee, you've worked (or are expected to work) a regular work schedule for more than four consecutive months.
- If you're designated by Chevron as a seasonal employee, you're not on a leave of absence.
- You're in a class of employees designated by Chevron as eligible for participation in the plan.

However, you're still not eligible if any of the following applies to you:

- You're not on the Chevron U.S. payroll, or you're compensated for services to Chevron by an entity other than Chevron — even if, at any time and for any reason, you're deemed to be a Chevron employee.
- You're a leased employee or would be a leased employee if you had provided services to Chevron for a longer period of time.
- You enter into a written agreement with Chevron that provides that you won't be eligible.
- You're not regarded by Chevron as its common-law employee and for that reason it doesn't withhold employment taxes with respect to you — even if you are later determined to have been Chevron's common-law employee.
- You're a member of a collective bargaining unit (unless eligibility to participate has been negotiated with Chevron).
- You're eligible to receive benefits from the Chevron International Healthcare Assistance Plan (IHAP) or the Global Choice Plan.
- You're a professional intern.

You may become eligible for different benefits at different times. Participation and coverage do not always begin when eligibility begins. Chevron Corporation, in its sole discretion, determines your status as an eligible employee and whether you're eligible for the plan. Subject to the plan's administrative review procedures, Chevron Corporation's determination is conclusive and binding.

If you have questions about your eligibility for this plan, you should contact:

Chevron Human Resources Service Center
P.O. Box 18012
Norfolk, VA 23501
1-888-825-5247 (610-669-8595 outside the U.S.)

eligible retiree

This section describes which groups of retirees are eligible for participation in the retiree health benefits offered by Chevron. You can participate in most of the retiree benefits offered by Chevron if you are a former eligible employee and you meet the qualifications of an **eligible retiree** and satisfy the **enrollment milestones** as explained in this chapter.

Important: Each individual plan may have other specific eligibility requirements *in addition to* those described in this chapter. See each plan for additional eligibility requirements, if any.

Although you are considered an eligible retiree if you meet these eligibility requirements, you and your eligible dependents must enroll in Chevron retiree health benefits and the Retiree HRA Plan upon reaching certain enrollment milestones to maintain your eligibility. If you miss an enrollment milestone, you will have to wait until the next applicable enrollment milestone – *if any* – to enroll in the future. See the *Enrollment Milestones* section in this chapter for more information.

If You Retired on or After July 1, 2002

If you are a former eligible employee who retired on or after July 1, 2002, you are eligible for retiree health benefits and the Retiree HRA Plan if you meet **all** of the following requirements when you retire:

- You're age 50 or older.
- You have 10 or more years of health and welfare eligibility service (HWES)
- Your last rehire date must have been at least five years before you retired.
- You are not a member of a union or group that was ineligible for retiree coverage.

Health and Welfare Eligibility Service (HWES)

Your health and welfare eligibility service is used to determine your eligibility for retiree health care benefits. For more information about HWES, see the **Company Contributions to Health Benefits supplement**.

If you retired after June 30, 2002, and you didn't meet these qualifications, or if you do not meet the eligibility criteria discussed below, you aren't an eligible retiree. In addition, you may not be eligible if your employment with Chevron was terminated for misconduct, such as fraud, dishonesty or deliberate disregard of Chevron rules, or if you otherwise engage in misconduct during the course of your employment with Chevron.

If You Retired Before July 1, 2002

For the most part, if you were considered a retiree or survivor with eligibility for health benefits as of June 30, 2002, you also are eligible for at least some or all of the retiree health benefits and the Retiree HRA Plan. Also, if you retired before July 1, 2002, your heritage company eligibility and cost-subsidy rules generally apply.

Former Chevron Employee

If You Are a Former Chevron Employee Who Retired On or After July 1, 2002

Former Chevron employees are individuals who were employed by Chevron immediately before its merger with Texaco Inc. and who have not been terminated and rehired by Chevron since the merger with Texaco Inc.

If you retired at or after age 50 and had 10 or more years of health and welfare eligibility service, including five years of health and welfare eligibility service since your last rehire date, you're eligible for retiree health benefits and the Retiree HRA Plan.

There is a special "grandfather" rule that allows eligibility under the above criteria **or** under the former Chevron rules. Under this grandfather rule, if you are a former Chevron employee and had at least 65 points (age plus years of continuous service) or at least 20 years of continuous service as of June 30, 2002, and you retired after completing at least 25 years of health and welfare eligibility service or after your age plus years of health and welfare eligibility service added up to 75 points or more, and you worked for Chevron immediately before retiring, you're eligible for medical coverage at 100 percent of the maximum company contribution. You also are eligible for retiree dental coverage.

Former Texaco Employee

If You Are a Former Texaco Employee Who Retired on or After July 1, 2002

Former Texaco employees are individuals who were employed by Texaco Inc. immediately before its merger with Chevron Corporation and who have not been terminated and rehired by Chevron since the merger with Texaco Inc.

If you retired at or after age 50 and had 10 or more years of health and welfare eligibility service, including five years of health and welfare eligibility service since your last rehire date, you're eligible for retiree health benefits and the Retiree HRA Plan.

There is a special "grandfather" rule that allows eligibility under the above criteria **or** under the former Texaco rules. Under this grandfather rule, if you are a former Texaco employee and were age 45 or older and employed by Texaco as of October 1, 1999, you're eligible for retiree medical coverage under the former Texaco rules (that is, you retired at age 55 or older after completing at least 10 years of health and welfare eligibility service) at 100 percent of the maximum company contribution. You are eligible for retiree health benefits and the Retiree HRA Plan.

Further, if you qualified for benefits under the Texaco Separation Pay Plan, you may be eligible for retiree medical coverage. For a copy of the **Texaco Separation Pay Plan** summary plan description, please contact the Chevron HR Service Center.

If You Are a Former Texaco Employee Who Retired Before July 1, 2002

For the most part, if you were considered a retiree or survivor with eligibility for health benefits as of June 30, 2002, you also are eligible for at least some or all of the retiree health benefits and the Retiree HRA Plan. Also, if you retired before July 1, 2002, your heritage company eligibility and cost-subsidy rules generally apply.

For instance, before July 1, 2002, dental coverage was only for those who retired from Chevron and for their dependents. A company contribution for dental coverage is not available to former Texaco, former Getty, former Caltex, or former Amoseas employees who retired before July 1, 2002, or to their survivors.

A company contribution for dental coverage is not available for those who retired from Gulf before July 1, 1986 or to their survivors.

Former Unocal Employee

If You Are a Former Unocal Employee Who Retired On or After July 1, 2006

Former Unocal employees are individuals who were employed by Unocal immediately prior to its merger with Chevron Corporation and who have not been terminated and rehired by Chevron since the merger with Unocal.

If you retired at or after age 50 and had 10 or more years of health and welfare eligibility service, you're eligible for retiree health benefits and the Retiree HRA Plan. You do not need to have five years of health and welfare eligibility service since your last rehire date.

If you qualified for certain benefits under the Unocal Termination Allowance Plan Change of Control benefits and/or the Special Continuation Coverage provision of the Unocal Medical Plan, you may be eligible for retiree health benefits and the Retiree HRA Plan.

If You Are a Former Unocal Employee Who Retired Before July 1, 2006

For the most part, if you were considered a retiree or survivor with eligibility for health care benefits as of June 30, 2006, you also are eligible for at least some or all of the retiree health benefits and the Retiree HRA Plan.

For instance, dental coverage was not offered under the former Unocal retiree health benefits program. Therefore, a company contribution for dental coverage is not available to former Unocal employees who retired before July 1, 2006, or to their survivors.

eligible dependent

This section describes eligible dependents for participation in the retiree health benefits offered by Chevron. You can enroll dependents in most of the retiree health benefits offered by Chevron if they meet the qualifications of an **eligible dependent** (or a **surviving dependent** of an eligible retiree) and satisfy the **enrollment milestones** as explained later in this chapter. Eligible dependents include your spouse or domestic partner and eligible children, all defined in this section.

Important: Each individual plan – such as the Retiree HRA Plan – may have other specific eligibility requirements *in addition to* those described in this chapter. See each plan for additional eligibility requirements, if any.

In addition to meeting the definition of an eligible spouse, domestic partner or child, your dependent's eligibility to participate in Chevron health benefits is also subject to additional rules regarding dependent verification, enrollment and participation. See the **Enrollment Milestones** section in this chapter for further information.

Eligible Spouse

If you're legally married under the law of a state or other jurisdiction where the marriage took place, you can enroll your spouse for health benefits. However, you can't enroll your spouse for coverage if he or she is any of the following:

- Enrolled as an eligible employee.
- Enrolled as an eligible retiree.
- On active duty in the armed forces of any state, country or international authority.

Before you can enroll your spouse for coverage, or anytime while your spouse is enrolled, you may be required to provide proof that you're legally married.

Chevron Couples

If both you and your eligible spouse or domestic partner are an eligible, active employee or an eligible retiree you may have options regarding your health coverage enrollment:

- Each of you can enroll for your own separate Chevron health coverage as an individual.
- One of you can cover the other as a dependent.
- If one person is still a Chevron active employee, you have the option to continue to cover the Chevron retiree as a dependent on the Chevron active employee group health coverage — regardless of age.
- Only one of you can enroll any eligible children for coverage.

Eligible Domestic Partner

You can enroll your domestic partner for health benefits if you retired from Chevron after January 1, 1998. (However, former Gulf, former Texaco, former Getty, former Caltex, and former Amoseas employees who retired before July 1, 2002, and former Unocal employees who retired before July 1, 2006, are not eligible to cover a domestic partner.)

To qualify for benefits available to domestic partners of Chevron retirees, you must register your partner with Chevron. To do so, you and your partner must obtain and sign the **Chevron Affidavit of Domestic Partnership (F-6)** form. This form is available by calling the HR Service Center. The original of the affidavit must be notarized and sent to the HR Service Center. By signing the affidavit, you certify that you and your partner meet one of the following qualifications:

1. You and your partner are all of the following:
 - At least age 18 and of legal age.
 - Mentally competent to enter into contracts.
 - Jointly responsible for each other's welfare and financial obligations and have lived together for at least six months prior to signing the affidavit.
 - In an intimate, committed relationship of mutual caring that has existed for at least six months prior to the signing of the affidavit and it is expected to continue indefinitely.
 - Not related by blood.
 - Not married to anyone other than each other.
2. You live in California and meet all of the requirements of the California Family Code section 297 definition of a domestic partner, including the requirement to have registered your domestic partner with the Secretary of State's office. For more information, visit the California Domestic Partnership website at www.sos.ca.gov/registries/domestic-partners-registry/.
3. You live in another state (such as Colorado, District of Columbia, Hawaii, Illinois, Maine, Nevada, New Jersey, Oregon, Washington, Wisconsin and others) that recognizes civil unions or state-recognized domestic partnerships and have entered into a civil union or state-recognized domestic partnership and reside in that state.
4. You and your partner have entered into a civil union in a state that recognizes civil unions, but reside in a state where that civil union is not recognized.
5. You meet other criteria set forth in the **Chevron Affidavit of Domestic Partnership**.

Note that you must enroll your domestic partner and his or her eligible children within 31 days of the date you first meet one of the qualifications above. Also, the **Chevron Affidavit of Domestic Partnership (F-6)** form must be completed and notarized within the 31 days.

You can't enroll your domestic partner for coverage if he or she is any of the following:

- Enrolled as an eligible employee.
- Enrolled as an eligible retiree.
- On active duty in the armed forces of any state, country or international authority.

Eligible Children and Other Dependents

You can enroll a **dependent child** for coverage if he or she is all of the following:

- You or your spouse's/domestic partner's natural child, step child, legally adopted child, foster child, or a child who has been placed with you or your spouse/domestic partner for adoption.
- Younger than age 26. Coverage continues until the end of the month in which your child turns age 26.

You can enroll an **"other dependent"** for coverage if he or she is all of the following:

- Not married.
- Younger than age 26. Coverage continues until the end of the month in which your other dependent turns age 26.
- Is a member of your household.
- Someone for whom you act as a guardian.
- Dependent on you (or on your spouse/domestic partner) for more than 50 percent of his or her financial support.

Your child or other dependent isn't eligible for coverage if he or she is any one of the following:

- Covered as a dependent by another eligible employee or eligible retiree.
- Covered as an eligible employee.

Before your child can be enrolled, you may be required to provide proof of his or her eligibility.

Coverage can continue after the child reaches age 26, provided he or she is enrolled in the plan and meets the plan's definition of **incapacitated child** as outlined in the **Glossary** chapter of this summary plan description. When the child reaches age 26 and periodically thereafter, Chevron Corporation will require you to provide documentation stating that the child continues to be incapacitated.

Incapacitated children over age 26 can be added to coverage only if they were disabled before age 26 and had other health care coverage immediately before being added as a dependent under a Chevron plan. You will be required to provide documentation of both conditions. Incapacitated children added after age 26 also can include a brother, sister, stepbrother or stepsister if he or she meets the definition of **incapacitated child** as outlined in the **Glossary**.

For chronic disabilities, as determined by Anthem Blue Cross (Anthem) (who manages the certification of chronic disabilities for all Chevron health plans), you must provide documentation every two years. If the disability is not chronic, Anthem will determine how frequently you will need to provide such documentation. For details, contact the HR Service Center.

Eligible Survivors

In general, if you die, your enrolled, eligible dependents may be able to participate in either COBRA or **continuation coverage** or **survivor health coverage**. In all cases, your survivor(s) must take action to report your death to the HR Service Center within 31 days of your death to remain eligible for coverage. See the **If You Die** chapter of this summary plan description for further details and requirements.

enrollment milestones

The information in this section assumes you, the retiree, are eligible for Chevron retiree health benefits and your dependent(s) also meet the definition of an eligible dependent.

All benefits-eligible retirees must enroll in Chevron retiree health benefits and/or the Retiree HRA Plan upon reaching certain **enrollment milestones** as described in this section. You must also enroll your eligible dependents at certain enrollment milestones. If you miss these select opportunities to enroll, you and your eligible dependents must wait until the next applicable enrollment milestone, *if any*, to return to Chevron retiree health benefits and/or the Retiree HRA Plan in the future.

The basic enrollment milestones, as described in this chapter, are as follows:

- When you retire from Chevron.
- At the loss of Chevron COBRA coverage (including Chevron subsidized COBRA).
- When you lose Chevron or other employer group health coverage.
- When you turn age 65 and become Medicare eligible.

How to Enroll

See the **Participation** chapter, **How to Enroll** section of this summary plan description for information about how to enroll in the Retiree HRA Plan and/or health benefits offered to Chevron eligible retirees and their eligible dependents.

When You Retire from Chevron

Your retirement from Chevron is an enrollment milestone.

- **If you or any eligible dependents are pre-65, contact the HR Service Center within 31 days of your termination date to enroll in retiree pre-65 group health coverage.**
 - **If you are a pre-65 eligible retiree**, you must be enrolled in Chevron pre-65 group health coverage (medical only, dental only or both medical and dental) for your pre-65 dependents to also be eligible for Chevron group health coverage. Note that COBRA continuation coverage is not group health coverage.
 - **If you are a pre-65 eligible retiree**, you must be enrolled in *at least* Chevron group **medical** coverage for your post-65 dependents to be eligible for the Retiree HRA Plan.
 - **If you are a post-65 eligible retiree**, you must be enrolled in *at least medical* coverage through OneExchange for your pre-65 dependents to be eligible for Chevron group health coverage.
- **If you or any eligible dependents are post-65, Medicare Part A and Part B are required to enroll in health coverage through OneExchange and to activate your Retiree HRA Plan. Coverage is not automatic.**
 - Start enrollment in Medicare Part A and Medicare Part B at least **four months** in advance of your termination date. See the **Participation** chapter in this summary plan description for more details.
 - Call OneExchange **three months** in advance of your termination date to understand and begin the enrollment process. Failure to timely enroll through OneExchange could result in a gap in coverage.
 - Call the HR Service Center within **31 days** of your termination date from Chevron to activate the Retiree HRA Plan for post-65 eligible participants.
 - **Post-65 eligible participants** must enroll in *at least medical* coverage through OneExchange to be eligible to participate in the Retiree HRA Plan.
 - **If you are a post-65 retiree**, you must be enrolled in *at least medical* coverage through OneExchange for your pre-65 dependents to be eligible for Chevron group health coverage.
 - **If you are a post-65 eligible retiree**, you must be enrolled in *at least medical* coverage through OneExchange for your post-65 dependents to be eligible for the Retiree HRA Plan.
 - **If you are a pre-65 eligible retiree**, you must be enrolled in *at least* Chevron group **medical** coverage for your post-65 dependents to be eligible for the Retiree HRA Plan. Note that COBRA continuation coverage is not group health coverage.
- **You can add eligible dependents to your coverage at this milestone.**
 - If you don't want to add dependents at this enrollment milestone, be sure to understand the restrictions regarding adding dependents to coverage at a later date. See **Additional Dependent Enrollment and Participation Requirements** later in this section for further information and restrictions.

Request an Intent to Retire Package

Contact the HR Service Center and request an **Intent to Retire** package as early as **three months** prior to your retirement date for information and instructions regarding health, welfare and pension benefits. Go to the **Retirement Resources** information on hr2.chevron.com at any time for more information about retirement, how it affects your Chevron benefits, and enrollment instructions and deadlines.

At the Loss of Chevron COBRA Coverage

The loss of Chevron COBRA coverage is an enrollment milestone.

- **If you are a pre-65 eligible retiree, you can enroll at the end of Chevron subsidized COBRA or at the end of your Chevron COBRA eligibility period (generally 18 months).**
 - You must call the HR Service Center to enroll **within 31 days** of loss of Chevron subsidized COBRA or Chevron COBRA. Coverage is generally not automatic.
 - You must be enrolled in Chevron pre-65 group health coverage (medical only, dental only or both medical and dental) for your **pre-65 dependents** to also be eligible for Chevron group health coverage.
 - You must be enrolled in *at least* Chevron group **medical** coverage for your **post-65 dependents** to be eligible for the Retiree HRA Plan.
 - If you miss this deadline, you must wait until the next applicable milestone – if any – to enroll.

- **If you are a post-65 eligible retiree, you can enroll when COBRA ends for any reason, including the end of Chevron subsidized COBRA or at the end of your Chevron COBRA eligibility period. Coverage under retiree health benefits is not automatic.**
 - Contact OneExchange **three months** in advance of your COBRA ending date to understand and begin the enrollment process. Failure to timely enroll through OneExchange could result in a gap in coverage.
 - **Medicare Part B** is required to enroll in health coverage through OneExchange or to activate the Retiree HRA Plan.
 - Call the HR Service Center within **31 days** of the date COBRA ends to activate the Retiree HRA Plan for post-65 eligible participants.
 - **Post-65 eligible participants** must enroll in *at least medical* coverage through OneExchange to be eligible to participate in the Retiree HRA Plan.
 - **If you are a post-65 retiree**, you must be enrolled in *at least medical* coverage through OneExchange for your pre-65 dependents to be eligible for Chevron group health coverage.
 - **If you are a post-65 eligible retiree**, you must be enrolled in *at least medical* coverage through OneExchange for your post-65 dependents to be eligible for the Retiree HRA Plan.

- **You can add eligible dependents to your coverage at this milestone, but your dependents must have also been enrolled in Chevron COBRA coverage to be eligible to enroll in the Retiree HRA Plan and/or health coverage offered to Chevron retirees.**
 - If you don't want to add dependents at this enrollment milestone, be sure to understand the restrictions regarding adding dependents to coverage at a later date. See **Additional Dependent Enrollment and Participation Requirements** later in this section for further information and restrictions.

When You Lose Chevron or Other Employer Group Health Coverage

The loss of Chevron or other employer group health plan coverage is an enrollment milestone. If you — the Chevron eligible retiree — are covered (whether as a primary or as a dependent) under Chevron or another employer's group health coverage and you lose that coverage — regardless of your age — you must call the HR Service Center to enroll within **31 days** of the loss of employer group health coverage. You will be asked to provide proof of loss of employer group health coverage for you and any eligible dependents.

An **employer group health plan** is defined as an employee health benefit plan established or maintained by an employer or by an employee organization (such as a union), or both, that provides medical care for participants or their dependents directly or through insurance, reimbursement, or otherwise. Retiree health insurance from a former employer or union, or COBRA continuation coverage are not considered coverage based on current employment and therefore do not qualify as an employer group health plan for purposes of Chevron's enrollment milestones and the Retiree HRA Plan.

- **For pre-65 Chevron retiree group health coverage:**
 - You must call the HR Service Center to enroll **within 31 days** of loss of employer group health coverage. Coverage is generally not automatic.
 - **If you are a pre-65 eligible retiree**, you must be enrolled in Chevron pre-65 group health coverage (medical only, dental only or both medical and dental) for your pre-65 dependents to also be eligible for Chevron group health coverage. Note that COBRA continuation coverage is not considered group health coverage.
 - **If you are a pre-65 eligible retiree**, you must be enrolled in *at least* Chevron group **medical** coverage for your post-65 dependents to be eligible for the Retiree HRA Plan. Note that COBRA continuation coverage is not considered group health coverage.
 - **If you are a post-65 eligible retiree**, you must be enrolled in *at least medical* coverage through OneExchange for your pre-65 dependents to be eligible for Chevron group health coverage.
- **For post-65 individual health coverage through OneExchange and the Retiree HRA Plan:**
 - **Medicare Part A and Part B** is required to enroll in post-65 health coverage through OneExchange and to activate the Retiree HRA Plan.
 - Call the HR Service Center **within 31 days** of your loss of employer group health coverage to activate the Retiree HRA Plan for post-65 eligible participants.
 - Contact OneExchange **three months** in advance (if possible) of loss of your employer group health coverage to understand and begin the post-65 health coverage enrollment process.
 - **If you are a pre-65 eligible retiree**, you must be enrolled in *at least* Chevron group **medical** coverage for your post-65 dependents to be eligible for the Retiree HRA Plan. Note that COBRA continuation coverage is not considered group health coverage.
 - **If you are a post-65 retiree**, you must be enrolled in *at least medical* coverage through OneExchange for your pre-65 dependents to be eligible for Chevron group health coverage.
 - **If you are a post-65 eligible retiree**, you must be enrolled in *at least medical* coverage through OneExchange for your post-65 dependents to be eligible for the Retiree HRA Plan.
- **You can add eligible dependents to coverage at this milestone, as long as they are also losing the same employer group health coverage.**
 - If you don't want to add dependents at this enrollment milestone, be sure to understand the restrictions regarding adding dependents to coverage at a later date. See **Additional Dependent Enrollment and Participation Requirements** later in this section for further information and restrictions.

When You Turn Age 65 and Become Medicare-Eligible

Turning age 65 and becoming Medicare-eligible is an enrollment milestone. When you — the Chevron eligible retiree — turn age 65, you may enroll yourself and eligible dependents in Chevron retiree health benefits and/or the Retiree HRA Plan at this time.

- **Post-65 participants are eligible to enroll in the individual medical, prescription drug, dental and vision coverage offered to Chevron retirees through OneExchange.**
OneExchange will mail information and enrollment instructions to eligible retirees and eligible dependents in advance of turning age 65, but in general:
 - **Medicare Part A and Part B** is required to enroll in post-65 health coverage through OneExchange and to activate the Retiree HRA Plan. Start enrollment in Medicare Part A and Medicare Part B at least **four months** in advance of turning age 65. Failure to timely enroll in Medicare Part B could result in a gap in coverage. See the **Participation** chapter, **Enroll in Medicare Part A and Part B** section for more details.
 - Call OneExchange **three months** in advance of turning 65 to understand and begin the enrollment process. Failure to timely enroll through OneExchange could result in a gap in coverage.
- **Post-65 participants are eligible to start participating in the Retiree HRA Plan.**
 - Post-65 eligible participants must enroll in *at least medical* coverage through OneExchange to be eligible to participate in the Retiree HRA Plan.
 - **Medicare Part A and Part B** is required to enroll in post-65 health coverage through OneExchange and to activate the Retiree HRA Plan. Start enrollment in Medicare Part A and Medicare Part B at least **four months** in advance of turning age 65.
 - Call the HR Service Center **within 31 days** of turning 65 to activate the Retiree HRA Plan for post-65 eligible participants.
 - **If you are a pre-65 eligible retiree**, you must be enrolled in *at least* Chevron group **medical** coverage for your post-65 dependents to be eligible for the Retiree HRA Plan. Note that COBRA continuation coverage is not considered group health coverage.
 - **If you are a post-65 eligible retiree**, you must be enrolled in *at least medical* coverage through OneExchange for your post-65 dependents to be eligible for the Retiree HRA Plan.
- **Pre-65 eligible dependents are eligible to enroll in Chevron group health coverage.**
 - Call the HR Service Center **within 31 days** of turning 65 to enroll pre-65 eligible dependents.
 - You must be enrolled in *at least medical* coverage through OneExchange for your pre-65 dependents to be eligible for Chevron group health coverage.
- **You can add eligible dependents to coverage at this milestone.**
 - If you don't want to add dependents at this enrollment milestone, be sure to understand the restrictions regarding adding dependents to coverage at a later date. See **Additional Dependent Enrollment and Participation Requirements** later in this section for further information and restrictions.

Additional Dependent Enrollment and Participation Requirements

In addition to meeting the definition of an eligible spouse, domestic partner or child, your dependent's eligibility to participate in Chevron retiree health benefits is also subject to the following additional rules regarding dependent verification, enrollment and participation.

Dependent Participation is Tied to Retiree Participation

Your dependent's eligibility to participate in health benefits is tied to your — the retiree's — participation:

- **If you are a pre-65 eligible retiree**, you must be enrolled in Chevron pre-65 group health coverage (medical only, dental only or both medical and dental) for your pre-65 dependents to also be eligible for Chevron group health coverage. Note that COBRA continuation coverage is not group health coverage.
- **If you are a pre-65 eligible retiree**, you must be enrolled in *at least* Chevron group **medical** coverage for your post-65 dependents to be eligible for the Retiree HRA Plan. Note that COBRA continuation coverage is not group health coverage.
- **If you are a post-65 eligible retiree**, you must be enrolled in *at least medical* coverage through OneExchange for your pre-65 dependents to be eligible for Chevron group health coverage.
- **If you are a post-65 eligible retiree**, you must be enrolled in *at least medical* coverage through OneExchange for your post-65 dependents to be eligible for the Retiree HRA Plan.
- You must enroll eligible dependents in Chevron retiree health benefits upon reaching certain enrollment milestones to maintain their eligibility for coverage. See **Enrollment Milestones** in this section for limited exceptions.

Dropping Dependents from Health Coverage

It's always your choice to drop eligible dependents from health benefits offered to Chevron retirees, but your ability to add your eligible dependents to retiree health benefits again at a later date depends on your age and the age of your dependent:

- **If you are pre-65 and enrolled in Chevron pre-65 group health coverage (medical only, dental only or both medical and dental), and you drop a pre-65 eligible dependent:**
 - You may add pre-65 eligible dependents back to Chevron pre-65 group health coverage during Chevron's open enrollment period or within 31 days of a qualifying life event — for example marriage or due to loss of other employer group health coverage — as long as the dependent continues to meet eligibility requirements and both you and your dependent are under age 65.
- **If you are pre-65 and enrolled in Chevron pre-65 group health coverage (medical only, dental only or both medical and dental), and you drop a post-65 eligible dependent:**
 - The dependent's Retiree HRA Plan participation will be canceled. You must wait until the next applicable enrollment milestone – *if any* – to re-enroll your post-65 eligible dependent in the Retiree HRA Plan.
- **If you are post-65 and you drop dependents from coverage**, your dependents cannot be added back to the Retiree HRA Plan or the health benefits offered to Chevron retirees, regardless of age.

Adding Dependents to Health Coverage and/or Retiree HRA Plan

You can add eligible dependents to the Retiree HRA Plan and/or the health benefits offered to Chevron retirees according to the rules described for each of the enrollment milestones. If you don't add eligible dependents when you enroll at these milestones, your ability to add dependents at a later date depends on your age and the age of your dependent:

- **If you are pre-65** and enrolled in Chevron pre-65 group health coverage (medical only, dental only or both medical and dental), you may add pre-65 eligible dependents to Chevron pre-65 group health coverage during Chevron's open enrollment period or within 31 days of a qualifying life event - for example marriage or due to loss of other employer group health coverage - as long as the dependent continues to meet eligibility requirements and both you and your dependent are under age 65.
- **If you are pre-65** and enrolled in Chevron pre-65 group health coverage (medical only, dental only or both medical and dental), your post-65 eligible dependents *cannot* be added to the Retiree HRA Plan. You must wait until the next applicable enrollment milestone – *if any* – to enroll your post-65 eligible dependents in the Retiree HRA Plan.
- **If you are post-65** and enrolled in post-65 OneExchange coverage, you can continue to cover eligible dependents that are already currently enrolled in health coverage offered to Chevron retirees, but you cannot enroll any other existing or new dependents that are not currently enrolled.

important considerations when you leave chevron

Retirement from Chevron is an important enrollment milestone for retiree health benefits.

If you qualify as an eligible retiree at the time of your termination of employment with Chevron, you will have these options for you and your enrolled, eligible dependents:

- Elect to temporarily continue the employee health benefits for which you (and your eligible dependents) are enrolled through **COBRA continuation coverage**. Note that you and your eligible dependents cannot simultaneously participate in both COBRA and Chevron retiree health benefits. See considerations for this enrollment option on page 28.
- Elect **Chevron retiree health coverage and/or the Retiree HRA Plan** (as applicable). See considerations for this enrollment option on page 30.
- **Waive both Chevron retiree health coverage and Chevron COBRA coverage**. See considerations for this enrollment option on page 32.

Although you have these three options at this milestone, there are several important considerations to evaluate before you make a decision.

COBRA Continuation Coverage May Affect Post-65 Health Coverage Choices

If you choose to participate in COBRA continuation coverage prior to starting Chevron retiree health benefits, there can be a significant impact to your post-65 individual medical and prescription drug plan choices through OneExchange due to guarantee issue rules. Contact OneExchange to discuss this guarantee issue situation further prior to making an enrollment decision.

Request an Intent to Retire Package

Contact the HR Service Center and request an **Intent to Retire** package as early as three months prior to your retirement date for information and instructions regarding health, welfare and pension benefits. Go to the **Retirement Resources** information on hr2.chevron.com at any time for more information about retirement, how it affects your Chevron benefits, and enrollment instructions and deadlines.

Option - Electing COBRA Continuation Coverage

The federal legislation known as the Consolidated Omnibus Budget Reconciliation Act (COBRA) allows certain employees and their covered dependents to continue participation in company sponsored health care plans beyond the time when it would normally end. COBRA coverage applies when certain qualifying events occur, such as a termination of employment. Chevron is required to offer you the right to continue your health coverage under the provisions of COBRA. Pursuant to Chevron policy, your domestic partner and any of your domestic partner's dependent children who are covered by a Chevron health plan on the day before a qualifying event occurs – in this case your termination from Chevron – are also eligible for continuation coverage that is similar to COBRA.

General COBRA highlights are included below; be sure to see the **COBRA Continuation Coverage** chapter in the summary plan description for each of your *active* employee health benefits for more information about COBRA coverage. Active employee summary plan descriptions are available on hr2.chevron.com or by calling the HR Service Center.

- **COBRA coverage is available for these plans:** medical, dental, Mental Health and Substance Abuse Plan, Vision Plus Program, Health Care Spending Account (HCSA), Health Decision Support and the Healthy Heart Program.
- **You must make an election to continue coverage for you and any eligible dependents.** Enrollment is not automatic. You have 60 days from the date the COBRA package is postmarked or your termination date (whichever is later) to elect coverage.
- **You're only eligible to elect COBRA coverage for the plans in which you're enrolled at the time of your termination of employment.** So if you're not enrolled in Chevron plan(s) at the time of your termination, you cannot elect COBRA coverage.
- **You're only eligible to elect COBRA coverage for eligible dependents that are enrolled at the time of your termination of employment.** And your dependents can only elect continuation coverage for the plans in which they are enrolled at the time of your termination of employment. So if your dependents are not enrolled in Chevron plan(s), you cannot elect COBRA coverage for those dependents.
- **The cost for COBRA coverage is 102 percent of the total group cost.** The total group cost is the employee contribution plus the company contribution. In general, with few exceptions, the company does not contribute to (or subsidize) COBRA coverage. **In addition, you cannot participate in the Retiree HRA Plan and receive a company contribution to the HRA while you participate in COBRA.**
- **COBRA coverage is available for a limited time.** COBRA coverage is typically available for up to 18 months. In some cases due to disability or subsequent qualifying events, coverage may be available up to 29 or 36 months.
- **Your enrollment will be retroactive to the date your active employee coverage ended,** if you elect COBRA coverage within the 60-day deadline.

COBRA Continuation Coverage May Affect Post-65 Health Coverage Choices

If you choose to participate in COBRA continuation coverage prior to starting Chevron retiree health benefits, there can be a significant impact to your post-65 individual medical and prescription drug plan choices through OneExchange due to guarantee issue rules. Contact OneExchange to discuss this guarantee issue situation further prior to making an enrollment decision.

What to Expect When You Retire

Within 44 days after you terminate employment, you'll receive a package of information and costs for COBRA coverage from ADP Benefit Services, Chevron's COBRA administrator. In certain situations the cost of COBRA coverage may actually be less than the cost for retiree medical coverage. When your employment ends, your active employee coverage is terminated until you submit your COBRA election forms and payment. All terminated employees will receive a COBRA package within 44 days of leaving Chevron, *even if you're eligible for Chevron retiree medical coverage.*

If you decide to elect COBRA coverage, minimize the lapse in coverage between active employee coverage and COBRA coverage by returning your election form and payment as soon as possible. If you elect to continue coverage through COBRA, your enrollment will be retroactive to the date your active employee coverage ended. If you incur any eligible health care expenses before the plan carrier(s) have been notified of your reinstated coverage, you can submit a claim directly to your carrier for reimbursement. This means you may have to pay out of your own pocket at the time of service and submit a claim to be reimbursed later.

Cost of COBRA Coverage

The **costs** for Chevron retiree health coverage and COBRA continuation coverage will differ. Keep in mind the company contributes to retiree health coverage, if you're eligible, but generally doesn't contribute to COBRA continuation coverage (except in limited circumstances). In addition, you cannot participate in the Retiree HRA Plan and receive a company contribution to the HRA while you participate in COBRA. The **COBRA package** you will receive from ADP within 44 days after termination of your employment will provide cost information for COBRA continuation coverage choices. You can also call the HR Service Center prior to leaving Chevron for COBRA cost information. Generally, you'll be responsible for paying the full cost of coverage plus a 2% administrative fee.

What if I Die?

Please see the **If You Die** chapter for more information about access to pre-65 and post-65 health benefits for your eligible dependents in the event you die while participating in COBRA continuation coverage.

Choosing Chevron Retiree Health Coverage After COBRA Period

If you elect COBRA continuation coverage when you retire, then you must wait until the next enrollment milestone to start retiree pre-65 or post-65 health coverage. There is, however, an enrollment milestone for the loss of Chevron COBRA coverage. If you miss loss of COBRA milestone to enroll, you and your eligible dependents must wait until the next applicable milestone – if any. Please see more information about this loss of COBRA coverage enrollment milestone in the **Enrollment Milestone** section of this chapter.

Option - Electing Retiree Health Benefits

Your retirement from Chevron is an enrollment milestone, so you are permitted to elect retiree health coverage and/or the Retiree HRA Plan for you and your eligible dependents. General considerations regarding retiree health benefits are included below, but be sure to see more information about this enrollment milestone in the **Enrollment Milestone** section of this chapter.

Dependent Coverage

This is one of the few milestones in which you can add eligible dependents to health coverage and/or the Retiree HRA Plan, even if they were not enrolled in your Chevron health coverage when you left Chevron. Keep in mind that your dependent's eligibility to participate in health benefits is tied to your — the retiree — participation, so:

- **If you are a pre-65 eligible retiree**, you must be enrolled in Chevron pre-65 group health coverage (medical only, dental only or both medical and dental) for your pre-65 dependents to also be eligible for Chevron group health coverage. Note that COBRA continuation coverage is not considered group health coverage.
- **If you are a pre-65 eligible retiree**, you must be enrolled in *at least* Chevron group *medical* coverage for your post-65 dependents to be eligible for the Retiree HRA Plan. Note that COBRA continuation coverage is not considered group health coverage.
- **If you are a post-65 eligible retiree**, you must be enrolled in *at least* medical coverage through OneExchange for your pre-65 dependents to be eligible for Chevron group health coverage.
- **If you are a post-65 eligible retiree**, you must be enrolled in *at least* medical coverage through OneExchange for your post-65 dependents to be eligible for the Retiree HRA Plan.

Important Enrollment Timing Information

If you miss this enrollment milestone, you and your eligible dependents must wait until the next applicable milestone – if any – to enroll in retiree health benefits. For this reason it's important to understand the timing necessary for enrollment in retiree health benefits. See the **Enrollment Milestones** section for more details.

- **If you or any eligible dependents are pre-65**, contact the HR Service Center within 31 days of your termination date to enroll in retiree pre-65 group health coverage.
- **If you or any eligible dependents are post-65**, Medicare Part B is *required* to enroll in health coverage through OneExchange and to activate the Retiree HRA Plan. In addition, post-65 eligible participants must enroll in *at least* medical coverage through OneExchange to be eligible to participate in the Retiree HRA Plan. Coverage is not automatic.
 - Start enrollment in Medicare Part A and Medicare Part B at least **four months** in advance of your termination date to avoid a gap in health coverage. See the **Participation** section for more details.
 - Call OneExchange **three months** in advance of your termination date to understand and begin the enrollment process. Failure to timely enroll through OneExchange could result in a gap in coverage.
 - Call the HR Service Center within **31 days** of your termination date from Chevron to activate the Retiree HRA Plan for post-65 eligible participants.
- Even if you elect Chevron retiree coverage for yourself and your eligible dependents, you may still change your mind and elect **COBRA continuation coverage** as long as you do so within the

60-day COBRA continuation coverage election period. If you elect COBRA continuation coverage, Chevron retiree coverage will be retroactively canceled.

Learn About Coverage Choices

- For **pre-65 health benefits**, see the **Chevron Pre-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree for a description of pre-65 eligible retiree and pre-65 eligible dependent health benefit choices.
- For **post-65 health benefits**, this summary plan description, **Chevron Post-65 Retiree Health Benefits** describes post-65 individual health coverage and the Retiree HRA Plan choices for post-65 eligible retirees and their post-65 eligible dependents.

Cost of Coverage

The **costs** for Chevron retiree health coverage and COBRA continuation coverage will differ. Keep in mind the company contributes to retiree health coverage, if you're eligible.

- The information provided to you in your **When You Leave Chevron** package from the Chevron HR Service Center at the time you terminate employment with Chevron will provide more information about the cost for pre-65 retiree group health coverage (if applicable).
- You can **contact OneExchange** for information about the costs for post-65 retiree coverage (if applicable) prior to your termination from Chevron. Please note that OneExchange cannot provide information about the company contribution to the Retiree HRA Plan, if eligible, prior to leaving Chevron.

What if I Die?

Please see the **If You Die** chapter for more information about access to pre-65 and post-65 health benefits for your eligible dependents in the event you die while participating in Chevron retiree health benefits.

Option – Waiving Chevron Retiree Health Benefits and Chevron COBRA Continuation Coverage

You can choose to decline enrollment in Chevron retiree health benefits or Chevron COBRA coverage when you retire. You might have access to group health plan coverage through another employer, your spouse's employer's group health plan or other private insurance; the choice is yours.

If you choose to waive Chevron retiree health benefits *and* Chevron COBRA coverage, keep in mind:

- You must wait until the next applicable enrollment milestone, *if any*, to start retiree health coverage in the future. See the **Enrollment Milestones** section for more information. Chevron open enrollment is not considered an enrollment milestone.
- Your ability to add dependents to your Chevron retiree health coverage in the future will be limited. You can only enroll your eligible dependents at certain enrollment milestones, if any. Be sure to carefully review the **Enrollment Milestones** section for more information about these restrictions.
- In some situations you and your eligible dependents may lose eligibility to participate in the Retiree HRA Plan in the future. See the **Enrollment Milestones** section to understand the implications for future participation in retiree the Retiree HRA Plan.
- If you die and are not covered under Chevron retiree coverage or Chevron COBRA coverage, your surviving dependents may not have access to this Chevron coverage in the future, depending on the situation. *Please be aware that there are risks associated with choosing to waive Chevron retiree health benefits.* See the **If You Die** chapter of this summary plan description for more information.

participation

This section provides important information about participation in Chevron's retiree health benefits for eligible retirees and eligible dependents.

how to enroll

enroll in medicare part a and part b

paying for post-65 coverage

making changes to post-65 health benefits

when post-65 participation begins

when post-65 participation ends

how to enroll

This section provides information about how to enroll for retiree health benefits for you and your dependents. The information in this section assumes you, the retiree, are eligible for Chevron retiree health benefits and your dependent(s) also meet the definition of an eligible dependent. It also assumes you are enrolling at any of the approved enrollment milestones. Please see the **Eligibility** and **Participation** chapters of this summary plan description for enrollment requirements and timelines.

Enrollment at Milestones

All benefits-eligible retirees may enroll in Chevron retiree health benefits and/or the Retiree HRA Plan upon reaching certain enrollment milestones as described in the **Eligibility** chapter, **Enrollment Milestones** section of this summary plan description. You must also enroll your eligible dependents at certain enrollment milestones. If you miss these select opportunities to enroll, you and your eligible dependents must wait until the next applicable enrollment milestone, *if any*, to return to Chevron retiree health benefits and/or the Retiree HRA Plan in the future.

The basic enrollment milestones, as described in the **Eligibility** chapter, are as follows:

- When you retire from Chevron.
- At the loss of Chevron COBRA coverage (including Chevron subsidized COBRA).
- When you lose Chevron or other employer group health coverage.
- When you turn age 65 and become Medicare eligible.

If you reach an enrollment milestone, you must make a timely election for yourself (and your eligible dependents, if applicable) to enroll in available retiree health benefits, if desired. Coverage is not automatic.

- **Post-65 eligible participants:**
 - Start enrollment in Medicare Part A and Medicare Part B at least four months in advance of an enrollment milestone, if you're not already enrolled. See the **Enroll in Medicare Part A and Medicare Part B** section for more details.
 - Call OneExchange **three months** in advance of an enrollment milestone to understand and begin the enrollment process. Failure to timely enroll through OneExchange could result in a gap in coverage.
 - Call the HR Service Center within **31 days** of an enrollment milestone to report the event and activate the Retiree HRA Plan for post-65 eligible participants, if applicable.
- **Pre-65 eligible participants:**
 - Call the HR Service Center within **31 days** of an enrollment milestone to report the event and to enroll in pre-65 group health coverage, if applicable.

Before a dependent's enrollment is processed, you may be required to provide proof of his or her eligibility (that is, a marriage license, a birth certificate or adoption papers). In addition, before you can enroll your domestic partner for coverage, you must file a notarized *Chevron Affidavit of Domestic Partnership (F-6)* form. To request a form, call the HR Service Center.

Enrollment in a Post-65 Individual Health Plan Through OneExchange

Call OneExchange **three months** in advance of an enrollment milestone to understand and begin the enrollment process for post-65 individual health coverage. You will work directly with your own OneExchange benefit advisor who will walk you through the entire decision-making and enrollment process. Your benefit advisor 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 eligible dependents.
- Ongoing customer support when using your plan(s) or considering new types of coverage, as well as managing your payments and HRA claims for reimbursement.

You'll enroll over the phone through a two-part telephonic process with your benefit advisor.

- You may have anyone on the phone with you when you enroll.
- You may also assign someone to gather this information for you, and help you in the decision process. And if the person you wish to involve does not live near you, OneExchange can conduct a three-way call for you.
- There's a lot to discuss and consider, and depending on the amount of preliminary preparation you do, enrollment calls can last as short as **30 minutes** or as long as **two hours** in some situations. Your benefit advisor is there as long as it takes to answer your questions and help you consider your choices.
- Create and update your personal profile on the OneExchange website prior to your enrollment appointment. This step is not required, but it does make for an easier and quicker enrollment.

Enrollment of Eligible Survivors

Your eligible survivor(s) must take action to report your death to the HR Service Center within **31 days** of your death to remain eligible for health coverage, if applicable. See the **If You Die** chapter in this summary plan description for more detailed information and instructions.

- **Pre-65 eligible survivors** must contact the **HR Service Center** within 31 days of the date of your death to enroll in the health coverage offered to pre-65 survivors.
- **Post-65 eligible survivors** must contact **OneExchange** within 31 days of the date of your death to start enrollment in the individual health coverage offered to post-65 survivors. They must also call the **HR Service Center** within 31 days of the date of your death to activate the Retiree HRA Plan. As a reminder, Medicare Part A and Part B is required to enroll in individual health coverage through OneExchange and to activate the Retiree HRA Plan.

enroll in medicare part a and part b

If you – the retiree – or an eligible dependent are age 65 or older, you're required to enroll in Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance) in order to enroll and participate in the post-65 individual health coverage offered to Chevron retirees through OneExchange. You must have your Medicare information in order to enroll through OneExchange. If you aren't enrolled in Medicare Part A and Part B or don't have the information, OneExchange cannot complete your enrollment. If this situation occurs, it's possible you will experience a gap in health coverage, or in some situations, you will miss the opportunity to participate in retiree health coverage and/or the Retiree HRA Plan until the next enrollment milestone, if any. **For this reason, it's important to take proactive action to enroll in Medicare Part A and Part B; do not wait until on or after an enrollment milestone to act.**

Active Chevron Employee Turning 65

You can apply for Medicare Part A and Part B up to four months prior to turning age 65. You'll receive a package from the HR Service Center approximately three months before turning age 65. This package provides further information and instructions regarding Medicare enrollment while you're an active employee. Remember, while you are an active employee, you'll continue to be eligible to participate in the group health coverage options offered to active employees, regardless of your age. In addition, you can continue to cover your eligible dependents under your active employee group health coverage.

Important: If you have an eligible spouse or domestic partner age 65 or older, be sure to contact Medicare to review rules and determine if your dependent should enroll in Medicare Part A and Part B while still covered under the active employee plans. Depending on your situation, your dependent may need to enroll in Medicare to avoid penalties. Information regarding Medicare and whether you and/or your dependent should sign up for Part B while you're still an employee can also be found at www.medicare.gov.

Active Chevron Post-65 Employee, Ready to Retire

Retiring from Chevron is one of the enrollment milestones; be sure to see the **Eligibility** chapter, **Enrollment Milestones** section to understand the milestones and your enrollment choices prior to retirement. You'll need to start your enrollment process four months prior to your retirement date, as follows:

- If you have not already done so, you should apply for Medicare Part A and Part B up to four months prior to your planned retirement date.
- Contact the HR Service Center and request an **Intent to Retire** package as early as three months prior to your retirement date for information and instructions regarding health, welfare and pension benefits.
- Contact OneExchange to discuss your health coverage options, including how your coverage choices might be affected should you decide to participate in COBRA coverage upon retirement. OneExchange will be able to advise you of the cost and coverage levels for the individual medical, prescription drug, dental and vision plans available in your area. However, OneExchange will not have your monthly company contribution amount to the Retiree HRA Plan until after you leave Chevron.
- Go to the **Retirement Resources** information on hr2.chevron.com for more information about retirement and how it affects your Chevron benefits.

Eligible Retiree (or Eligible Dependent) Becomes Medicare Eligible (Turning Age 65)

You can apply for Medicare Part A and Part B up to four months prior to turning age 65. OneExchange will also send a package to the eligible participant approximately three months in advance of turning age 65. This package provides further information and instructions regarding post-65 health care plan options and enrollment information. Information regarding Medicare and whether you and/or your dependent should sign up for Part B can be found at www.medicare.gov.

Eligible Retiree (or Eligible Dependent) Becomes Medicare Eligible (Under Age 65)

If you or a covered dependent receives Medicare benefits before age 65 due to a disability, you **must** notify the HR Service Center and send a copy of that person's Medicare card within 31 days of becoming eligible for Medicare. The HR Service Center will send you information about the health care options available to pre-65 Medicare participants. If your current plan does not have a Medicare option, you will be able to select a plan that does offer Medicare coverage. When you or a dependent becomes eligible for Medicare due to a disability, the plan will pay benefits as if you had Medicare as your primary payer of claims. Chevron medical plan coverage is secondary, which means it generally supplements what Medicare covers.

Important: If you're Medicare-eligible and enrolled in Chevron medical and prescription drug coverage, contact Medicare to discuss the implications of enrolling in an *additional* non-Chevron Medicare HMO or Medicare Part D Prescription Drug Plan (PDP). Your Chevron medical and prescription drug coverage may be cancelled if you enroll in a non-Chevron sponsored health plan that may offer Medicare prescription drug coverage (even if you choose a medical-only option).

Eligible Retiree (or Eligible Dependent) Living Outside U.S. (Turning Age 65)

If you reside outside of the U.S., you generally cannot receive Medicare benefits (unless you live in a U.S. territory), and OneExchange does not offer post-65 health coverage options outside the U.S. Furthermore, to enroll in post-65 health coverage through OneExchange and receive the Chevron company contribution, you must have a permanent U.S. address. For this reason, if you reside outside the U.S. or in a U.S. territory, you are not eligible to enroll in the retiree health coverage offered to Chevron eligible retirees and their eligible dependents.

paying for post-65 health benefits

You and Chevron currently share the cost of your health benefits. See the **Company Contributions to Health Benefits supplement** for information about how the company contributes to retiree coverage. This section describes how you'll pay for your share of the monthly premium cost for your post-65 health benefits.

Post-65 Individual Health Coverage Offered to Chevron Retirees Through OneExchange

If you enroll in the post-65 individual medical, prescription drug, dental or vision coverage offered to Chevron retirees through OneExchange, you'll pay your insurance premium(s) directly to your chosen insurance carrier.

- How you pay the premium to the carrier — either by check, credit card, or direct debit from your checking — and how often you pay (monthly, quarterly, annually) varies by insurance company.
- After you have received your plan information from your new carrier, you may arrange the type of payment and frequency of the payments directly with the insurance company.
- Some carriers may offer discounts for an advance payment of premium.
- Payment may be required at the time of enrollment application, regardless of when your coverage actually begins.

Late Payment and Cancellation of Coverage

Late payment and cancellation of health coverage policies vary by insurance company and cannot be controlled by Chevron or OneExchange. Contact your carrier directly for applicable policies. As a reminder, you and your eligible dependent must be enrolled in at least Chevron pre-65 group medical coverage or post-65 individual medical coverage through OneExchange to remain eligible to participate in the Retiree HRA Plan. If medical coverage is cancelled, participation in the Retiree HRA Plan ends.

Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan (Retiree HRA Plan)

Post-65 eligible retirees and/or their post-65 eligible dependents will receive the company contribution through a health reimbursement arrangement, or HRA. Once your HRA is established, you can use the funds in your HRA to help pay the monthly premiums for Medicare Part B or any of the individual medical plans offered to Chevron retirees through OneExchange. You can also use your Retiree HRA Plan account to help pay for any other prescription drug, vision or dental premiums. This is a reimbursement plan so you'll pay premiums for coverage directly to your insurance carriers and submit claims to OneExchange for reimbursement from your HRA. There are eligibility and enrollment rules regarding participation in the Chevron Retiree HRA Plan. See the **Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan** chapter of this summary plan description for further details. Instructions for submitting a claim for reimbursement and reimbursement payment options are also discussed in the Retiree HRA Plan chapter.

Taxation of Domestic Partner Retiree HRA Benefits

Applicable federal, state income, local income and social security taxes will be applied to the value of benefits paid under the Chevron Retiree HRA Plan to participants who do not qualify as the federal tax dependent of the post-65 eligible retiree and are a domestic partner or an eligible dependent child of a domestic partner.

Late Payment and Cancellation of Coverage

As a reminder, you and your eligible dependent must be enrolled in at least Chevron pre-65 group medical coverage or post-65 individual medical coverage through OneExchange to remain eligible to participate in the Retiree HRA Plan. If medical coverage is cancelled and cannot be reinstated, participation in the Retiree HRA Plan ends. See the **Enrollment Milestones** section in the **Eligibility** chapter in this summary plan description for information about re-enrollment opportunities, if any. If you are a survivor and participation in the Chevron Retiree HRA Plan is cancelled, you will not have the opportunity to re-enroll in the Chevron Retiree HRA Plan.

making changes to post-65 health benefits

The information in this section, **Making Changes** applies to participants who are currently enrolled in Chevron post-65 individual health coverage through OneExchange. There are some important differences in the rules that apply to making coverage changes for participants enrolled in Chevron *pre-65* group health coverage. See the **Making Changes to Pre-65 Health Benefits** section in the **Participation** chapter of the **Chevron Pre-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree.

This section provides a few basic guidelines for making changes to post-65 individual health coverage through OneExchange. Post-65 participants should contact OneExchange directly for more information about specific changes that can be made to individual health care plans.

As a reminder, post-65 eligible retirees and their post-65 eligible dependents must enroll in the individual medical coverage offered through OneExchange upon reaching specific enrollment milestones. See the **Enrollment Milestones** section of the **Eligibility** chapter for information about those opportunities.

Once enrolled in **post-65 individual health coverage**, participants can make changes to their current benefit elections at the following opportunities:

- **During Medicare's Annual Enrollment Period (AEP)**, typically held from October 15 through December 7 of each year.
- **During the year, when there is a qualifying life event.** The change must be consistent with the qualifying life event as defined by Medicare. You must contact OneExchange within 31 days of the date of the qualifying life event to make benefit changes.
- Note that you can enroll in or make changes to individual **dental** or **vision** coverage at any time during the year.

Medicare Annual Enrollment Period (AEP)

Medicare's AEP is typically held from October 15 through December 7 of each year. This is generally the only time that you can make changes to your individual medical and prescription drug coverage for post-65 eligible participants. Note that you can enroll in or make changes to individual dental or vision coverage at any time during the year.

You'll receive AEP enrollment instructions and other materials from OneExchange prior to Medicare's AEP each fall. No action is required, unless you need to make a change to your existing coverage. Medicare's AEP elections can be made by calling OneExchange. The changes you make take effect on the January 1 following the Medicare AEP period. Important: Be sure to read the **Eligibility** chapter in this summary plan description to understand how making changes to your post-65 individual health coverage may affect access to and eligibility for the Chevron Retiree HRA and the Chevron retiree health benefits that may be available to your eligible dependents in the future.

If you're currently enrolled in and are eligible to continue participating in post-65 individual health coverage, you can generally:

- **Keep** the post-65 individual medical, prescription drug, dental or vision coverage you currently have.
- **Switch** to another post-65 individual medical, prescription drug dental or vision plan (if available).
- **Start or stop post-65 individual dental or vision coverage.** Note that you can start, stop or change your dental and vision coverage at any time during the year, not just during the Medicare AEP.
- **Stop participating in post-65 individual medical and/or prescription drug coverage.** If you – the retiree – stop participating in individual medical coverage, the Chevron Retiree HRA will be cancelled for you and any enrolled post-65 eligible dependents. You can only return to Chevron retiree health benefits upon reaching the next enrollment milestone – if any. Medicare AEP is *not* an enrollment milestone. Keep in mind that if your individual medical coverage ends, your dependent's health coverage and/or participation in the Chevron Retiree HRA Plan may also be affected. See the **Enrollment Milestone** section in the **Eligibility** chapter and the **Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan** chapter of this summary plan description for more information.

Because the Medicare AEP is *not* an enrollment milestone, you are not permitted to make the following changes to your post-65 individual health coverage through OneExchange. You must wait until the next applicable enrollment milestone – if any – to make these changes. See the **Enrollment Milestone** section in the **Eligibility** chapter of this the summary plan description for more information.

- If you're a post-65 eligible retiree and you are **not currently enrolled** in individual medical coverage through OneExchange, you cannot elect to start participating in Chevron retiree benefits during Medicare's AEP.
- You **cannot add eligible dependents**, regardless of their age, to your Chevron retiree health benefits during Medicare's AEP.

Changes due to Medicare qualifying life events

If you experience a Medicare qualifying life event, you are permitted to make certain changes to your current post-65 individual health coverage via OneExchange. Except for divorce, changes due to qualifying life events generally do not affect the Chevron Retiree HRA Plan participation. Contact the HR Service Center to report life events, and contact OneExchange for further information and to make changes, if applicable.

when post-65 participation begins

This section provides information about when coverage begins for post-65 individual medical, prescription drug, dental, and vision coverage through OneExchange and the Retiree HRA Plan. The information in this section assumes the post-65 participants meet the eligibility requirements for Chevron retiree health coverage. It also assumes the post-65 participants enroll at any of the approved enrollment milestones. Please see the **Eligibility** chapter of this summary plan description for further information.

The information in this section, **When Post-65 Participation Begins** applies to participants who are currently enrolled in Chevron post-65 retiree health coverage. There are some important differences in the rules that apply to Chevron *pre-65* group health coverage. See the **When Pre-65 Participation Begins** section in the **Participation** chapter of the **Chevron Pre-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree.

When you retire from Chevron

Individual Medical, Dental, Vision Coverage through OneExchange

Retiring from Chevron is one of the retiree health benefit enrollment milestones; be sure to understand the enrollment milestones and your choices prior to retirement. It's important to start the Medicare Part A and Part B and OneExchange enrollment process as early as four months in advance of your retirement. Failure to timely enroll could result in a gap in coverage.

- If you complete the Medicare and OneExchange enrollment process prior to retirement your post-65 individual health coverage typically begins the first of the month following the end of your Chevron group health coverage.
- You have up to two months after you retire from Chevron to complete your Medicare and OneExchange enrollment process and still qualify for the Retiree HRA Plan. If you complete the enrollment process after you retire and prior to this deadline, post-65 individual health coverage typically starts the first of the month following your enrollment in an individual medical plan through OneExchange. Please note you may experience a gap in health coverage in this situation. The gap could be as long as two months after your Chevron active group medical coverage ends, depending on when you complete the enrollment process with OneExchange.

Retiree HRA Plan

Retirement from Chevron is an enrollment milestone to participate in the Retiree HRA Plan. **You must call the HR Service Center within 31 days after you retire from Chevron to activate the Retiree HRA Plan.**

Your participation in the Retiree HRA Plan is tied to your enrollment in individual medical coverage offered through OneExchange. Your HRA account cannot be established until your medical enrollment is complete, even if you meet the HRA notification deadline.

Once your medical enrollment process is complete, your Retiree HRA Plan typically begins on your medical coverage effective date.

At the loss of Chevron COBRA coverage

If you are a post-65 eligible retiree, you can enroll when COBRA ends for any reason, including the end of Chevron subsidized COBRA or at the end of your Chevron COBRA eligibility period. Coverage is not automatic. Medicare Part B is required to enroll in medical coverage through OneExchange and to activate the Retiree HRA Plan.

Individual Medical, Dental, Vision Coverage through OneExchange

The loss of Chevron COBRA is one of the retiree health coverage enrollment milestones. It's important to start the Medicare and OneExchange enrollment process four months in advance of your COBRA ending date to understand and begin the enrollment process. Failure to timely enroll through Medicare and OneExchange could result in a gap in coverage.

- If you complete the Medicare and OneExchange enrollment process prior to loss of Chevron COBRA, post-65 individual health coverage typically begins the first of the month following the loss of Chevron COBRA.
- You have up to two months following the date your Chevron COBRA coverage ends to complete your Medicare and OneExchange enrollment process and still qualify for the Retiree HRA Plan. If you complete the enrollment process after COBRA ends and prior to this deadline, post-65 individual health coverage typically starts the first of the month following your enrollment in an individual medical plan through OneExchange. Please note you may experience a gap in health coverage in this situation. The gap could be as long as two months after your Chevron COBRA coverage ends, depending on when you complete the enrollment process with OneExchange.

Retiree HRA Plan

The loss of Chevron COBRA is also an enrollment milestone to participate in the Retiree HRA Plan. **You must call the HR Service Center within 31 days after the loss of Chevron COBRA to activate the Retiree HRA Plan.**

Your participation in the Retiree HRA Plan is tied to your enrollment in individual medical coverage offered through OneExchange. Your HRA account cannot be established until your medical enrollment is complete, even if you meet the HRA notification deadline.

Once your medical enrollment process is complete, your Retiree HRA Plan typically begins on your medical coverage effective date.

COBRA Continuation Coverage May Affect Post-65 Health Coverage Choices

If you choose to participate in COBRA continuation coverage prior to starting Chevron retiree health benefits, there can be a significant impact to your post-65 individual medical and prescription drug plan choices through OneExchange due to guarantee issue rules. Contact OneExchange to discuss this guarantee issue situation further prior to making an enrollment decision.

When you lose Chevron or other employer group health coverage

If you — the Chevron eligible retiree — are covered (whether as a primary or as a dependent) under Chevron or another employer's group health coverage and you lose that coverage — regardless of your age — you must call the HR Service Center to enroll within 31 days of the loss of employer group health coverage. You will be asked to provide proof of loss of employer group health coverage for you and any eligible dependents. It's important to start the Medicare and OneExchange enrollment process as soon as possible, ideally four months in advance of employer group coverage ending date. Failure to timely enroll through Medicare and OneExchange could result in a gap in coverage.

Individual Medical, Dental, Vision Coverage through OneExchange

- If you complete the Medicare and OneExchange enrollment process prior to loss of employer group health coverage, post-65 individual health coverage typically begins the first of the month following the loss of employer group health coverage.
- You have up to two months following the date your employer group health coverage ends to complete your Medicare and OneExchange enrollment process and still qualify for the Retiree HRA Plan. If you complete the enrollment process after employer group health coverage ends and prior to this deadline, post-65 individual health coverage typically starts the first of the month following your enrollment in an individual medical plan through OneExchange. Please note you may experience a gap in health coverage in this situation. The gap could be as long as two months after your employer group health coverage ends, depending on when you complete the enrollment process with OneExchange.

Retiree HRA Plan

The loss of employer group health coverage is also an enrollment milestone to participate in the Retiree HRA Plan. **You must call the HR Service Center within 31 days after the loss of employer group coverage to activate the Retiree HRA Plan.**

Your participation in the Retiree HRA Plan is tied to your enrollment in individual medical coverage offered through OneExchange. Your HRA account cannot be established until your medical enrollment is complete, even if you meet the HRA notification deadline.

Once your medical enrollment process is complete, your Retiree HRA Plan typically begins on your medical coverage effective date.

An **employer group health plan** is defined as an employee health benefit plan established or maintained by an employer or by an employee organization (such as a union), or both, that provides medical care for participants or their dependents directly or through insurance, reimbursement, or otherwise. Retiree health insurance from a former employer or union, or COBRA continuation coverage are not considered coverage based on current employment and therefore do not qualify as an employer group health plan for purposes of Chevron's enrollment milestones and the Retiree HRA Plan.

Turning age 65 and becoming Medicare-eligible

Individual Medical, Prescription Drug, Dental, Vision Coverage through OneExchange

OneExchange will mail information and enrollment instructions to eligible retirees and eligible dependents in advance of turning age 65. Contact OneExchange to discuss options and when coverage starts. In general, if you timely enroll in Medicare Part A and Medicare Part B and complete the OneExchange enrollment process, coverage usually begins:

- On the first day of the month in which the participant turns 65.
- If the participant's birthday is the first day of the month, coverage typically begins the first day of the month preceding the participant's birthday.

Retiree HRA Plan

Turning age 65 is an enrollment milestone to participate in the Retiree HRA Plan. **You must call the HR Service Center within 31 days after the eligible participant turns 65 to activate the Retiree HRA Plan.**

Your participation in the Retiree HRA Plan is tied to your enrollment in individual medical coverage offered through OneExchange. Your HRA account cannot be established until your medical enrollment is complete, even if you meet the HRA notification deadline. Once your medical enrollment process is complete, your Retiree HRA Plan typically begins the first of the month following your medical coverage effective date.

when post-65 participation ends

Individual Health Coverage Offered to Post-65 Chevron Retirees through OneExchange

Rules regarding the cancellation of individual health coverage policies can vary by insurance carrier and cannot be controlled by Chevron or OneExchange. Contact your carrier directly for applicable rules about when post-65 individual health coverage ends. Keep in mind that if your – the retiree – individual medical coverage ends, your dependent's health coverage and/or participation in the Chevron Retiree HRA Plan may also be affected. See the **Eligibility** chapter of this summary plan description for more information.

Chevron Retiree HRA Plan

The Chevron Retiree HRA Plan for post-65 eligible **retirees** ends on the last day of the month in which any of the following occurs:

- You're no longer an eligible retiree.
- Your participation in the post-65 individual medical coverage offered to Chevron retirees through OneExchange ends.
- You have notified Chevron that you want to cancel your participation in the Retiree HRA Plan.
- You stop making required premium payments to your post-65 individual medical carrier.
- You miss an enrollment milestone.
- You're re-employed by Chevron.
- Your enrollment in Medicare Part A and Part B ends.
- You die.
- The date you relocate your residence outside of the United States, Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or the Northern Mariana Islands.
- Chevron Corporation terminates the plan.

The Retiree HRA Plan for post-65 eligible **dependents** ends on the last day of the month in which any of the following occurs:

- The dependent is no longer eligible.
- You – the eligible retiree – no longer participate in either Chevron pre-65 group health coverage or the post-65 individual medical coverage offered to Chevron retirees through OneExchange.
- Your dependent’s participation in the post-65 individual medical coverage offered to Chevron retirees through OneExchange ends.
- You/your dependent has notified Chevron that they want to cancel participation in the Retiree HRA Plan.
- The dependent’s enrollment in Medicare Part A and Part B ends.
- The dependent dies.
- You – the retiree – miss an enrollment milestone.
- The date you relocate your residence outside of the United States, Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or the Northern Mariana Islands.
- Chevron Corporation terminates the plan.

When your dependent’s Chevron Retiree HRA Plan coverage ends, Retiree HRA Plan access and future Retiree HRA Plan eligibility for your dependent is lost and cannot be reinstated in the future, unless you as a retiree meet another enrollment milestone which would allow you to add an eligible dependent. See the Eligibility chapter of this summary plan description for more information.

Termination of Coverage for False Representation

If a Participant makes a false representation to the Retiree HRA Plan, coverage for the Participant may be immediately and permanently terminated by the Corporation in its sole discretion. The Retiree HRA Plan reserves the right to seek financial damages resulting from such false representation, and may pursue legal action against the Participant who made the false representation. For purposes of the Retiree HRA Plan, a “false representation” includes, but is not limited to, submitting falsified claims or covering an individual who does not qualify as an Eligible Dependent under the terms of the Retiree HRA Plan.

If you die

See the **If You Die** chapter of this summary plan description for information.

post-65 retiree health reimbursement arrangement plan

The Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan, hereafter referred to as the **Retiree HRA Plan**, is a health reimbursement arrangement that Chevron sponsors for post-65 eligible retirees and their post-65 eligible dependents. OneExchange is the claims administrator.

overview

eligibility

HRA reimbursement benefit

catastrophic supplemental prescription drug benefit

This document describes the Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan (also referred to as the Retiree HRA Plan), as of January 1, 2017, that Chevron sponsors for post-65 eligible retirees and their post-65 eligible dependents. It includes a description of the following components of this plan: Health Reimbursement Arrangement Benefit and the Catastrophic Supplemental Prescription Drug Benefit.

Chevron Corporation reserves the right to change or terminate a plan at any time and for any reason. A change also can be made to premiums and future eligibility for coverage and can apply to those who retired in the past, as well as to those who retire in the future. Once approved, plan changes are incorporated into the plan texts, SPDs and vendor administration at the effective date.

overview

This plan includes the following components:

- **HRA Reimbursement Benefit**

The Retiree HRA Plan can be used to reimburse the monthly premiums for Medicare Part B or any of the individual medical plans offered to Chevron retirees through OneExchange. You can also use your Retiree HRA Plan account to pay for any other prescription drug, vision or dental premiums.

- **Catastrophic Supplemental Prescription Drug Benefit**

The Retiree HRA Plan also provides post-65 eligible retirees and their post-65 eligible dependents reimbursement for certain prescription drug costs that are paid out-of-pocket after a participant reaches the federal government's expense threshold for Medicare Part D catastrophic coverage.

Both you and Chevron share the monthly cost of retiree medical coverage, if you're eligible. The way the company contribution is applied to retiree medical coverage depends on age:

- **Pre-65 Company Contributions**

For pre-65 eligible retirees and/or their pre-65 eligible dependents, the company contribution is automatically factored into your monthly medical premium for your Chevron pre-65 group medical coverage. See the **Company Contributions to Health Benefits supplement** for more information about company contributions to pre-65 retiree health coverage.

- **Post-65 Company Contributions**

Post-65 eligible retirees and/or their post-65 eligible dependents will receive the company contribution through a health reimbursement arrangement, or HRA. Except for the company contribution for the catastrophic supplemental prescription drug benefit, your company contribution amount is not applied to your monthly premiums once you reach the age of 65.

This summary plan description describes the Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan, hereafter referred to as the **Retiree HRA Plan**. The Retiree HRA Plan is the health reimbursement arrangement that Chevron sponsors for post-65 eligible retirees and their post-65 eligible dependents to receive their company contributions to retiree health coverage.

- The Retiree HRA Plan is a health reimbursement arrangement (HRA). This is a reimbursement plan so you'll pay premiums for coverage directly to your insurance carriers and submit claims to OneExchange for reimbursement from your Retiree HRA Plan account.
- You must enroll in *at least* individual medical coverage through OneExchange to be eligible for the Retiree HRA Plan account. You must also be enrolled in both Medicare Part A and Medicare Part B to participate in the Retiree HRA Plan.
- Your post-65 eligible dependents will receive the Retiree HRA Plan contribution as long as your dependent remains enrolled in at least individual medical coverage through OneExchange. You, the retiree, must also be enrolled in at least medical coverage (either Chevron group medical coverage if you're pre-65 or OneExchange individual medical coverage if you're post-65) for your pre-65 dependents to be eligible for the Retiree HRA Plan.

- You can use the funds in your Retiree HRA Plan account to help pay the monthly premiums for your **Medicare Part B** or any of the individual **medical** plans offered to Chevron retirees through OneExchange. You can also use your Retiree HRA Plan account to help pay for any *other* prescription drug, vision or dental premiums. Your Retiree HRA Plan account cannot be used to pay for other health expenses or pay the premiums for medical plans outside of the OneExchange private exchange offered to Chevron retirees.
- You must first call the HR Service Center to activate your Retiree HRA Plan. After you enroll in individual medical coverage through OneExchange, OneExchange will then automatically establish and set up access to your Retiree HRA Plan account.
- Remember, if you drop your medical coverage through OneExchange, you and your post-65 eligible dependents lose eligibility to receive the Retiree HRA Plan contribution and to use the Retiree HRA Plan account, unless you reach another enrollment milestone, if available, that permits you to start participating again. See the **Enrollment Milestones** section of the **Eligibility** chapter of this summary plan description for further information about enrollment milestones.

eligibility

The **Eligibility** chapter of this summary plan description describes general requirements to be eligible to participate in Chevron's retiree health benefits. **This section describes additional eligibility requirements to participate in the Retiree HRA Plan.** The information in this section assumes you, the retiree, are eligible for Chevron retiree health and welfare coverage and your dependent(s) also meet the definition of an eligible dependent as described in the **Eligibility** chapter.

You and your eligible dependents are eligible for the Retiree HRA Plan if all of the following apply to you:

- You qualify as an eligible retiree and you and/or your dependent are post-65 and eligible to participate in the individual medical coverage offered through OneExchange.
- You and/or your dependent are eligible to receive a company contribution to your retiree medical coverage.
- Meet and continue to meet all of the additional requirements listed under **Additional Requirements for Post-65 Eligible Retirees** and **Additional Requirements for Post-65 Eligible Dependents** headings in this section.

Additional Requirements for Post-65 Eligible Retirees

To maintain eligibility for the Retiree HRA Plan, all of the requirements listed below must **also** be met. If you don't meet these requirements, then you (and any eligible dependents) are not eligible for the Retiree HRA Plan, and you will also lose your eligibility to participate in the Retiree HRA Plan again in the future.

- **You – the retiree – must be enrolled in both Medicare Part A and Medicare Part B** to participate in the Retiree HRA Plan.
- **You – the retiree – must be enrolled in at least individual medical coverage through OneExchange.** So, for example, if you only enroll in dental coverage through OneExchange, then you are not eligible for the Retiree HRA Plan and you will also lose your eligibility to participate in the Retiree HRA Plan again in the future.
- **You must enroll in individual medical coverage through OneExchange when first offered the opportunity to enroll.** If you don't enroll in medical coverage by the deadline, then you are not eligible for the Retiree HRA Plan and you will also lose your eligibility to participate in the Retiree HRA Plan again in the future. (See the **Enrollment Milestones** section in the **Eligibility** chapter of this summary plan description for COBRA and loss of group health coverage exceptions.)
- **If you drop individual medical coverage through OneExchange, you lose eligibility to participate in the Retiree HRA Plan and to use the Retiree HRA Plan account.** You will also lose your eligibility to participate in the Retiree HRA Plan again in the future, unless you meet another enrollment milestone, if any.

Additional Requirements for Post-65 Eligible Dependents

- **Your post-65 eligible dependent must be enrolled in both Medicare Part A and Medicare Part B** to participate in the Retiree HRA Plan.
- **Your post-65 eligible dependent must be enrolled in at least individual medical coverage through OneExchange.** Your dependent's Retiree HRA Plan account access and their future Retiree HRA Plan eligibility is lost if your dependent doesn't enroll in medical coverage when first offered, or if medical coverage is dropped at any time.
- **You, the retiree, must also be enrolled in medical coverage,** either Chevron group medical coverage if you're pre-65 or OneExchange individual medical coverage if you're post-65, for your dependent to be eligible to participate in the Retiree Plan HRA. Your dependent's Retiree HRA Plan account access and their future Retiree HRA Plan eligibility is lost if you don't enroll in medical coverage when first offered, or if you drop medical coverage at any time.

HRA reimbursement benefit

The Retiree HRA Plan includes an HRA Reimbursement Benefit that can be used to reimburse the monthly premiums for Medicare Part B or any of the individual medical plans offered to Chevron eligible retirees through OneExchange. You can also use your Retiree HRA Plan account to pay for any other prescription drug, vision or dental premiums.

How Much You Pay for Coverage

If you are eligible to participate, Chevron currently contributes to your Retiree HRA Plan. Chevron Corporation, in its sole discretion, determines the company contribution to the Retiree HRA Plan. Participant contributions to the Retiree HRA Plan are not permitted (except as required for COBRA continuation coverage, if applicable). This is a reimbursement plan so you'll pay premiums for coverage directly to your insurance carriers and then submit claims to OneExchange for reimbursement of eligible plan premiums from your Retiree HRA Plan account. For detailed information about Chevron's contribution policy, see the **Company Contributions to Health Benefits supplement**.

The cost of your health coverage premium is dependent on the plan(s) you select. In addition, how you pay the premium to the carrier — either by check, credit card, or direct debit from your checking — and how often you pay (monthly, quarterly, annually) varies by insurance company. You will receive plan information from your carrier after you enroll, including information about how to arrange the type of payment and the frequency directly with the insurance carrier. **Note:** Some carriers may require an initial payment at the time you enroll, but this does not guarantee that you are set up with the carrier for ongoing monthly payments.

How Your HRA is Funded

The company currently contributes to Retiree HRA Plan accounts on a monthly basis. The monthly contribution amount is the same each month. For information about how your monthly contribution amount is calculated, see the **Company Contributions to Health Benefits supplement**.

Company contributions – also referred to as allocations – begin in the calendar month following the date that Retiree HRA Plan participation begins and the Retiree HRA Plan account has been established. See the **When Participation Begins** section in the **Participation** chapter of this summary plan description for more information.

Unused funds that remain in your Retiree HRA Plan account at the end of a month will carry over month to month as long as you remain an eligible participant in the Retiree HRA Plan. Unused funds that remain in your Retiree HRA Plan account at the end of the calendar year will carry over to the next calendar year as long as you remain an eligible participant in the Retiree HRA Plan. Your Retiree HRA Plan account is a hypothetical account which merely reflects a bookkeeping concept and is not eligible to accumulate earnings on contributions.

Post-65 Eligible Dependents

If your post-65 dependent is eligible to participate in the Retiree HRA Plan, your eligible dependent will have a separate Retiree HRA Plan account. Your eligible dependent's HRA amount is based on the company contribution amount applicable to you, the eligible retiree. See the **Company Contributions to Health Benefits supplement** and the **Enrollment Milestone** section of the **Eligibility** chapter for more information regarding dependent participation in the Retiree HRA Plan.

Chevron Couples

If you and your spouse are both post-65 Chevron eligible retirees, each separate Retiree HRA Plan account will be based on whether you were listed as a dependent or the primary retiree when you enroll with OneExchange.

- If you were listed as a **dependent**, you will receive the same company contribution amount to your Retiree HRA Plan account as the primary retiree.
- If you were **not listed as a dependent** (for example, you have Chevron coverage separate from your spouse), you will receive the company contribution you are eligible for as an eligible retiree to your Retiree HRA Plan account.

Expenses Eligible for Reimbursement from the Retiree HRA Plan

Your Retiree HRA Plan account can be used to reimburse eligible premium expenses incurred after your participation begins and your Retiree HRA Plan account is established, but before your participation in the Retiree HRA Plan ends. In addition, only the personal, eligible expenses of the Retiree HRA Plan account holder can be reimbursed from your Retiree HRA Plan account. The following are the only expenses that are currently eligible for reimbursement from your Retiree HRA Plan account:

- Medicare Part B premiums.
- Premiums for individual Medicare Supplemental or Medicare Advantage plans you purchased from the medical plans offered to Chevron retirees through OneExchange.
- Any prescription drug plan premiums.
- Any vision plan premiums.
- Any dental plan premiums.

Expenses that are *not* Eligible for Reimbursement from the Retiree HRA Plan

Your Retiree HRA Plan account **cannot** be used to reimburse other health expenses, including but not limited to:

- Premiums for individual Medicare supplemental or Medicare Advantage plans in which you did not enroll through OneExchange.
- Out-of-pocket prescription drug costs.
- Other health care costs.
- Any expenses for a person that is **not** the Retiree HRA Plan account holder. For example, an eligible dependent's eligible expenses must be reimbursed through the eligible dependent's Retiree HRA Plan account (if applicable), and not through the retiree's Retiree HRA Plan account.
- Expenses incurred when you were not an eligible participant with an established Retiree HRA Plan account under the Retiree HRA Plan.

Reimbursement Process

Call the HR Service Center to activate your Retiree HRA Plan. After you enroll in individual medical coverage through OneExchange, OneExchange will then automatically establish and set up access to your Retiree HRA Plan account. When your Retiree HRA Plan account is established, you will receive a Funding and Reimbursement kit from OneExchange. You will not be able to submit for reimbursement until your Retiree HRA Plan account is established. Here's an overview of how the HRA reimbursement process works.

STEP 1 – You pay your insurance premium directly to your insurance carrier.

How you pay the premium to the carrier — either by check, credit card, or direct debit from your checking — and how often you pay (monthly, quarterly, annually) varies by insurance company. After you have received your plan information from your new carrier, you may arrange the type of payment and frequency of the payments directly with the insurance company. Some carriers may offer discounts for an advance payment of premium. Payment may be required at the time of enrollment application, but do not guarantee ongoing monthly payment withdrawals from the carrier.

STEP 2 – You request that OneExchange reimburse you from your Retiree HRA Plan account.

The Retiree HRA Plan will reimburse you for eligible expenses up to the unused amount currently available in your Retiree HRA Plan account. Only you, the Retiree HRA Plan account holder, can submit claims for reimbursement. Claims will not be accepted from anyone else – including your spouse – unless a Power of Attorney is in place. You may have these premium reimbursement options available to you, depending on your insurance carrier:

- **Automatic Reimbursement**

Automatic reimbursement allows you to be reimbursed without having to submit a form each time you pay your monthly premium to the insurance company. Instead, the insurance company will send OneExchange notification of your premium payment, and OneExchange will then automatically reimburse you. This automatic reimbursement option is available for most but not all plans available through OneExchange. It takes six to eight weeks to be established so the first payment typically includes a reimbursement for the first two months. Once automatic reimbursement is set up, you should receive your reimbursement around the same time each month. You can set up automatic reimbursement during your enrollment call, or you can set it up on the OneExchange website by logging in to your Retiree HRA Plan account, if it is available.

- **Recurring Reimbursement**

If automatic reimbursement is not an option for the plan you choose, you can use the Recurring Reimbursement option. With Recurring Reimbursement, you submit **one** Recurring Premium Reimbursement Form each calendar year and OneExchange will then reimburse you automatically each month. The form will be mailed to you separately if automatic reimbursement is not available with your plan. You can also call OneExchange to request a form or download the form from either the OneExchange website or from hr2.chevron.com/retiree. Please note there is a different form for Medicare Part B premium reimbursements – the Recurring Medicare Part B Reimbursement Form. You must complete the form and mail or fax it in as instructed to set up this recurring reimbursement option. Once recurring reimbursement is set up, your reimbursements are sent after the first business day of each month. If you use this form, OneExchange will automatically send you a new form each year to remind you to complete it for the following year.

- **Manual Reimbursement Form**

With manual reimbursement, you submit a OneExchange **Manual Reimbursement Form**, along with supporting documentation (premium statements, receipts, or other documentation) each time you want to be reimbursed from your Retiree HRA Plan account. The form will be included in your Funding and Reimbursement Kit. You can also call OneExchange to request a form or download the form from either the OneExchange website or from hr2.chevron.com/retiree.

STEP 3 – OneExchange reimburses you from your HRA balance.

OneExchange will process your approved request and reimburse you from your available funds. You may only be reimbursed up to the amount available in your HRA. If your HRA does not have enough funds to cover the entire reimbursement request, you will be reimbursed for the remainder of the bill as soon as new HRA funds become available; you don't need to submit another reimbursement form in this situation. See the **Rollback Feature** section for more information.

Reimbursements are restricted to only you, the Retiree HRA Plan accountholder. Reimbursement payment options include:

- **By paper check in the mail**, usually within fourteen (14) days of the claim approval. A paper check will automatically be issued to you unless you elect the direct deposit option.
- **By direct deposit to your designated bank account.** If you have enrolled in direct deposit, payment will generally be issued within three (3) days of the claim approval. This speeds up the process, gives you access to your funds even when you are not at home, and removes the risk of having a paper check lost or stolen.
 - Direct deposit can be set up by calling OneExchange, completing the enrollment form included in your Funding and Reimbursement kit, or by logging in to the OneExchange website and enrolling in direct deposit online.
 - Direct Deposit may take up to 30 days to activate, which means your first reimbursement might be sent in the form of a paper check.

Rollback Feature

If your Retiree HRA Plan account does not have enough funds to cover the entire reimbursement request, you will be reimbursed for the remainder of the bill as soon as a new Retiree HRA Plan allocation is made to your Retiree HRA Plan account. The remainder of the reimbursement is automatically held in *pending status* until new funds are available (*rollback*) to pay the remainder of the claim. You don't need to submit another reimbursement form (if applicable) in this situation. This means you may receive a second reimbursement check or deposit for the remainder of a previous bill without submitting any paperwork.

Reimbursement after Participation Ends

When your participation in or eligibility for the Retiree HRA Plan ends, for any reason:

- Contributions to your Retiree HRA Plan account will cease.
- Eligible expenses incurred after the date participation ended are not eligible for reimbursement.
- You may continue to submit claims for eligible expenses incurred prior to the date participation ended as long as you file the claims within six months following the date your participation ended.
- In the event of your death, your estate or representatives may also submit claims for eligible expenses incurred prior to the date participation ended as long as they file the claims within six months following the date of your death.

Forfeiture of Unclaimed Reimbursements

Any Retiree HRA Plan account reimbursement payments that are unclaimed (uncashed benefit checks or unclaimed electronic transfers) shall automatically forfeit 12 months after the check was mailed or the payment was otherwise attempted. Forfeited payments shall be returned to the Retiree HRA Plan and applied to reduce future contributions of the Corporation.

The Retiree HRA Plan account of a deceased participant is immediately forfeited; however the estate or representatives may submit claims for eligible expenses incurred prior to the date participation ended as long as they file the claims within six months following the date of death.

catastrophic supplemental prescription drug benefit

The Retiree HRA Plan also provides reimbursement for qualifying Medicare Part D prescription drug expenses that are paid out-of-pocket after a post-65 eligible retiree participant reaches the federal government's expense threshold for Medicare Part D **catastrophic coverage**. This benefit helps to offset the drug cost that Medicare will not reimburse when you enter what is called the catastrophic level of coverage of Medicare Part D. If you're a participant in the Retiree HRA Plan, you're automatically eligible for the Catastrophic Supplemental Prescription Drug Benefit should you qualify. Keep in mind that most Retiree HRA Plan participants will not enter the annual catastrophic coverage level but, for those who do, Chevron is currently providing this benefit to provide supplemental protection.

How the Benefit Works

When you have accumulated covered Medicare Part D expenses in an amount equal to the true out of pocket (TrOOP) limit set by the Center for Medicare and Medicaid Services (CMS) for the applicable Plan Year, you will enter what is called the catastrophic level of coverage of Medicare Part D.

- Go to the **Drug Coverage (Part D), Catastrophic Coverage** information on www.medicare.gov for the catastrophic coverage level for the current calendar year. For example, in 2017, the catastrophic coverage level is reached when a participant reaches the Medicare prescription drug threshold of **\$4,950** of prescription drug expenses.

When you have met the catastrophic level of coverage for the calendar year, you must contact OneExchange – the claims administrator – and request a reimbursement kit for catastrophic 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. To activate the Catastrophic Supplemental Prescription Drug Benefit and establish your Catastrophic Supplemental Prescription Drug Reimbursement account, you must submit the special claim form along with documentation that the TrOOP limit has been met.

Upon approval, OneExchange will establish a Catastrophic Supplemental Prescription Drug Reimbursement account for you. Reimbursement for qualifying prescription drug expenses will be paid from this account for the remainder of the calendar year, subject to certain limitations.

- Reimbursements for qualifying expenses are automatically subject to a **\$42.00** copayment per qualifying prescription in **2017**.
- The maximum that may be reimbursed from the Catastrophic Supplemental Prescription Drug Benefit for the **2017** calendar year is **\$4,000**.

How Much You Pay for Coverage

If you are a participant in the Retiree HRA Plan, Chevron will automatically allocate an amount from the monthly company contribution to your Retiree HRA Plan to fund the Chevron Supplemental Catastrophic Prescription Drug Benefit. In **2017**, **\$6.28** per month is automatically allocated for all post-65 participants in the Retiree HRA Plan.

Medicare Part D Coverage Phases

All amounts displayed below are for the 2017 calendar year only.

These amounts are subject to change each year.

Go to www.medicare.gov for current calendar year amounts and more detail about each of the coverage phases.

Initial Coverage Phase

Covered participant pays deductible and copayments for selected plan (varies by plan)

Coverage Gap – Donut Hole

- **Participant pays** 51% of generic drugs and 40% of brand name drugs until out-of-pocket costs reach the True Out-of-Pocket Limit (TrOOP) for the calendar year, approximately **\$4,950**.
- **Your Medicare Part D Plan pays** 49% of generic drugs and 5% of brand name drugs (pharma discount covers the remaining 55% of brand name drugs).

Catastrophic Coverage

- **Participant pays** \$3.30 for generics and \$8.25 for brand or 5%, whichever is greater. If the 5% amount is greater than **\$42 per qualifying prescription**, you can submit a claim for your Catastrophic Supplemental Prescription Drug Reimbursement account to pay the amount over \$42.
- Any catastrophic coverage claims submitted to the HRA Plan cannot exceed \$4,000 total for the 2017 calendar year.

Now eligible for Catastrophic Supplemental Prescription Drug Benefit under Retiree HRA Plan.

Expenses Eligible for Reimbursement

The Catastrophic Supplemental Prescription Drug Reimbursement account can be used to reimburse qualifying Medicare Part D Prescription Drug expenses you – the account holder – incur after the date you reached the TrOOP limit through the end of the calendar year in which the TROOP limit was met.

The following are **not** considered qualifying Medicare Part D Prescription Drug expenses and are not eligible for reimbursement from the Catastrophic Supplemental Prescription Drug Reimbursement account:

- Prescription drug plan premium payments.
- Prescription drug expenses reimbursed from another source including other health plan coverage or pharmaceutical manufacturers.
- Prescription drugs not covered by your Medicare Part D coverage.
- Other out-of-pocket health care costs, such as medical, dental or vision costs.
- Prescription drug expenses for a dependent.
- Expenses incurred outside the calendar year in which the TrOOP limit was met.
- Expenses incurred while you were not a Retiree HRA Plan participant.

Reimbursement of Qualifying Expenses

After a Catastrophic Supplemental Prescription Drug Reimbursement account is established for you, you may submit a claim for reimbursement from this account for qualifying Medicare Part D prescription drug expenses incurred after the date you reached the TrOOP limit through the end of the calendar year in which the TROOP limit was met.

- Reimbursements for qualifying expenses are automatically subject to a **\$42.00** copayment per qualifying prescription.
- For **2017**, the maximum annual reimbursement from the Supplemental Catastrophic Prescription Drug Benefit is **\$4,000**.

You have until June 30 of the following year to submit claims for eligible expenses incurred during the calendar year in which the TROOP limit was met (in other words, you entered the catastrophic level of coverage).

- You must submit claims to be reimbursed for qualifying prescription drug expenses. OneExchange, the claims administrator, will provide specific claim and reimbursement payment procedures when your Catastrophic Supplemental Prescription Drug Reimbursement account is established.

Reimbursement after Participation Ends

When your participation in or eligibility for the Retiree HRA Plan ends, for any reason:

- Eligibility for the Catastrophic Supplemental Prescription Drug Benefit also ends.
- Prescription drug expenses incurred after the date participation ends are not eligible for reimbursement.
- You may continue to submit claims for eligible prescription drug expenses incurred prior to the date participation ended as long as you file the claims within six months following the date your participation ended.
- In the event of your death, your estate or representatives may also submit claims for eligible prescription drug expenses incurred prior to the date participation ended as long as they file the claims within six months following the date of death.

Forfeiture of Unclaimed Reimbursements

Any Catastrophic Supplemental Prescription Drug Reimbursement account reimbursement payments that are unclaimed (uncashed benefit checks or unclaimed electronic transfers) shall automatically forfeit 12 months after the check was mailed or the payment was otherwise attempted. Forfeited payments shall be returned to the Retiree HRA Plan and applied to reduce future contributions of the Corporation.

The Catastrophic Supplemental Prescription Drug Reimbursement account of a deceased participant is immediately forfeited; however, the estate or representatives may submit claims for eligible prescription drug expenses incurred prior to the date participation ended as long as they file the claims within six months following the date of death.

claim review and appeals process

This section describes the Retiree HRA Plan benefit claim review and appeals process that is followed whenever you submit a claim for benefits.

If your dispute concerns eligibility to participate in the Retiree HRA Plan, you must follow the procedures described in the **How to File a Claim for Eligibility** chapter of this summary plan description.

Contact your insurance carrier directly for claim review and appeal information regarding your post-65 individual health coverage.

how to file a claim
initial claim review and decision
if your claim is denied
how to file an appeal
administrative power and responsibilities

how to file a claim

Please see the **HRA Reimbursement Benefit** or the **Catastrophic Supplemental Prescription Drug Benefit** sections in the **Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan** chapter for information about submitting an initial claim for benefits under the Retiree HRA Plan.

The address of the claims administrator for both benefits under the Retiree HRA Plan is:

OneExchange ERISA Claims Appeal
P.O. Box 25184
Lehigh Valley, PA 18002-5184
Fax: 1-866-886-0879

For the **HRA Reimbursement Benefit**, you must file a claim for payment of plan benefits no later than six months following the date you are no longer eligible to participate in the Retiree HRA Plan. If you don't file a proper claim with the claims administrator within this time frame, reimbursements for otherwise eligible expenses will be denied.

For the **Catastrophic Supplemental Prescription Drug Benefit**, you must file a claim for payment of plan benefits no later than June 30 of the year following the calendar year in which you entered the catastrophic level of coverage. If you become ineligible to participate in the Retiree HRA Plan, you must file a claim for payment of plan benefits no later than six months following the date you are no longer eligible to participate in the Retiree HRA Plan. If you don't file a proper claim with the claims administrator within these time frames, reimbursements for otherwise eligible expenses will be denied.

If your claim is denied, or if the claims administrator needs more information before it can approve your claim, you'll be notified in writing. When a claim is denied, you can appeal the denial, as described further below.

initial claim review and decision

When you file a claim, the claims administrator (OneExchange or its delegate) reviews the claim and makes a decision to either approve or deny the claim (in whole or in part). You will receive a written notice of the claim decision within the time limits described in the chart that follows. All claims for benefits under the Retiree HRA Plan are post-service claims and the time limits are based whether you submit a proper claim, including all necessary information.

Time Limits for Processing Claims

The claims administrator must follow certain time limits when processing claims for plan benefits:

- **Your deadline to complete the claim:** If you receive a notice from the Retiree HRA Plan that your claim is incomplete, you then have a deadline to complete the claim.
- **Plan notice of initial claim decision:** Once the Retiree HRA Plan receives a proper claim, the Retiree HRA Plan has a deadline to notify you of its decision.

Time Limits for Processing Claims	
<i>This chart describes the time limits for processing claims.</i>	
Time Limits	Post-service Health Claims
Your deadline to provide additional information required by the Retiree HRA Plan to decide your claim	45 days after receiving notice that additional information is required.
Retiree HRA Plan notice of initial claim decision	<ol style="list-style-type: none">1. Not later than 30 days after receiving the initial claim, unless an extension, up to 15 days, is necessary due to matters beyond the control of the Retiree HRA Plan. The maximum time period is 45 days total. You will be notified within the initial 30 days if an extension is needed.2. Not later than 30 days after receiving the initial claim, unless you need to provide additional information. You will be notified during the initial 30-day period, and will have 45 days to provide the additional information requested. A decision will be made within 15 days after receiving your additional information or after the expiration of your 45-day deadline to complete the claim, whichever is earlier.

Notice and Payment of Claims

The claims administrator will make a benefit determination on behalf of the Retiree HRA Plan and according to the Retiree HRA Plan's provisions. You'll receive a notice within the time limits described in the chart above in this **Time Limits for Processing Claims** section. See the **Retiree HRA Plan Notice of Initial Claim Decision** row in the table.

If your claim is approved, benefits will be paid to you. If your claim is denied, there is an additional procedure for appealing a denied decision. You should also be aware that the claims administrator has the right to request repayment if it overpays a claim for any reason.

if your claim is denied

If your claim is denied (in whole or in part), you will receive a written notice that includes the following:

- Information sufficient to identify the claim involved.
- The reason(s) for the denial and the specific Retiree HRA Plan provision(s) upon which the denial was based.
- A description of any additional material or information that's needed to complete the claim and an explanation of why such material or information is needed.
- An explanation of the Retiree HRA Plan's appeals procedures and the time limits that apply to them (including a statement of your right to file a civil lawsuit under Section 502(a) of ERISA following an adverse determination after completion of all levels of appeal/review required by the Retiree HRA Plan).
- Any additional information required by Department of Labor claim, appeal, and external review regulations.

Sometimes a claim is denied based on an internal rule, guideline, protocol or other similar item. If this happens, the notice will include a copy of the rule, guideline, protocol or item that was relied on to deny the claim. Alternatively, the notice will include a statement that an internal rule, guideline, protocol or similar item was relied on to deny your claim, and you can request a copy of it (the rule, guideline, protocol or other similar item) free of charge.

Before you officially appeal a denial of a claim, you can call the claims administrator to see if a resolution is possible. For example, the claims administrator may need more information to process your claim. However, if no further information is needed or if you aren't satisfied with the explanation of why the claim was denied, you can request, in writing, to have the claim reviewed. The claims administrator processes payments for claims, answers questions and reviews appeals according to the Retiree HRA Plan's provisions.

how to file an appeal

This section describes how to file an appeal and the time limits that apply.

Time Limits for Processing Appeals

This chart describes the time limits for processing appeals.

Time Limits	Post-service Health Claims
Your deadline to file a first appeal	180 days after receiving the claim denial notice.
Retiree HRA Plan notice of first appeal decision	Not later than 30 days after receiving an appeal.
Your deadline to file a second appeal	180 days after receiving the first appeal denial notice.
Retiree HRA Plan notice of second appeal decision	Not later than 30 days after receiving a second appeal.

First Appeal

After receiving the notice of denial, you or your authorized representative (this can be your beneficiary, your legal representative or another appropriately authorized individual) may ask for an appeal, which is a full and fair review of the initial claim decision, by writing to the claims administrator. You must make this request for an appeal in writing within the time limits noted in the chart above.

During the time limit for requesting an appeal, upon request and free of charge, you or your authorized representative will be given reasonable access to, and copies of, all documents, records and other information (other than legally or medically privileged documents) relevant to your claim for benefits. You may also request to review the claim file.

Your appeal should include all of the following:

- Member's name and identification number on the denial notice
- Date(s) of denial
- Explanation of why you believe the claim should be paid
- Any written comments, documents, records and other information or written testimony relating to your claim for benefits.

Where to Send Your First Appeal

OneExchange offers a first and second level appeal, Send your appeal to the claims administrator:

OneExchange ERISA Claims Appeal
P.O Box 25184
Lehigh Valley, PA 18002-5184

The claims administrator is the named fiduciary that serves as the review committee and, in its sole discretion, has the authority to interpret Retiree HRA Plan provisions as well as facts and other information related to claims and appeals.

Time Limits and Procedures for Processing Your First Appeal

Upon receipt of your first appeal, the claims administrator will review the claim again and will make a decision based on all comments, documents, records and other information you've submitted, without regard to whether such information was submitted or considered in the initial benefit determination. This review will be completed within the time limits shown in the table, **Time Limits for Processing Appeals**.

Notice of Decision on First Appeal

If, on the first appeal, the claims administrator determines that your explanation and additional information support the payment of your claim, the claims administrator will process your claim.

If your first appeal is denied (in whole or in part), you will receive a written notice. The notice will contain information sufficient to identify the claim involved. The notice will state the reasons for the denial, including references to specific Retiree HRA Plan provisions upon which the denial was based and a statement of your right to file a civil lawsuit under Section 502(a) of ERISA following an adverse determination after completion of all levels of appeal/review required by the Retiree HRA Plan.

The notice will state that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information (other than legally or medically privileged documents) relevant to your claim for benefits.

If your first appeal is denied based on an internal rule, guideline, protocol or other similar item, the notice will include a copy of the rule, guideline, protocol or item that was relied on to deny the claim. Alternatively, the notice will include a statement that an internal rule, guideline, protocol or similar item was relied on to deny your claim, and you can request a copy of it (the rule, guideline, protocol or other similar item) free of charge.

The notice will include any additional information required by Department of Labor claim, appeal, and external review regulations.

If, on the first appeal, the claims administrator upholds the denial of your claim, you may file a second appeal within 180 days after receiving the notice of denial of your first appeal.

Second Appeal

The Retiree HRA Plan allows two levels of appeal. After receiving the notice of denial of your first appeal, you or your authorized representative (this can be your beneficiary, your legal representative or another appropriately authorized individual) may ask for a second appeal. You must make this request for a second appeal in writing within the time limits noted in the table, **Time Limits for Processing Appeals**, in the **How to File an Appeal** section. The second appeal should also include any additional information that wasn't previously submitted with your first appeal, as well as an explanation supporting your position.

Time Limits and Procedures for Processing Your Second Appeal

Upon receipt of your second appeal, the claims administrator reviews the claim again and makes a decision based on all comments, documents, records and other information you've submitted, without regard to whether such information was submitted or considered in the initial benefit determination.

This second appeal will be completed within the time limits shown in the table, **Time Limits for Processing Appeals**.

Notice of Decision on Second Appeal

If, on second appeal, the claims administrator determines that your explanation and additional information support the payment of your claim, the claims administrator will process your claim.

If your second appeal is denied (in whole or in part), you will receive a written notice. The notice will contain information sufficient to identify the claim involved. The notice will state the reasons for the denial, including references to specific Retiree HRA Plan provisions upon which the denial was based and a statement of your right to file a civil lawsuit under Section 502(a) of ERISA after all levels of required appeal/review have been exhausted.

The notice will state that you are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records and other information (other than legally or medically privileged documents) relevant to your claim for benefits.

If your second appeal is denied based on an internal rule, guideline, protocol or other similar item, the notice will include a copy of the rule, guideline, protocol or item that was relied on to deny the claim. Alternatively, the notice will include a statement that an internal rule, guideline, protocol or similar item was relied on to deny your claim, and you can request a copy of it (the rule, guideline, protocol or other similar item) free of charge.

The claims administrator is the named fiduciary that serves as the final review committee and, in its sole discretion, has the authority to interpret Retiree HRA Plan provisions, as well as facts and other information related to claims and appeals.

administrative power and responsibilities

Chevron Corporation has the discretionary authority to control and manage the administration and operation of the Retiree HRA Plan. Chevron Corporation shall have the full, exclusive and discretionary authority to prescribe such forms; make such rules, regulations, interpretations and computations; construe the terms of the Retiree HRA Plan; determine all issues relating to coverage and eligibility for benefits; and take such other action to administer the Retiree HRA Plan as it may deem appropriate in its sole discretion. Chevron Corporation's rules, regulations, interpretations, computations and actions shall be final and binding on all persons. Such discretionary authority can also be exercised by a delegate.

COBRA and continuation coverage

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal law that entitles you and your eligible dependents to continue health plan coverage for a period of time after it would otherwise end.

introduction

who's eligible for continuation coverage

qualifying events

how to enroll

how much continuation coverage costs

period of continuation coverage

This section only describes the COBRA and continuation coverage available for the post-65 Retiree HRA Plan.

- For COBRA and continuation coverage for the **active employee health plans**, see the **COBRA and Continuation Coverage** chapter of the summary plan description for each active employee health plan. Active employee benefit summary plan descriptions are available on hr2.chevron.com or by calling the HR Service Center.
- For COBRA and continuation coverage for the pre-65 retiree health plans, see the **COBRA and Continuation Coverage** chapter of the **Chevron Pre-65 Retiree Health Benefits** summary plan description. The pre-65 health plan summary plan description is available on hr2.chevron.com/retiree or by calling the HR Service Center.

introduction

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) is a federal law that entitles you and your eligible dependents to continue health benefits for a period of time after it would otherwise end. This continuation coverage becomes available when a qualifying event occurs. If you or your dependents decline this coverage when first eligible for it, you waive the right to enroll at a later date, except that you or your dependents may enroll at any time during the initial period of COBRA eligibility, even if you have previously declined COBRA coverage. This section:

- Contains information about continuation coverage rights for the Retiree HRA Plan.
- Explains when continuation coverage may become available for the Retiree HRA Plan.
- Describes what qualified beneficiaries need to do to protect their right to receive continuation coverage for the Retiree HRA Plan.

Pursuant to Chevron policy, your domestic partner who is covered by the Retiree HRA Plan on the day before a qualifying event occurs is also eligible for continuation coverage that is similar to COBRA.

What Is Continuation Coverage?

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires most employers sponsoring group health benefits to offer employees and their families the opportunity for a temporary extension of health coverage (called COBRA continuation coverage) at group rates when there is a “qualifying event” where coverage would otherwise end. (Specific qualifying events are listed later in this section.) After a qualifying event, continuation coverage must be offered to each “qualified beneficiary.”

You, your spouse, your domestic partner and your post-65 incapacitated child could become qualified beneficiaries if coverage under the Retiree HRA Plan is lost because of the qualifying event. Pursuant to Chevron policy, domestic partners who are covered under a Chevron health plan on the day before a qualifying event are also permitted to elect continuation coverage that is similar to COBRA. You do not have to show that you are insurable to choose continuation coverage. However, you will have to pay the total premium for your continuation coverage, plus a 2 percent administration fee.

This section describes the COBRA and continuation coverage available for the Retiree HRA Plan only.

who's eligible for continuation coverage?

Under COBRA and pursuant to Chevron policy, your post-65 eligible spouse, your post-65 eligible domestic partner and your post-65 incapacitated child who is enrolled in the Retiree HRA Plan on the day before a qualifying event occurs is eligible to enroll for continuation coverage under the Retiree HRA Plan.

Your spouse may also be eligible for continuation coverage if it's determined that you canceled their Retiree HRA Plan coverage to prevent them from qualifying for continuation coverage (in anticipation of your divorce, for example). In this situation, your spouse must notify Chevron within 60 days if you're divorced. Your domestic partner must notify Chevron within 31 days if your domestic partnership ends. If your spouse/domestic partner does not notify Chevron within the above time limits, they will become permanently ineligible for future continuation coverage as a result of that qualifying event.

qualifying events

Your post-65 eligible spouse, your post-65 eligible domestic partner and your post-65 incapacitated child become a qualified beneficiary and can enroll in continuation coverage if their Retiree HRA Plan ends because of one of the following qualifying events:

- You die.
- You and your spouse get a divorce.
- You and your domestic partner end your domestic partnership.

Special Rule for Bankruptcy of the Employer

Pursuant to COBRA, sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy were to be filed with respect to Chevron, and that bankruptcy resulted in the loss of coverage of any retired employee covered under a Chevron health plan, the retired employee would become a qualified beneficiary with respect to the bankruptcy. The retired employee's spouse/domestic partner, surviving spouse/domestic partner, and dependent children would also become qualified beneficiaries if such bankruptcy results in the loss of their coverage under a Chevron health plan.

how to enroll

You Must Give Notice of Some Events

- You or your post-65 eligible spouse must notify Chevron within 60 days after the first of the month coinciding with or following your divorce.
- You or your post-65 eligible domestic partner must notify Chevron within 31 days following the termination of your domestic partnership.
- Your post-65 eligible spouse or post-65 eligible domestic partner must notify Chevron within 31 days if, after electing continuation coverage, they become covered by another group health plan.

If you or your spouse/domestic partner does not provide notice to Chevron's HR Service Center within the time limit specified above, your spouse/domestic partner will lose eligibility for continuation coverage with respect to that qualifying event.

The following information should be included in the notice:

- The name of the individual experiencing the qualifying event (the qualified beneficiary).
- The name and Social Security number of the retired employee.
- The type of qualifying event.
- The date of the qualifying event.
- The address of the qualified beneficiary.

Chevron may also require you to provide documentation of a qualifying event, such as a final divorce decree, before continuation coverage is offered.

You should provide your notice to the Chevron HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.). Your personal identification number (PIN) will be required when reporting the event by telephone. Additionally, you can mail your notice to the following address:

Chevron Corporation
Human Resources Service Center
P.O. Box 18012
Norfolk, VA 23501

Electing Continuation Coverage

When OneExchange is notified by the HR Service Center that one of these events has occurred, OneExchange will in turn notify the qualified beneficiary of the right to elect continuation coverage. Under the law, you have 60 days from the date you would lose Retiree HRA Plan coverage because of one of these events, or the date your continuation coverage election notice is sent to you, whichever is later, to inform OneExchange that you want continuation coverage.

Each qualified beneficiary has an independent right to elect continuation coverage.

Your eligible spouse/domestic partner must complete and return the continuation coverage election form within 60 days after Retiree HRA Plan coverage would otherwise end or, if later, within 60 days after the date their continuation coverage election notice is sent to them. If your eligible spouse/domestic partner does not choose continuation coverage during the election period, your eligible spouse's/domestic partner's Retiree HRA Plan coverage will end the last day of the month in which the qualifying event occurs.

If your eligible spouse/domestic partner elects continuation coverage within this 60-day period, upon timely receipt of the full amount of the first required premium payment for continuation coverage, your eligible spouse's/domestic partner's Retiree HRA Plan coverage will be reinstated retroactive to the date their Retiree HRA Plan coverage ended.

Keep the Plan Informed of Address Changes

In order to protect your family's rights, you should keep Chevron informed of any changes in the addresses of family members by contacting the HR Service Center. You should also keep a copy, for your records, of any notices you send to the HR Service Center.

how much continuation coverage costs

In most cases, your eligible spouse or domestic partner will pay 100 percent, plus a 2 percent administrative fee, of the cost of the Retiree HRA Plan.

Your eligible spouse or domestic partner must pay OneExchange for this coverage as long as it's in effect. Your first payment for continuation coverage is due within 45 days after the date of your election. (This is the date the continuation coverage election form is postmarked, if mailed.) If you do not make your first premium payment for continued coverage within 45 days, you will lose all continuation coverage rights under the plan.

After that, payments are due on the first day of each month. For example, payment for January coverage is due on January 1. Coverage will be canceled and can't be reinstated if a payment is 30 days overdue. It is the qualified beneficiary's responsibility to make timely payments, even if he or she does not receive a payment coupon.

Regular monthly COBRA payments should be mailed to:

OneExchange COBRA
P.O. Box 755164
Chicago, IL 60677-5164

Or via overnight to:

PNC Bank c/o OneExchange COBRA
Lockbox Number 775164
350 East Devon Avenue
Itasca, IL 60143

period of continuation coverage

When Continuation Coverage Starts

Retiree HRA Plan coverage will end on the last day of the month in which a qualifying event occurs. If your eligible spouse/domestic partner enrolls for continuation coverage within 60 days after regular coverage ends (or, if later, within 60 days after the date the continuation coverage election notice is sent) upon timely receipt of the full amount of the first required premium payment for continuation coverage, your eligible spouse's/domestic partner's Retiree HRA Plan coverage will be reinstated retroactive to the date the Retiree HRA Plan ended. If your eligible spouse/domestic partner fails to meet these deadlines, your eligible spouse/domestic partner will waive the right to enroll for continuation coverage.

How Long Continuation Coverage Lasts

If your eligible spouse/domestic partner timely enrolls then continuation coverage under the Retiree HRA Plan may last for up to 36 months.

When Continuation Coverage Ends

Continuation coverage may be terminated before the end of the 36 month maximum period if one of the following occurs:

- The premium for the Retiree HRA Plan continuation coverage is not paid on time.
- The date the qualified beneficiary's Retiree HRA Plan account is exhausted.
- The date the qualified beneficiary notifies OneExchange to discontinue Retiree HRA Plan coverage.
- If after electing continuation coverage, the qualified beneficiary becomes covered by another group health plan, unless the plan contains any exclusions or limitations with respect to any pre-existing condition the qualified beneficiary may have.
- Chevron no longer provides Retiree HRA Plan coverage to any of its eligible retirees.

Continuation coverage also may be terminated early for any reason the Retiree HRA Plan would terminate coverage of a participant or beneficiary not receiving continuation coverage (for example, if you commit fraud or make an intentional misrepresentation of a material fact).

if you die: important considerations

This section provides an overview of what happens to health benefits for your eligible dependents if you die.

what happens to health coverage
making changes to survivor health benefits
cost of survivor health benefits
how long survivor health benefits last

While these plan rules determine health care benefit eligibility for your survivors, Chevron Corporation reserves the right to change or terminate a plan at any time and for any reason. A change also can be made to premiums and future eligibility for coverage and can apply to those who retired in the past, as well as to those who retire in the future. Once approved, plan changes are incorporated into the plan texts, summary plan descriptions and vendor administration at the effective date.

what happens to health coverage

In all cases, your survivor(s) must take action to report your death to the HR Service Center within 31 days of your death to remain eligible for coverage. If a surviving spouse, surviving domestic partner or surviving dependent child misses the enrollment deadline, they become permanently ineligible for future Chevron health benefits and/or the Retiree HRA Plan. Eligibility will not be reinstated.

If enrolled in Chevron *employee* group health coverage

Your eligible surviving spouse, surviving domestic partner or surviving dependent child must be enrolled in Chevron employee benefits on the date of your death to qualify for survivor coverage or COBRA continuation coverage. If you are an eligible employee enrolled in Chevron employee benefits at the time of your death, your *enrolled* dependents are eligible for any one of the following:

- **COBRA continuation coverage.**
Your survivors are only eligible to elect COBRA coverage for the plans in which they are enrolled at the time of your death. See the **COBRA and Continuation Coverage** chapter of the summary plan description for each active employee health plan for more information about this coverage. Active employee benefit summary plan descriptions are available on hr2.chevron.com or by calling the HR Service Center.
- **Chevron survivor health coverage.**
 - **Pre-65 eligible survivors** can participate in the Chevron group health coverage offered to pre-65 eligible retirees. See the **Chevron Pre-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree for a description of pre-65 health benefits.
 - **Post-65 eligible survivors** can participate in the individual medical, prescription drug, dental and vision coverage offered to Chevron retirees through OneExchange. Post-65 eligible surviving dependents are also eligible to participate in the Retiree HRA Plan. This summary plan description, **Chevron Post-65 Retiree Health Benefits** describes benefits for post-65 eligible participants.

Your survivor(s) must take action to report your death to the HR Service Center within 31 days of your death to remain eligible for coverage. If a surviving spouse, surviving domestic partner or surviving dependent child misses the enrollment deadline, they become permanently ineligible for future Chevron health benefits and/or the Retiree HRA Plan. Eligibility will not be reinstated.

If a surviving spouse, surviving domestic partner or surviving dependent child **waives all health plan coverage**, they become permanently ineligible for future Chevron health plan coverage and the Retiree HRA Plan (if applicable). Coverage or eligibility will not be reinstated.

Legacy Survivor Eligibility Rules

If you retired before July 1, 2002, there may be special eligibility rules for your enrolled surviving dependents, which may depend on the heritage company from which you retired. For example, per former Texaco's practice, survivors of Texaco retirees who retired before July 1, 2002, are eligible for the medical plans only – not dental – while under the age of 65.

If enrolled in Chevron retiree health benefits

If you — the Chevron eligible retiree — die while covered under Chevron retiree health benefits, your eligible surviving spouse, surviving domestic partner or surviving dependent child must be enrolled in Chevron retiree health benefits on the date of your death to qualify for survivor coverage or COBRA continuation coverage. If you are an eligible retiree enrolled in the health benefits offered to Chevron eligible retirees on the date of your death, your *enrolled* dependents are eligible for either one of the following:

- **COBRA continuation coverage.**

Your survivors are only eligible to elect COBRA coverage for the plans in which they are enrolled on the date of your death.

 - See the **COBRA and Continuation Coverage** chapter of the **Chevron Pre-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree for more information about COBRA coverage for pre-65 retiree health coverage.
 - See the **COBRA and Continuation Coverage** chapter of this summary plan description for more information about COBRA coverage for the Retiree HRA Plan.
 - COBRA and Continuation Coverage does not apply to the post-65 individual health plans offered through OneExchange.

- **Chevron survivor health coverage.**
 - **Pre-65 eligible survivors** can participate in the Chevron group health coverage offered to pre-65 eligible retirees. See the **Chevron Pre-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree for a description of pre-65 health benefits.
 - **Post-65 eligible survivors** can participate in the individual medical, prescription drug, dental and vision coverage offered to Chevron retirees through OneExchange. Post-65 eligible surviving dependents are also eligible to participate in the Retiree HRA Plan. This summary plan description, **Chevron Post-65 Retiree Health Benefits** describes benefits for post-65 eligible participants.

Your survivor(s) must take action to report your death to the HR Service Center within 31 days of your death to remain eligible for coverage. If a surviving spouse, surviving domestic partner or surviving dependent child misses the enrollment deadline, they become permanently ineligible for future Chevron health benefits and/or the Retiree HRA Plan. Eligibility will not be reinstated.

If a surviving spouse, surviving domestic partner or surviving dependent child **waives all health plan coverage**, they become permanently ineligible for future Chevron health plan coverage and the Retiree HRA Plan (if applicable). Coverage or eligibility will not be reinstated.

If enrolled in another employer's group health coverage

If you — the Chevron eligible retiree — die while covered under another employer's group health plan, eligible dependents that are also covered under your group health plan on the date of your death can enroll in Chevron survivor health coverage.

- **Pre-65 eligible survivors** can participate in the Chevron group health coverage offered to pre-65 eligible retirees. See the **Chevron Pre-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree for a description of pre-65 health benefits.
- **Post-65 eligible survivors** can participate in the individual medical, prescription drug, dental and vision coverage offered to Chevron retirees through OneExchange. Post-65 eligible surviving dependents are also eligible to participate in the Retiree HRA Plan. This summary plan description, **Chevron Post-65 Retiree Health Benefits** describes benefits for post-65 eligible participants.

An **employer group health plan** is defined as an employee health benefit plan established or maintained by an employer or by an employee organization (such as a union), or both, that provides medical care for participants or their dependents directly or through insurance, reimbursement, or otherwise. Retiree health insurance from a former employer or union, or COBRA continuation coverage are not considered coverage based on current employment and therefore do not qualify as an employer group health plan for purposes of Chevron's enrollment milestones and the Retiree HRA Plan.

Your survivor(s) must take action to report your death to the HR Service Center within 31 days of your death to remain eligible for coverage. If a surviving spouse, surviving domestic partner or surviving dependent child misses the enrollment deadline, they become permanently ineligible for future Chevron health benefits and/or the Retiree HRA Plan. Eligibility will not be reinstated.

If a surviving spouse, surviving domestic partner or surviving dependent child **waives all health plan coverage**, they become permanently ineligible for future Chevron health plan coverage and the Retiree HRA Plan (if applicable). Coverage or eligibility will not be reinstated.

If enrolled in Chevron COBRA or Chevron subsidized COBRA coverage

Your survivor(s) must take action to report your death to the HR Service Center within 31 days of your death to remain eligible for coverage. If you — the Chevron eligible retiree — die while covered under Chevron COBRA or subsidized COBRA coverage:

- **Chevron COBRA continuation coverage.**

If your eligible surviving spouse, surviving domestic partner or surviving dependent child are also enrolled in Chevron COBRA coverage on the date of your death, your surviving dependents can continue their current COBRA coverage for the plans for which they are enrolled as your dependents on the date of your death. *Your surviving dependents are not eligible for Chevron survivor health coverage and/or the Retiree HRA. This means Chevron health coverage for surviving dependents ends permanently when their COBRA coverage period ends.*

- **Chevron subsidized COBRA continuation coverage.**

If your eligible surviving spouse, surviving domestic partner or surviving dependent child are also enrolled in Chevron *subsidized* COBRA coverage on the date of your death, your surviving dependents can continue their current subsidized COBRA coverage until the end of the subsidized period for the plans for which they are enrolled as your dependents on the date of your death. *However, if your surviving dependent chooses to remain on COBRA coverage beyond the subsidized period, they will become permanently ineligible for future Chevron survivor health benefits and/or the Retiree HRA Plan. Eligibility will not be reinstated.*

- **Chevron survivor health coverage.**

– **Pre-65 eligible survivors** can participate in the Chevron group health coverage offered to pre-65 eligible retirees. To remain eligible for survivor coverage, pre-65 eligible survivors must contact the HR Service Center within 31 days of the date of your death (or within 31 days of the date when subsidized COBRA coverage ends, if applicable). See the **Chevron Pre-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree for a description of pre-65 health benefits. If a surviving spouse, surviving domestic partner or surviving dependent child misses the enrollment deadline, they become permanently ineligible for future Chevron health benefits and/or the Retiree HRA Plan. Eligibility will not be reinstated.

- **Chevron survivor retiree health coverage (continued).**
 - **Post-65 eligible survivors** can participate in the individual medical, prescription drug, dental and vision coverage offered to Chevron retirees through OneExchange. Post-65 eligible surviving dependents are also eligible to participate in the Retiree HRA Plan. This summary plan description, **Chevron Post-65 Retiree Health Benefits** describes benefits for post-65 eligible participants.
 - Medicare Part A and Part B is required to enroll in health coverage through OneExchange and to activate the Retiree HRA Plan.
 - To remain eligible for survivor coverage, post-65 eligible survivors must contact **OneExchange** within 31 days of the date of your death. They must also call the **HR Service Center** within 31 days of the date of your death to activate the Retiree HRA Plan.
 - If your post-65 eligible survivors are currently enrolled in Chevron **subsidized COBRA coverage** and wish to remain enrolled until the end of the subsidized period, they must contact OneExchange **four months** in advance of the subsidized COBRA end date to understand and begin the post-65 individual health coverage enrollment process. Failure to timely enroll through OneExchange could result in a gap in coverage. They must also call the HR Service Center within **31 days** of the date subsidized COBRA ends to activate the Retiree HRA Plan.
 - If a surviving spouse, surviving domestic partner or surviving dependent child misses an enrollment deadline, they become permanently ineligible for future Chevron health benefits and/or the Retiree HRA Plan. Eligibility will not be reinstated.

If a surviving spouse, surviving domestic partner or surviving dependent child **waives all health plan coverage**, they become permanently ineligible for future Chevron health plan coverage and the Retiree HRA Plan (if applicable). Coverage or eligibility will not be reinstated.

If not enrolled in health coverage

Your dependents are **not** eligible for Chevron COBRA or continuation or survivor coverage if any of the following apply:

- If, on the date of your death, **you** – the retiree – were not enrolled in Chevron employee coverage, Chevron retiree coverage, Chevron COBRA coverage, Chevron subsidized COBRA coverage, or another employer's group health coverage.
- If, on the date of your death, **your eligible dependents** were not enrolled as a dependent under your health coverage.

making changes to survivor health benefits

Once enrolled, survivors can make benefit changes during:

- Chevron's open enrollment period for COBRA participants.
- Chevron's open enrollment period for pre-65 participants.
- Medicare's Annual Enrollment Period (AEP) for post-65 Medicare-eligible participants.

Survivors can also make changes during the year, when there is a qualifying life event (the change must be consistent with the qualifying life event as defined by Chevron or Medicare, as applicable).

- **For COBRA and pre-65 participants**, Contact the HR Service Center within 31 days of the date of the qualifying life event to make benefit changes.
- **For post-65 participants**, contact OneExchange within 31 days of the date of the qualifying life event to make benefit changes.

In all cases, there are some exceptions to the types of changes survivors are permitted to make, as follows:

- **Survivors cannot add additional dependents.** If a survivor adds an additional dependent to coverage, health coverage and/or participation in the Retiree HRA Plan will be canceled. (Up to 36 months of COBRA continuation coverage becomes available for health coverage only.)
Exception: An eligible retiree's dependent child who is born within nine months of the date of the eligible retiree's death can be added to health coverage as long as the surviving spouse or domestic partner is enrolled in Chevron pre-65 group health coverage and the newborn is added to coverage as a dependent within 31 days of the date of birth.
- **If a survivor drops all health care coverage**, the survivor and any existing, enrolled dependents they become permanently ineligible for future Chevron health plan coverage and the Retiree HRA Plan (if applicable). Coverage or eligibility will not be reinstated.
- **If a survivor drops an existing, enrolled dependent**, the dependent becomes permanently ineligible for future Chevron health plan coverage and the Retiree HRA Plan (if applicable). Coverage or eligibility will not be reinstated.

cost of survivor health benefits

COBRA Continuation Coverage

If your enrolled dependent(s) elects **COBRA continuation coverage**, they must pay the entire cost of each applicable plan plus a 2 percent administrative fee.

Survivor Coverage

Chevron may pay a portion of the cost of survivor coverage. Contact the HR Service Center or OneExchange for information as it pertains to your situation.

Legacy Survivor Eligibility Rules

If you retired before July 1, 2002, there may be special cost rules for your enrolled surviving dependents, which may depend on the heritage company from which you retired. For example, per former Texaco's practice, survivors of Texaco retirees who retired before July 1, 2002, are eligible for the medical plans (not dental) while under the age of 65. They must also pay the total cost of the medical plan after the retiree dies. When the Texaco survivor becomes Medicare-eligible due to age, then the company contribution to the Retiree HRA Plan is 50 percent of the maximum company contribution.

how long survivor health benefits last

Survivor coverage for a surviving spouse or domestic partner can continue until:

- The survivor dies.
- The survivor cancels coverage.
- The survivor does not make timely premium payments.
- Survivor coverage can continue if the survivor remarries or enters into a new domestic partner relationship, but the new spouse or domestic partner or any other new dependents cannot be added to any Chevron health benefit. If the survivor wants to add the new spouse or other new dependent to the plan, survivor coverage and/or the Retiree HRA will be canceled. (Up to 36 months of COBRA continuation coverage becomes available for health coverage only.) The only exception to this rule is a retiree's dependent child who is born within nine months of the date of the retiree's death can be added as long as the newborn is added to coverage as a dependent within 31 days of the date of birth.

Survivor coverage for enrolled children can continue until:

- The child reaches age 26 (unless incapacitated)
- Is no longer eligible according to the eligibility provisions for the health plans for reasons other than your – the retiree – death. Please see the **Eligibility** chapter for details on eligibility.
- Survivor coverage can continue if the child marries or enters into a new domestic partner relationship, but the new spouse or domestic partner or any other new dependents cannot be added to any Chevron health plan. If the child wants to add the new spouse or other new dependent to the plan, survivor coverage ends, and up to 36 months of continuation coverage becomes available.

Survivor coverage will end early:

- If the survivor fails to timely pay any required premiums for coverage.
- As of the date the survivor has received the maximum benefit under a particular Chevron health plan.

Survivor coverage will also end if Chevron ceases to provide any health plan for any of its employees or retirees. Survivor coverage may also be terminated if you commit fraud or make an intentional misrepresentation of a material fact.

If your covered surviving spouse or covered child becomes ineligible for survivor coverage, the survivors can continue Chevron health coverage for up to 36 months under the terms of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Pursuant to Chevron policy, your covered surviving domestic partner and your domestic partner's covered dependent children may also be eligible for continuation coverage that's similar to COBRA, if they become ineligible for survivor coverage under the Chevron health plans.

how to file a claim for eligibility

If you have been denied eligibility to participate in the Retiree HRA Plan, you can file a written claim for eligibility with the plan administrator. This section provides information regarding filing a claim for eligibility to participate in the Retiree HRA Plan.

Contact OneExchange for questions regarding your eligibility to participate in specific post-65 individual health coverage offered to Chevron retirees through OneExchange.

how to file a claim for eligibility
appeal procedures for denied claims for eligibility

how to file a claim for eligibility

If you have a question regarding your eligibility to participate in the Retiree HRA Plan or if you believe you are entitled to credit for health and welfare eligibility service, contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.). If you are not satisfied with the outcome, you can file a claim by following the procedures described below. If you have been denied participation in the Retiree HRA Plan or if you believe you are entitled to credit for health and welfare eligibility service in the Retiree HRA Plan, you can file a written claim with the plan administrator. Include the grounds on which your claim is based and any documents, records, written comments or other information you feel will support the claim.

Address your written correspondence to:

Chevron Corporation Post-65 Retiree HRA Plan Administrator
Chevron Human Resources Service Center
P.O. Box 18012
Norfolk, VA 23501

If you file a claim for participation or for credit for health and welfare eligibility service in the Retiree HRA Plan, the plan administrator will send you a decision on the claim within 90 days after the claim is received. However, if there are special circumstances that require additional time, the plan administrator will advise you that additional time is needed and then will send you a decision within 180 days after the claim is received. If the claim for participation or for credit for health and welfare eligibility service in the Retiree HRA Plan is denied (in whole or in part), the plan administrator will send you a written explanation that includes:

- Specific reasons for the denial, as well as the specific Retiree HRA Plan provisions or Chevron policy on which the denial is based.
- A description of any additional information that could help you complete the claim and reasons why the information is needed.
- Information about how you can appeal the denial of the claim.
- A statement explaining your right to file a civil lawsuit under section 502(a) of ERISA if your appeal is denied.

appeal procedures for denied claims for eligibility

If your claim for participation or for credit for health and welfare eligibility service in the Retiree HRA Plan is denied, in whole or in part, and you want to appeal the denial, you must file an appeal within 90 days after you receive written notice of the denial of your claim. The appeal must be in writing, must describe all of the grounds on which it is based and should include any documents, records, written comments or other information you feel will support the appeal. Before submitting the appeal, you can review and receive, at no charge, copies of Retiree HRA Plan documents, records and other information relevant to your claim for participation or for credit for health and welfare eligibility service in the Retiree HRA Plan.

The Review Panel will provide you with a written response to the appeal and will either reverse the earlier decision and permit participation or provide credit for health and welfare eligibility service in the Retiree HRA Plan, or it will deny the appeal.

If the appeal is denied, the written response will contain:

- The specific reasons for the denial and the specific Retiree HRA Plan provisions or Chevron policy on which the denial is based.
- Information explaining your right to review and receive, at no charge, copies of Retiree HRA Plan documents, records and other information relevant to your claim for participation or for credit for health and welfare eligibility service in the Retiree HRA Plan.
- A statement explaining your right to file a civil lawsuit under section 502(a) of ERISA.

The Review Panel doesn't have the authority to change Retiree HRA Plan provisions or Chevron policy or to grant exceptions to the Retiree HRA Plan rules or Chevron policy.

For appeals regarding participation or credit for health and welfare eligibility service in the Retiree HRA Plan, address your written correspondence to:

Review Panel
Chevron Corporation Post-65 Retiree HRA Plan
P.O. Box 6075
San Ramon, CA 94583-0775

The Review Panel may require you to submit (at your expense) additional information, documents or other material that it believes is necessary for the review.

You will be notified of the final determination of the appeal within 60 days after the date it's received, unless there are special circumstances that require additional time. You will be advised if more time is needed, and you'll then receive the final determination within 120 days after the appeal is received. If you do not receive a written decision within 60 or 120 days (whichever applies), you can take legal action.

administrative information

This section provides important legal and administrative information you may need regarding the benefits described in this book that are governed by the Employee Retirement Income Security Act of 1974 (ERISA).

Employer Identification Number (EIN)

The employer identification number is 94-0890210 unless otherwise noted.

Plan Sponsor and Plan Administrator

Chevron Corporation is the plan sponsor and plan administrator and can be reached at the following address:

Chevron Corporation
P.O. Box 6075
San Ramon, CA 94583-0767

1-888-825-5247 (610-669-8595 outside the U.S.).

Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan (“Retiree HRA Plan”) (as Administered by OneExchange)

Plan number: 561

Claims Administrator: OneExchange

Type of Administration: Contract Administration

Type of Plan: Health Reimbursement Arrangement

Agent for Service of Legal Process

If you wish to take legal action after exhausting the claims and appeals procedures, legal process should be served on:

Service of Process
Chevron Corporation
6001 Bollinger Canyon Road
Building T (T-3371)
San Ramon, CA 94583

You can also serve process on a plan by serving the plan administrator.

Plan Amendments and Changes

Chevron Corporation reserves the right to change or terminate a plan at any time and for any reason. A change also can be made to premiums and future eligibility for coverage and can apply to those who retired in the past, as well as to those who retire in the future. Once approved, plan changes are incorporated into the plan texts, SPDs and vendor administration at the effective date.

Participating Companies

A complete list of the participating companies (designated by Chevron Corporation) whose retirees are covered by each of the Chevron benefit plans can be obtained by writing to the plan administrator.

Incorrect Computation of Benefits

If you believe the amount of the benefit you receive from the plans described in this booklet is incorrect, you should notify the appropriate claims administrator, in writing, at the address shown in the Summary Chart. If it's found that you or a beneficiary wasn't paid benefits you or your beneficiary was entitled to, the plan will pay the unpaid benefits. Similarly, if the calculation of your or your beneficiary's benefit results in an overpayment, you or your beneficiary will be required to repay the amount of the overpayment to the plan.

Recovery of Overpayments

An “overpayment” is any payment made to you and/or your covered dependent (or elsewhere for the benefit of you and/or your covered dependent) in excess of the amount properly payable under the Retiree HRA Plan. Upon any overpayment, the Retiree HRA Plan shall have a first right of reimbursement and restitution with an equitable lien by contract in such amount.

Furthermore, the holder of such overpayment shall hold it as the health plans’ constructive trustee.

If you and/or your covered dependent has cause to reasonably believe that an overpayment may have been made, you and/or your covered dependent must promptly notify the applicable claims administrator of the relevant facts. If the applicable claims administrator determines that an overpayment was made to you (or any other person), it will notify you in writing and you shall promptly pay (or cause another person to pay) the amount of such overpayment to the applicable claims administrator.

If the applicable claims administrator has made a written demand for the repayment of an overpayment and you (or another person) have not repaid (or caused to be repaid) the overpayment within 30 days following the date on which the demand was mailed, then any amounts subsequently payable as benefits under the health plans with respect to you and/or your covered dependent may be reduced by the amount of the outstanding overpayment, or the applicable claims administrator may recover such overpayment by any other appropriate method that the applicable claims administrator (or the Corporation) shall determine.

Plan Year

The plan year for Chevron’s benefit plans described in this booklet begins on January 1 and ends on December 31 of each year.

Intentional Misrepresentations

If you commit fraud or make an intentional misrepresentation of a material fact about your participation in the Retiree HRA Plan, the Retiree HRA Plan has the right to terminate coverage permanently for you and all of your eligible dependents. Also, the Retiree HRA Plan may seek financial damages caused by the misrepresentations and may pursue legal action against you. Material misrepresentation includes, but is not limited to, submitting falsified claims or covering a dependent who is ineligible (for instance, adding a spouse before you are married or after you are divorced, or adding a child who doesn’t meet the plan qualifications of an eligible dependent).

Misconduct

You may not be eligible for retiree coverage under any plans described here if you engaged in misconduct during the course of your employment with the company, whether or not the misconduct was discovered before or after your employment was terminated. Examples of misconduct include embezzlement from the company or its customers or suppliers; fraud against the company; deliberately disregarding the rules of the company, resulting in material loss; damage to property or injury to employees or others; and the unauthorized disclosure of company secrets or confidential information.

Administrative Power and Responsibilities

Chevron Corporation has the discretionary authority to control and manage the administration and operation of the Retiree HRA Plan. Chevron Corporation shall have the full, exclusive and discretionary authority to prescribe such forms; make such rules, regulations, interpretations and computations; construe the terms of the Retiree HRA Plan; determine all issues relating to coverage and eligibility for benefits; and take such other action to administer the Retiree HRA Plan as it may deem appropriate in its sole discretion. Chevron Corporation’s rules, regulations, interpretations, computations and actions shall be final and binding on all persons. Such discretionary authority can also be exercised by a delegate.

your ERISA rights

The Employee Retirement Income Security Act of 1974 (ERISA) protects your benefit rights as an employee. It doesn't require Chevron Corporation to provide a benefit plan; however, it does provide you with certain legal protections under the ERISA plans that Chevron Corporation does provide. This section summarizes these rights. In addition, you should be aware that Chevron Corporation reserves the right to change or terminate the plans at any time. Chevron Corporation will make every effort to communicate any changes to you in a timely manner. As a participant in the Chevron Corporation benefit plans described in this booklet, you're entitled to certain rights and protections under ERISA.

your ERISA rights
enforce your rights
assistance with your questions
filing a lawsuit

your ERISA rights

Receive Information About Your Plan and Benefits

You have the right to:

- Examine (without charge) at the plan administrator's office and at other specified locations, such as work sites, all plan documents. These may include insurance contracts, collective bargaining agreements, official plan texts and copies of all documents, such as the latest annual report (Form 5500 Series) filed by the plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration (EBSA).
- Obtain (by writing to the plan administrator) copies of all documents governing the operation of the plan, including insurance contracts, collective bargaining agreements, copies of the latest Form 5500 annual report, and an updated SPD. The plan administrator can make a reasonable charge for the copies.
- Receive a summary of the plan's annual financial report. The plan administrator is required by law to furnish each participant with a copy of this summary annual report.
- Request a personalized statement of your pension benefits.

Continue Group Health Plan Coverage

You have a right to continue health care coverage for yourself, your spouse or your dependents if there is a loss of coverage under the plan as a result of a qualifying event. You or your dependents may have to pay for such coverage. For information regarding your continuation coverage rights, review the **COBRA and Continuation Coverage** chapter of this summary plan description and the documents governing the plan.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan participants, ERISA imposes duties upon certain people who are responsible for the operation of Chevron Corporation's plans. These people are called "fiduciaries" and have a duty to exercise fiduciary functions prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union or any other person, can fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your ERISA rights.

enforce your rights

If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain (without charge) copies of documents related to the decision, and to appeal any denial — all within certain time schedules. Under ERISA, there are steps you can take to enforce your ERISA rights. For instance:

- If you request a copy of the plan documents or the plan's latest annual report and do not receive them within 30 days, you can file suit in a federal court. In such a case, the court can require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials — unless the materials were not sent because of reasons beyond the control of the plan administrator.
- If you disagree with the plan's decision or lack of response to your request concerning the qualified status of a domestic relations order or medical child support order, you can file suit in a federal court.
- If you have a claim for benefits that is denied or ignored, in whole or in part, you can file suit in a state or federal court (see [Filing a Lawsuit](#) below).
- If it should happen that plan fiduciaries misuse the plan's money, or if you're discriminated against for asserting your ERISA rights, you can seek assistance from the U.S. Department of Labor or you can file suit in a federal court.

If you file suit, the court decides who should pay court costs and legal fees. If you're successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees — for example, if it finds your claim is frivolous.

assistance with your questions

If you have any questions about the plan, you should contact the claims administrator and/or plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration (EBSA), U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

You also can obtain certain publications about your rights and responsibilities under ERISA by:

- Calling the Employee Benefits Security Administration publications hotline at 1-866-444-3272.
- Logging on to the Internet at www.dol.gov/ebsa/publications/main.html.

filing a lawsuit

You can file a lawsuit to recover a benefit under a plan provided the action is commenced within the lesser of the applicable statute of limitations period or four years (if applicable to a health plan) after the occurrence of the loss for which a claim is made. You can file a lawsuit to recover a benefit under a plan, provided *all* of the following have been completed:

- You initiate a claim as required by the plan.
- You receive a written denial of the claim.
- You file a timely written request for a review of the denied claim with the plan administrator or the claims administrator (or you receive written notification that the claim has been denied on appeal).
- If the plan provides for two levels of appeal, you file a timely written request for a second review of the denied claim with the plan administrator or the claims administrator (or you receive written notification that the claim has been denied on second appeal).

If you want to take legal action after you exhaust the plan's claims and appeals procedures, you can serve legal process on:

Service of Process
Chevron Corporation
6001 Bollinger Canyon Road
Building T (T-3371)
San Ramon, CA 94583

You also can serve process on a plan by serving the plan administrator. The plan administrator is the appropriate party to sue for all Chevron Corporation benefit plans.

glossary

Benefit Credit

The amount credited to a Participant's HRA account, including the subsidy amount for medical coverage and the fixed amount for dental coverage, if applicable.

Calendar Year

A period commencing January 1 and ending at 12 o'clock midnight on the next succeeding December 31.

Claims Administrator (Retiree HRA Plan)

An entity appointed by the Corporation to assist it in processing and reviewing claims under the Retiree HRA Plan.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985, as amended from time to time.

Code

The Internal Revenue Code of 1986, as amended from time to time.

Company

Chevron Corporation and those of its subsidiaries that it has designated to participate in the Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan and that have accepted such designation by appropriate corporate action. Such designation may include a limitation as to the classes or groups of employees or retirees of such subsidiary that may participate in the Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan.

Continuation Coverage

The continuation coverage provided under the Omnibus Plan or the Retiree HRA Plan.

Copayment

A flat-rate charge you pay for covered prescriptions.

Corporation

Refers to Chevron Corporation.

Domestic Partner

See the **Eligibility** chapter of this summary plan description for the definition of an eligible domestic partner.

Domestic Partner's Dependent Child

See the **Eligibility** chapter of this summary plan description for the definition of an eligible domestic partner's dependent child.

Domestic Partnership

See the **Eligibility** chapter of this summary plan description for the definition of a domestic partnership.

Eligible Dependent

See the **Eligibility** chapter of this summary plan description for the definition of an eligible dependent.

Eligible Dependent Child

See the **Eligibility** chapter of this summary plan description for the definition of an eligible dependent child.

Eligible Employee

See the **Eligibility** chapter of this summary plan description for the definition of an eligible employee.

Eligible Retiree

See the **Eligibility** chapter of this summary plan description for the definition of an eligible retiree.

Employer Group Health Plan

An employee health benefit plan established or maintained by an employer or by an employee organization (such as a union), or both, that provides medical care for participants or their dependents directly or through insurance, reimbursement, or otherwise. Retiree health insurance from a former employer or union, or COBRA continuation coverage are not considered coverage based on current employment and therefore do not qualify as an employer group health plan for purposes of Chevron's enrollment milestones and the Retiree HRA Plan.

Enrollment Milestone

Enrollment milestones are specific events in which a Chevron eligible retiree and/or their eligible dependent(s) are permitted to start participation in Chevron pre-65 group health coverage, post-65 individual health coverage offered to Chevron retirees through OneExchange and/or the Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan (Retiree HRA Plan). The current enrollment milestones are:

- Termination of employment with the Company as an Eligible Employee.
- Loss of Corporation subsidized Continuation Coverage under the Omnibus Plan.
- Loss of eligibility for Continuation Coverage under the Omnibus Plan (at the end of the maximum COBRA period with respect to a Pre-65 Eligible Retiree or for any reason with respect to a Post-65 Eligible Retiree).
- Loss of coverage (including coverage as a dependent) under the Omnibus Plan or another employer's group health plan for active employees. COBRA continuation coverage and retiree health plans are not considered a group health plan for active employees for purposes of this Enrollment Milestone.

See the **Eligibility** chapter, **Enrollment Milestones** section of this summary plan description for further description of these milestones.

ERISA

The Employee Retirement Income Security Act of 1974, as amended from time to time.

Former Caltex Employee

A person who otherwise qualifies as an eligible employee and who was employed by Caltex immediately prior to its merger with Chevron Corporation and who has not been terminated and rehired by Chevron Corporation or its affiliates.

Former Chevron Employee

A person who otherwise qualifies as an eligible employee and who was employed by Chevron immediately prior to its merger with Texaco Inc. and who has not been terminated and rehired by Chevron Corporation or its affiliates.

Former Eligible Employee

A person who was an eligible employee under the terms of the Omnibus Plan existing at the time the individual ceased to be an employee.

Former Texaco Employee

A person who otherwise qualifies as an eligible employee and who was employed by Texaco immediately prior to its merger with Chevron Corporation and who has not been terminated and rehired by Chevron Corporation or its affiliates.

Former Unocal Employee

A person who otherwise qualifies as an eligible employee and who was employed by Unocal immediately prior to its merger with Chevron Corporation and who has not been terminated and rehired by Chevron Corporation or its affiliates.

Health and Welfare Eligibility Service (HWES)

Your health and welfare eligibility service is used to determine your eligibility for retiree health care benefits. For more information about HWES, see the **Company Contributions to Health Benefits supplement**.

HIPAA

The Health Insurance Portability and Accountability Act of 1996, as amended from time to time.

Health Care Expense

An expense incurred by a participant for individual health insurance premiums for any of the following:

- Medicare Part B
- Medicare Part C, Medicare Part D, Medicare Supplement (Medigap), dental, or vision coverage purchased through OneExchange.
- Medicare Part D, dental, or vision coverage purchased outside of OneExchange.
- For a participant who resides in a U.S. Territory, individual medical, Medicare Part D, dental, or vision coverage purchased outside of OneExchange, subject to reimbursement requirements established by the Claims Administrator.

HRA Account

The hypothetical account established for a Retiree HRA Plan participant to hold his or her benefit credits.

Incapacitated Child

An incapacitated child is a dependent child who is:

- Incapable of self-sustaining employment by reason of mental retardation or a mental or physical disability (proof of which must be medically certified by a physician).
- Dependent on you, you and your spouse/domestic partner or your surviving spouse/domestic partner who is covered under the plan, for more than one-half of his or her financial support.
- Your or your spouse/domestic partner's qualifying child under Section 152 of the Internal Revenue Code. This means that during the calendar year the individual 1) is your child, brother, sister, stepbrother, stepsister or a descendent of such person; 2) lives with you for more than one-half the year; and 3) does not provide over one-half of his or her own support.

The dependent child must be incapacitated:

- Immediately before turning age 26 while being covered under a Chevron health care plan.
- Before turning age 26 if he or she had other health care coverage immediately before you became an eligible employee and is enrolled in a Chevron health care plan within 31 days after you became an eligible employee; or
- Before turning age 26 if he or she had other health care coverage immediately before the dependent child was enrolled in the Chevron health care plan.

When the child reaches age 26, and periodically thereafter, Chevron Corporation will require you to provide documentation stating that the child continues to be incapacitated. For chronic disabilities, as determined by Anthem Blue Cross (Anthem) (who manages the certification of chronic disabilities for all Chevron health plans), you must provide documentation every two years. If the disability is not chronic, Anthem will determine how frequently you will need to provide such documentation. For details, contact the HR Service Center at 1-888-825-5247 (610-669-8595 outside the U.S.).

Medicare

The program established under Title XVIII of the Social Security Act (Federal Health Insurance for the Aged Act), as amended from time to time.

Medicare Annual Enrollment Period (AEP)

The Medicare AEP is typically held from October 15 through December 7 of each year. This is generally the only time that you can make changes to your individual medical and prescription drug coverage for post-65 eligible participants. (Note that you can enroll in or make changes to individual dental or vision coverage at any time during the year.) You'll receive AEP enrollment instructions and other materials from OneExchange prior to Medicare's AEP each fall. No action is required, unless you need to make a change to your existing coverage. Medicare's AEP elections can be made by calling OneExchange. The changes you make take effect on the January 1 following the Medicare AEP period.

Misconduct

See the **Administrative Information** chapter of this summary plan description for the definition of misconduct.

Omnibus Plan

The Omnibus Health Care Plan of Chevron Corporation, as amended from time to time.

Open Enrollment

Chevron's open enrollment is held annually during a two-week period each fall. This is generally the only time that you can make changes to your group health coverage for pre-65 participants. You'll receive open enrollment instructions and other materials from Chevron prior to the open enrollment period each fall. No action is required, unless you need to make a change to your existing coverage. Open enrollment elections can be made by going to the Benefits Connection website or calling the HR Service Center. The changes you make take effect on the January 1 following the open enrollment period.

Plan Administrator

The Corporation.

Plan Year

The calendar year.

Post-65

An eligible individual who is age 65 or older and is generally eligible for Medicare.

Pre-65

An eligible individual who is under age 65.

Relevant

A document, record, or other information regarding a claimant's claim for a Retiree HRA Plan benefit if any of the following applies to such document, record, or other information:

- Was relied upon in making the benefit determination.
- Was submitted, considered, or generated in the course of making the benefit determination, without regard to whether such document, record, or other information was relied upon in making the benefit determination.
- Demonstrates compliance with the administrative processes and safeguards required pursuant to the ERISA claims regulations.
- Constitutes a statement of policy or guidance with respect to the Retiree HRA Plan.

Review Panel

The persons appointed by the Corporation to review appeals of denials of eligibility to participate in the Retiree HRA Plan and appeals regarding credit for Health and Welfare Service Eligibility Service.

Spouse

See the **Eligibility** chapter of this summary plan description for the definition of a spouse.

Survivor

See the **Eligibility** and **If You Die** chapters of this summary plan description for further information about a survivor.

Surviving Domestic Partner

See the **Eligibility** and **If You Die** chapters of this summary plan description for further information about a surviving domestic partner.

Surviving Spouse

See the **Eligibility** and **If You Die** chapters of this summary plan description for further information about a surviving spouse.

company contributions to health benefits

supplement to the summary plan description (SPD)
effective january 1, 2017

The **Company Contributions to Health Benefits Supplement** generally describes the Chevron Corporation Policy regarding its contribution to the cost of health benefits that are eligible for a Chevron company contribution. This is not a plan text, a summary plan description or a summary of material modification because the amount of the company contribution and how it is determined is not itself part of a health plan or the Retiree HRA Plan. Nevertheless, if it should be determined to be part of a health plan, the Supplement, as modified herein, shall constitute the applicable plan provision and summary plan description. There are no vested rights with respect to Chevron medical plans or any company contributions toward the cost of such medical 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 was previously subject to a grandfathering provision. Some benefit plans and policies described in the Supplement may be subject to collective bargaining and, therefore, may not apply to union-represented employees.

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benefit contact information

Chevron Benefits HR2 Website

Why access this website

- Access summary plan descriptions (SPDs).
- Access benefit information and documents.
- Get other benefit phone numbers and websites that may not be referenced in this summary plan description.

Website information

- You don't need a password to access the information posted on this website.
- Active Employees: hr2.chevron.com
- Retirees: hr2.chevron.com/retiree

Human Resources Service Center (HR Service Center) and Benefits Connection Website

Why contact this administrator

- For questions about the amount of your company contribution to health benefits.

Phone information

- 1-888-825-5247 (inside the U.S.)
- 610-669-8595 (outside the U.S.)

Website information

- **Benefits Connection** website for personal information and conduct certain transactions.
- Active Employees: Go to hr2.chevron.com and click the **Benefits Connection** link from the top banner.
- Retirees: Go to hr2.chevron.com/retiree and click the **Benefits Connection** link from the top banner.

Towers Watson OneExchange (OneExchange)

Why contact this administrator

- For questions about how the Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan (Retiree HRA Plan) works, how the account is funded, and how to submit a claim for reimbursement.

Phone information

- 1-844-266-1392 (Inside the U.S.)
- 1-801-994-9805 (Outside the U.S.)
- 5 a.m. - 6 p.m. Pacific time (7 a.m. - 8 p.m. Central time)

Website information

- Go to hr2.chevron.com/retiree and click the **OneExchange** link from the top banner.
- You can also go directly to <https://medicare.oneexchange.com/chevron>.
- On this website you can manage your Retiree HRA Plan account and reimbursement claims and also access individual health coverage information and decision-making support tools.

Summary Plan Descriptions

Summary Plan Descriptions (SPDs) provide detailed information about your Chevron benefit plans such as eligibility, claims and participation.

- **For active employee health benefits**, go to hr2.chevron.com and click the **Your Benefits** tab for a complete listing of SPDs available for each plan.
- **For pre-65 retiree health benefits**, see the **Chevron Pre-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree.
- **For post-65 retiree health benefits**, see the **Chevron Post-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree.
- You can also call the HR Service Center to request that a copy be mailed to you, free of charge.

contributions to employee medical coverage

Chevron Corporation determines the total cost of the various medical plans it offers. In general, Chevron Corporation has an 80/20 cost-sharing approach with respect to such total cost. With this approach, Chevron typically pays **80 percent** of the premium for your health care plan or a set **maximum company contribution**, whichever is less. You pay the remaining amount.

- The **maximum company contribution** is based on 80 percent of the current total premium of the Medical PPO Plan.
- If your plan's total premium costs *less* than the maximum company contribution, Chevron will generally pay 80 percent of the cost of your plan.
- If your plan's total premium costs *more* than the maximum company contribution, Chevron will pay up to the current maximum company contribution.

Calculation Examples

Company Contribution to Employee Medical Coverage

Important: All amounts displayed in this example are based on rates for the 2017 Plan Year. These rates are subject to change each year.

Maximum Company Contribution – Sample Calculation

January 1 through December 31, 2017

Sample calculation for *You + Family* coverage level

- Medical PPO Plan (You + Family) Total Premium = \$1,749
- \$1,749 x 80% = \$1,400
- **2017 Maximum Company Contribution for You + Family Coverage is \$1,400**

The maximum company contribution for all coverage levels for the 2017 Plan Year are:

Coverage Level	Maximum Monthly Company Contribution
You Only	\$518
You + One Adult	\$1,036
You + Child(ren)	\$881
You + Family	\$1,400

Plan Name	Total Premium	Monthly Cost You + Family Coverage*		Company Contribution Percentage
		Company Contribution	Employee Contribution**	
Medical PPO Plan	\$1,749	\$1,400	\$344	80%
High Deductible Health Plan ¹	\$1,478	\$1,400	\$74	95%
High Deductible Health Plan Basic ¹	\$1,428	\$1,400	\$23	98%
Global Choice Plan ² (U.S.-Payroll Expatriates)	\$1,260	\$1,008	\$247	80%

*These rates do not include the tobacco surcharge, if applicable.

**The employee contribution in the table above is actually slightly less than 20% due to actuarial projections used to estimate the annual total premium.

¹ The total premium for this plan is **greater** than the maximum company contribution (\$1,400) so the company contribution is \$1,400.

² The total premium for this plan is **less** than the maximum company contribution (\$1,400) so the company contribution is 80% of the total premium for this plan (\$1,260 x 80%).

contributions to pre-65 retiree health benefits

The information in this section assumes you are a Chevron retiree and you're eligible for both Chevron pre-65 retiree health benefits and the company contribution to retiree health benefits. See the **Chevron Pre-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree for eligibility information.

Pre-65 Retiree Medical

If you're a pre-65 eligible retiree, the company currently continues to share the cost of your medical coverage. For pre-65 eligible retirees, the company contribution is automatically factored into your monthly medical premium for your Chevron pre-65 retiree group medical coverage. Chevron Corporation reserves all rights for any reason and at any time to amend, change or terminate the medical plans or to change or eliminate the company contribution toward the cost of such medical plans. If you're a pre-65 eligible retiree, your company contribution to pre-65 retiree group medical coverage is currently determined as follows:

Pre-65 Company Contribution Formula

\$

Your **starting company contribution amount** is based on the maximum company contribution amount for *active* employees for the applicable plan and coverage level in the calendar year in which you retire. See the **Contributions to Employee Medical Coverage** section in this supplement for information about how the maximum company contribution amount for active employees is calculated.*

times
%

Your starting company contribution amount is then **prorated** based on the applicable percentage that corresponds to your points at retirement. See the **Proration of Starting Company Contribution Amount** chapter later in this supplement for additional details. *Please note that the total premium cost of retiree group medical coverage is usually greater than the maximum company contribution, so even if you have enough points to receive 100 percent of the starting company contribution, you will still have to pay for your pre-65 retiree group medical coverage.*

equals
\$

Your **final company contribution amount** to pre-65 retiree group medical coverage generally doesn't change until you turn age 65, *unless* your coverage level changes during a subsequent open enrollment or as a result of a qualifying life event. Your contribution amount will be recalculated based on the new coverage level in this situation.

**Chevron limits future increases to the applicable pre-65 company contribution to no more than 4 percent each year, applied to the starting company contribution amount.*

The company contribution for post-65 participants is different. See the **Contributions to Post-65 Retiree Health Benefits** section in this supplement for more information.

Example Calculation for Company Contribution to Pre-65 Retiree Group Medical Coverage

Important: This is an example only. All amounts displayed in this example are based on rates for the 2017 Plan Year. These rates are subject to change each year.

\$1,400	<p>Starting company contribution amount is based on the maximum company contribution amount for <i>active</i> employees for the applicable plan and coverage level in the calendar year in which you retire. Example employee retires in 2017 with:</p> <ul style="list-style-type: none">• High Deductible Health Plan (HDHP).• You + Family coverage.• Maximum company contribution for active employee coverage for You + Family coverage in the HDHP in 2017 is \$1,400.
times 95%	<p>Your starting company contribution amount is then prorated based on the applicable percentage that corresponds to your points at retirement. Example employee is eligible for the 80-point scale and retires in 2017 with:</p> <ul style="list-style-type: none">• 78 points at retirement.• Proration is 95% of the starting company contribution amount.
equals \$1,330 per month	<p>Your final company contribution amount to pre-65 retiree group medical coverage generally doesn't change until you turn age 65, <i>unless</i> your coverage level changes during a subsequent open enrollment or as a result of a qualifying life event. Your contribution amount will be recalculated based on the new coverage level in this situation.</p>

Mixed pre-65 and post-65 families

Effective January 1, 2017, if you have a combination of pre-65 and post-65 eligible participants in your family, the company contribution is calculated and applied according to age. For pre-65 participants, the contribution is calculated as described in this section and applied to your monthly premium for pre-65 retiree group medical coverage. For post-65 participants, the contribution is calculated as described in the **Contributions to Post-65 Retiree Health Benefits** section in this supplement and applied to the Retiree HRA Plan account for each eligible post-65 participant. For this reason, your 2017 benefit statements from the HR Service Center may display a different amount than in previous years if you have both pre-65 and post-65 participants in your family.

Medicare eligible due to disability

The company contribution amount toward pre-65 retiree group medical coverage is different if you are Medicare-eligible due to disability. Contact the HR Service Center for more information if these situations apply to you.

If you are rehired

If you're a pre-65 eligible retiree and are subsequently rehired, when you retire again, your company contribution to pre-65 retiree group medical coverage is currently determined as follows:

- Your **starting company contribution amount** continues to be based on the maximum company contribution amount for active employees for the applicable plan and coverage level in the calendar year in which you first terminated/retired.
- Your starting company contribution amount is then **prorated** based on the applicable percentage that corresponds to your points. You are eligible for the better of:
 - The percentage that corresponds to your points based on the date your *first* terminated/retired.
 - The percentage that corresponds to your points based on the date of your *second* termination/retirement.

See the **Proration of Starting Company Contribution Amount** chapter later in this supplement for additional details. *Please note that the total premium cost of retiree group medical coverage is usually greater than the maximum company contribution, so even if you have enough points to receive 100 percent of the starting company contribution, you will still have to pay for your pre-65 retiree group medical coverage.*

- Your **final company contribution amount** to pre-65 retiree group medical coverage generally doesn't change until you turn age 65, *unless* your coverage level changes during a subsequent open enrollment or as a result of a qualifying life event. Your contribution amount will be recalculated based on the new coverage level in this situation.

Pre-65 Retiree Dental

If you're eligible for pre-65 retiree group dental coverage, the company currently continues to share the cost of your dental coverage. If you're eligible for pre-65 retiree group dental coverage and the company contribution, the contribution to retiree group dental coverage is based on a fixed dollar amount for each coverage tier. You pay the difference between the company's contribution and the total premium cost. Chevron Corporation reserves all rights for any reason and at any time to amend, change or terminate the dental plans or to change or eliminate the company contribution toward the cost of such dental plans.

Pre-65 Mental Health and Substance Abuse

The company currently contributes 100 percent of the total cost for Mental Health and Substance Abuse (MHSA) Plan premiums for pre-65 eligible retirees and pre-65 eligible dependents. You do not pay a premium for the MHSA Plan. (As a reminder, retirees and covered dependents are not eligible for the MHSA Plan if they are eligible for Medicare.) Chevron Corporation reserves all rights for any reason and at any time to amend, change or terminate the MHSA Plan or to change or eliminate the company contribution to the MHSA Plan.

Pre-65 Retiree Medical Coverage Example Scenarios

Here are some examples to help you understand how points and company contribution amounts are currently determined. These examples assume that the individuals are eligible for pre-65 retiree group medical coverage, the company contribution to retiree medical coverage, and met all enrollment milestone requirements. **They are estimates in which the age, Health and Welfare Eligibility Service (“service”), and points are rounded for purposes of the illustration only.** Actual age plus years of service point calculations performed by the HR Service Center upon an employee’s retirement extend to four decimal points, and service is currently counted until the end of the month in which the employee terminates Chevron employment. See the **Proration of Starting Company Contribution Amount** chapter in this supplement for point scale tables and information.

Chris, a Chevron employee leaving under the 90-point scale

Chris is 36 years old with seven years of service when he leaves Chevron.
Chris is eligible for the 90-point scale.

Chris’ points

Chris has 43 age plus years of service points (36 years old plus seven years of service). However, Chris is not eligible for retiree health benefits because he doesn’t meet the eligibility requirement of 50 years old with 10 years of service.

If Chris doesn’t leave Chevron until he turns age 50, Chris would have 71 age plus years of service points (50 years old plus 21 years of service). This means he would be eligible for a 61 percent proration of the starting company contribution for retiree medical coverage.

Chris’ eligibility for the 100 percent of the starting company contribution

To be eligible for 100 percent of the starting company contribution to retiree medical coverage, Chris would have to remain an eligible employee until he has 90 age plus years of service points.

Pat, a Chevron employee grandfathered under the 80-point scale

Pat is grandfathered under the grandfathering provision — age 50 or older with 10 years of service on December 31, 2004. Pat is 56 years old with 16 years of service when she leaves Chevron.

Pat’s points

Pat has 72 age plus years of service points (56 years old plus 16 years of service). This means she would be eligible for 80 percent proration of the starting company contribution for retiree medical coverage.

Pat’s eligibility for the 100 percent of the starting company contribution

To be eligible for 100 percent of the starting company contribution to retiree medical coverage, Pat would have to remain an eligible employee until she has 80 age plus years of service points.

*See the **Proration of Starting Company Contribution Amount** chapter in this supplement for information about grandfather rules and provisions.*

Robert, a former Chevron employee

Robert is a former Chevron employee, grandfathered under former Chevron rules. Robert is 58 years old with 28 years of service when he retires.

Robert's points

Robert has 86 age plus years of service points (58 years old plus 28 years of service). Robert is grandfathered under the former Chevron rule because he had at least 20 years of continuous service or 65 points on June 30, 2002, and when he retires he has at least 25 years of health and welfare eligibility service or at least 75 points.

Robert's eligibility for 100 percent of the starting company contribution

Because he is eligible for the grandfather rule, Robert is eligible for 100 percent of the starting company contribution to retiree medical coverage.

*See the **Proration of Starting Company Contribution Amount** chapter in this supplement for information about grandfather rules and provisions.*

Maria, a former Texaco employee

Maria is a former Texaco employee, grandfathered under the former Texaco rules, because she was age 45 or older on October 1, 1999. Maria is 60 years old with 16 years of service when she leaves Chevron.

Maria's points

Maria has 76 age plus years of service points (60 years old plus 16 years of service). Maria is grandfathered under the former Texaco rule because she was age 45 or older as of October 1, 1999, and is retiring at age 55 or older with 10 years of health and welfare eligibility service.

Maria's eligibility for 100 percent of the starting company contribution

Because she is eligible for the grandfather rule, Maria is eligible for 100 percent of the starting company contribution to retiree medical coverage.

*See the **Proration of Starting Company Contribution Amount** chapter in this supplement for information about grandfather rules and provisions.*

Terry, a former Unocal employee

Terry is a former Unocal employee.

Terry is 59 years old with 26 years of service when he leaves Chevron.

Terry is eligible for the Chevron 90-point scale.

Terry's points

Terry has 85 age plus years of service points (59 years old plus 26 years of service).

- Terry is eligible for 85 percent proration of the starting company contribution for retiree medical coverage under the Chevron 90-point scale.
- Terry is grandfathered under the former Unocal rule because he is retiring after July 1, 2006 at age 55 or older with 10 or more years of service, and he has 20 or more years of service after age 35 as of December 31, 2007. This means he would be eligible for 100 percent of the starting company contribution for retiree medical coverage under the Unocal transition scale.
- Under the Unocal grandfather rule, Terry is eligible for the *greater* starting company contribution proration percentage from the Chevron 90-point scale (85%) or from the grandfathered Unocal transition scale (100%). Therefore, Terry is eligible for **100 percent** of the starting company contribution for retiree medical coverage.

Terry's eligibility for 100 percent of the starting company contribution

Because he is eligible for the Unocal grandfather rule and the Unocal transition scale company contribution proration percentage is greater, Terry is eligible for 100 percent of the starting company contribution to retiree medical coverage.

*See the **Proration of Starting Company Contribution Amount** chapter in this supplement for information about grandfather rules and provisions.*

Mike, a former Unocal employee

Mike is a former Unocal employee.

As of December 31, 2007, Mike was age 54 with 20 years of service. For this reason, Mike is not eligible for the Unocal grandfather rule because he did not satisfy the age requirement (at least age 55 with 10 or more years of health and welfare eligibility service) as of December 31, 2007.

Therefore, when he retires, Mike will be eligible for the Chevron 90-point scale.

Mike's eligibility for 100 percent of the starting company contribution

Mike will be eligible for 100 percent of the starting company contribution to retiree medical coverage if he remains an eligible employee until he earns 90 age plus years of service points.

*See the **Proration of Starting Company Contribution Amount** chapter in this supplement for information about grandfather rules and provisions.*

contributions to post-65 retiree health benefits

The information in this section assumes you, the retiree, are eligible for both Chevron post-65 retiree health benefits and the company contribution to retiree health benefits. See the **Chevron Post-65 Retiree Health Benefits** summary plan description on hr2.chevron.com/retiree for eligibility information.

Post-65 Retiree Medical

If you're a post-65 eligible retiree and eligible for Medicare, the company currently continues to share the cost of your medical coverage. Post-65 eligible retirees and/or their post-65 eligible dependents will receive the company contribution through a health reimbursement arrangement (HRA). The Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan – **Retiree HRA Plan** – is the health reimbursement arrangement that Chevron sponsors for post-65 eligible retirees and their post-65 eligible dependents to receive their company contributions to retiree health coverage. This is a *reimbursement* account. This means you'll pay premiums for coverage directly to your insurance carriers and submit claims to OneExchange for reimbursement from your HRA. Chevron Corporation reserves all rights for any reason and at any time to amend, change or terminate the Retiree HRA Plan or to change or eliminate the company contribution to the Retiree HRA Plan. If you're a post-65 eligible retiree, your company contribution to post-65 retiree individual medical coverage is currently determined as follows:

Post-65 Company Contribution Formula

\$	All post-65 eligible retirees receive the same starting company contribution amount , regardless of your year of retirement.*
times %	Your starting company contribution amount is then prorated based on the applicable percentage that corresponds to your points at retirement. See the Proration of Starting Company Contribution Amount section later in this supplement for additional details.
minus \$	Minus an allocation to the Chevron Supplemental Catastrophic Prescription Drug Benefit. This is a flat rate for all eligible participants.
equals \$	Your final company contribution to the health reimbursement arrangement (HRA) for post-65 eligible participants.**

*There may be a different amount for certain legacy company retirees or other grandfathered groups.

** Chevron's contribution for post-65 participants who are eligible for retiree dental coverage with a company contribution may be added to this amount. See the **Post-65 Retiree Dental** heading later in this section for more information.

If you and your post-65 eligible dependent are eligible for the HRA, you and your dependent will each have a separate HRA account based on the HRA of the eligible retiree. See the **Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan** chapter of the summary plan description for more information about the Retiree HRA Plan, including important eligibility and enrollment rules.

The company contribution for pre-65 participants is different. See the **Contributions to Pre-65 Retiree Health Benefits** section in this supplement for more information.

Example Calculation for Company Contribution to Post 65 Retiree HRA Contribution for 2017

This is an example only. All amounts displayed are effective for the 2017 Plan Year and may be subject to change in the future. Your numbers may be different based on your situation.

\$96.20*	All post-65 eligible retirees receive the same starting company contribution amount , regardless of your year of retirement.*
times 100%	Your starting company contribution amount is then prorated based on the applicable percentage that corresponds to your points at retirement. Example employee is eligible for 100% of the starting company contribution.
minus \$6.28	Minus an allocation to the Chevron Supplemental Catastrophic Prescription Drug Benefit. This is a flat rate for all eligible participants.
equals \$89.92** per month	Your final company contribution to the health reimbursement arrangement (HRA) for post-65 eligible participants. This example retiree medical amount would be applied to the HRA each month for this sample retiree and all post-65 eligible dependents in the family.

**There may be a different amount for certain legacy company retirees or other grandfathered groups.*

*** Chevron's contribution for post-65 eligible who are eligible for retiree dental coverage with a company contribution may be added to this amount. See the Post-65 Retiree Dental heading later in this section for more information.*

Mixed pre-65 and post-65 families

Effective January 1, 2017, if you have a combination of pre-65 and post-65 eligible participants in your family, the company contribution is calculated and applied according to age. For pre-65 participants, the contribution is calculated as described in the **Contributions to Pre-65 Retiree Health Benefits** section in this supplement and applied to your monthly premium for pre-65 retiree group medical coverage. For post-65 participants, the contribution is calculated as described in this section and applied to the Retiree HRA Plan account for each eligible post-65 participant.

If you are rehired

If you're a post-65 eligible retiree and are subsequently rehired, when you retire again, your company contribution to post-65 retiree individual health coverage is currently determined as follows:

- All post-65 eligible retirees receive the same **starting company contribution amount**, regardless of your year of retirement or if you were rehired.*
- Your starting company contribution is then **prorated** based on the applicable percentage that corresponds to your points. You are eligible for the better of:
 - The percentage that corresponds to your points based on the date you *first* terminated/retired.
 - The percentage that corresponds to your points based on the date of your *second* termination/retirement.

See the **Proration of Starting Company Contribution Amount** chapter later in this supplement for additional details.

* *There may be a different amount for certain legacy company retirees or other grandfathered groups.*

Post-65 Retiree Dental

If you're eligible for dental coverage and a company contribution to retiree dental coverage, the company's contribution to retiree dental coverage is currently a fixed dollar amount. Post-65 eligible retirees and/or their post-65 eligible dependents will receive the dental company contribution through the Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan – **Retiree HRA Plan**. The Retiree HRA Plan is the health reimbursement arrangement that Chevron sponsors for post-65 eligible retirees and their post-65 eligible dependents to receive their company contributions to retiree health coverage. This is a *reimbursement* account. This means you'll pay premiums for coverage directly to your insurance carriers and submit claims to OneExchange for reimbursement from your HRA. Please see the **Chevron Corporation Post-65 Retiree Health Reimbursement Arrangement Plan** chapter of the summary plan description for important eligibility and enrollment rules. Chevron Corporation reserves all rights for any reason and at any time to amend, change or terminate the Retiree HRA Plan or to change or eliminate the dental company contribution to Retiree HRA Plan.

Post-65 Retiree Medical Coverage Example Scenarios

Here are some examples to help you understand how points and company contribution amounts are currently determined. These examples assume that the individuals are eligible for post-65 retiree individual medical coverage, are eligible for the company contribution to the Retiree HRA Plan, and met all enrollment milestone requirements. **They are estimates in which the age, Health and Welfare Eligibility Service (“service”), and points are rounded for purposes of the example only.** Actual age plus years of service point calculations performed by the HR Service Center upon an employee’s retirement extend to four decimal points, and service is currently counted until the end of the month in which the employee terminates Chevron employment. See the **Proration of Starting Company Contribution Amount** chapter in this supplement for point scale tables and information.

Chris, a Chevron employee leaving under the 90-point scale

Chris is 66 years old with 23 years of service when he leaves Chevron.
Chris is eligible for the 90-point scale.

Chris’ points

Chris has 89 age plus years of service points (66 years old plus 23 years of service). This means he would be eligible for a 97 percent proration of the starting company contribution to retiree medical coverage. If Chris is eligible for the Retiree HRA Plan and meets the enrollment requirements when he retires, the final company contribution amount will be applied to his Retiree HRA Plan account.

Chris’ eligibility for the 100 percent of the starting company contribution

To be eligible for 100 percent of the starting company contribution to retiree medical coverage, Chris would have to remain an eligible employee until he has 90 age plus years of service points.

Pat, a Chevron employee grandfathered under the 80-point scale

Pat is grandfathered under the grandfathering provision — age 50 or older with 10 years of service on December 31, 2004. Pat is 67 years old with 16 years of service when she leaves Chevron.

Pat's points

Pat has 83 age plus years of service points (67 years old plus 16 years of service). This means she is eligible for 100 percent of the starting company contribution to retiree medical coverage. If Pat is eligible for the Retiree HRA Plan and meets the enrollment requirements when she retires, her final company contribution amount will be applied to her Retiree HRA Plan account.

Pat's dependent eligibility for the company contribution

Pat's spouse, Casey, is 68 years old and never worked at Chevron or a legacy company. As long as Casey remains Pat's eligible dependent and both meet all the eligibility and enrollment requirements when Pat retires, both Pat and Casey would receive the same final company contribution amount in their own separate Retiree HRA Plan accounts.

*See the **Proration of Starting Company Contribution Amount** chapter in this supplement for information about grandfather rules and provisions.*

Terry, a post-65 retiree with pre-65 dependents

Terry is currently 67 years old.

Terry retired from Chevron with over 90 age plus years of service points. This means Terry is eligible for 100 percent of the starting company contribution amount to retiree medical coverage. Terry met all eligibility and enrollment requirements and her final company contribution amount is currently being applied to her Retiree HRA Plan account.

Terry's spouse, Drew, is 55 years old. Terry's step-son, Jason, is 25 years old. Drew and Jason are covered as Terry's dependents in pre-65 retiree group medical coverage because both are under age 65. The company contributes to Drew and Terry's group medical coverage through a premium reduction each month.

See the **Contributions to Pre-65 Retiree Health Benefits** section in this supplement for more information about those company contributions.

Maria and John, a post-65 Chevron couple

Maria is 66 years old and still working at Chevron. John retired from Chevron 9 years ago. Maria currently covers John as a dependent on her Chevron employee group health coverage.

- John is 69 years old and retired from Chevron with over 90 points; therefore, John is eligible for 100 percent of the starting company contribution amount to retiree medical coverage. As long as John meets the enrollment requirements, he's eligible to receive his final company contribution amount to his own Retiree HRA Plan account when he enrolls in post-65 Chevron retiree medical coverage.
- Maria will have 87 points when she retires next year; she will be eligible for a 91 percent proration of the starting company contribution amount to retiree medical coverage. As long as Maria meets the enrollment requirements, she's eligible to receive her final company contribution amount to her own Retiree HRA Plan account when she retires and enrolls in post-65 Chevron retiree medical coverage.

Maria's retirement from Chevron will trigger an enrollment milestone for *both* Maria and John.

- For Maria, the enrollment milestone is *retirement from Chevron*.
- For John, the enrollment milestone is *losing employer group health coverage*.

Because they are a Chevron couple, John and Maria need to keep the following Chevron couples rule in mind regarding their company contribution: *If you and your spouse are both post-65 Chevron eligible retirees, each separate HRA account will be based on whether you are listed as a dependent or the primary retiree when you enroll in post-65 individual medical coverage with OneExchange.*

John and Maria's choices are:

- John can become the primary retiree and Maria the dependent. Both John and Maria would receive John's final company contribution amount (based on 100 percent of the starting company contribution) to their own separate Retiree HRA Plan accounts.
- Maria can become the primary retiree and John the dependent. Both John and Maria would receive Maria's final company contribution amount (based on 91 percent proration of the starting company contribution) to their own separate Retiree HRA Plan accounts.
- John and Maria can each enroll as individual participants since they are both former eligible employees who qualify as eligible retirees. In this scenario, John would receive his final company contribution amount (based on 100 percent of the starting company contribution) to his Retiree HRA Plan account. Maria would receive her final company contribution amount (based on 91 percent proration of the starting company contribution) to her Retiree HRA Plan account.

proration of starting company contribution amount

Your applicable starting company contribution amount may be prorated based upon your **points** at retirement. Points represent the sum of your **age** plus **years of health and welfare eligibility service** (“**service**”) when you leave the company. Each point level corresponds to a percentage, which represents the percentage of the starting company contribution for which you are eligible. In general, the longer you work, the more points you can accumulate, resulting in a higher percentage and, therefore, a higher company contribution amount toward retiree medical coverage.

In general, if you retired on or after July 1, 2002, one of the following point scales is used to determine the amount of company contribution you receive:

- The **90-point scale** applies to retirees eligible for retiree medical who terminate or retire on or after January 1, 2005, unless a grandfather rule applies to you.
- The **80-point scale** applies to retirees eligible for retiree medical who retired between July 1, 2002 and December 31, 2004, and to employees who were age 50 or over with at least 10 years of service on December 31, 2004 (as determined under the applicable rules in effect on December 31, 2004), and who retire after that date, unless a grandfather rule applies to you.

The following chart indicates the company contribution under the 80-point scale and the 90-point scale:

Age <i>plus</i> Years of Health and Welfare Eligibility Service Points	Company Contribution under the:	
	80-Point Scale	90-Point Scale
60	50%	50%
61	52.5%	51%
62	55%	52%
63	57.5%	53%
64	60%	54%
65	62.5%	55%
66	65%	56%
67	67.5%	57%
68	70%	58%
69	72.5%	59%
70	75%	60%
71	77.5%	61%
72	80%	62%
73	82.5%	63%
74	85%	64%
75	87.5%	65%
76	90%	67%
77	92.5%	69%
78	95%	71%
79	97.5%	73%
80	100%	75%
81		77%
82		79%
83		81%
84		83%
85		85%
86		88%
87		91%
88		94%
89		97%
90		100%

Grandfather Rules

There are some exceptions to the company contribution amount you may receive. Some retirees are eligible for retiree health care coverage at 100 percent of the maximum company contribution under the rules of former Chevron, former Texaco or former Unocal plans. In these cases, retirees have been protected, or grandfathered, under old or alternate rules. These grandfather rules are described below:

- A former Chevron employee is a person who otherwise qualifies as an eligible employee and who was employed by Chevron immediately prior to its merger with Texaco Inc. and who has not been terminated and rehired by Chevron since the merger with Texaco Inc.
- A former Texaco employee is a person who otherwise qualifies as an eligible employee and who was employed by Texaco Inc. immediately prior to its merger with Chevron Corporation and who has not been terminated and rehired by Chevron since the merger with Texaco Inc.
- A former Unocal employee is a person who otherwise qualifies as an eligible employee, who was employed by Unocal immediately prior to its merger with Chevron Corporation, and who has not been terminated and rehired by Chevron since the merger with Unocal.
- Whether an employee meets the conditions to have a grandfather rule (including the 80-point scale) apply is determined under the rules in place as of the time the grandfather rule became effective. For example, a change to the Health and Welfare Eligibility Service, effective January 1, 2012, does not affect the amount of service the employee had on December 31, 2004 for purposes of whether the 80-point scale applies. (However, if the 80-point scale applies to an employee without regard to the additional service, the additional service would count toward the employee's points on the 80-point scale).

If you're a former Chevron, or former Caltex or former Texaco employee and meet one of the following grandfathering requirements, you receive 100 percent of the company's contribution toward your medical coverage when you retire, subject to the 4 percent limit on future increases to the company contribution for pre-65 eligible retirees:

- You're a former Chevron or former Caltex employee employed by the company on June 30, 2002, and you meet all of the following criteria:
 - You must have had at least 20 years of continuous service or 65 points (age plus years of continuous service) on June 30, 2002, (as determined under the applicable rules in effect on June 30, 2002).
 - You have at least 25 years of health and welfare eligibility service or at least 75 points (age plus years of health and welfare eligibility service) when you retire.
 - You have not been rehired since July 1, 2002.
- You're a former Texaco employee employed by the company on June 30, 2002, and on October 1, 1999, you were a Texaco employee who was age 45 or older and you retire at age 55 or older with at least 10 years of health and welfare eligibility service.

If you're a former Unocal employee employed by the company on June 30, 2006, you may be eligible for a company contribution percentage based on the grandfathered Unocal transition scale. If you retire on or after July 1, 2006, at age 55 or older with 10 or more years of health and welfare eligibility service, and you meet the age and service requirements by December 31, 2007, (as determined under the applicable rules in effect on December 31, 2007), you will be eligible for the *greater* (that is, the greater company contribution percentage) of the Chevron 90-point scale or the grandfathered Unocal transition scale shown below:

Grandfathered Unocal Transition Scale

Years of Service After Age 35	Company Contribution Percentage
10	50.0%
11	55.0%
12	60.0%
13	65.0%
14	70.0%
15	75.0%
16	80.0%
17	85.0%
18	90.0%
19	95.0%
20	100.0%

about health and welfare eligibility service

Definition of Health and Welfare Eligibility Service

Your health and welfare eligibility service is used to determine your eligibility for vacation, service awards, Short-Term and Long-Term Disability plans and retiree health care benefits. The following applies to an individual who is an employee on or after January 1, 2012. Different rules apply to an individual who terminated employment prior to January 1, 2012.

Health and welfare eligibility service is generally the period of time you're employed by Chevron or by any other member of the Chevron affiliated group, and may include periods when you're not an eligible employee for U.S. pay and benefits.

Health and welfare eligibility service includes all the time you are on an approved Disability Leave for which you are receiving benefits under the Chevron Long-Term Disability Plan. Under special rules, it may also include the time you are on certain other approved leaves of absence. Special rules apply if you do not timely return to active work with a participating company or if you terminate your employment while on an approved leave of absence. Health and welfare eligibility service may also include the time you have been providing services as a "leased employee" on or after July 1, 2002 to a member of the Chevron affiliated group (at the time the services are performed) and you become an employee after providing service as a leased employee, as determined by Chevron Corporation in its sole discretion. If you believe one of these special rules apply to you, contact the HR Service Center for further information.

If you leave Chevron after July 1, 2002, and are rehired within 365 days, your service will include the time you were away. If you're gone longer than 365 days and you haven't had a permanent service break as a result of your absence, your service before you left will be added to your service after you're rehired.

If you left Chevron and were rehired, your service before you left will be added to your service after you're rehired unless you incurred a Permanent Service Break. If you have service with an acquired company prior to the date of the acquisition of that company by Chevron, special rules may apply — contact the HR Service Center for more information.

Note on grandfathering rules: The definition of health and welfare eligibility service has changed over time, and sometimes it has changed to include additional service that was not previously included. This will not change whether you are subject to a grandfather rule in effect prior to the change. This is because whether an employee meets the conditions to have a grandfather rule apply is determined under the rules in place as of the time the grandfather rule was effective.

Definition of a Permanent Service Break

You will not have a permanent service break if you leave Chevron with more than five years of health and welfare eligibility service. You will, however, have a permanent service break if you leave Chevron before you have five years of health and welfare eligibility service and you're not rehired within five years. If you left employment with Chevron before January 1, 2012, the applicable rules at the time of your termination will apply to whether you had a permanent service break.

glossary

Former Atlas Employee

A person who otherwise qualifies as an eligible employee and who was employed by Atlas immediately prior to its merger with Chevron Corporation (or was employed by Chevron Northeast Upstream Corporation after the merger and on or before October 1, 2011) and who has not been terminated and rehired by Chevron or its affiliates.

Former Caltex Employee

A person who otherwise qualifies as an eligible employee and who was employed by Caltex immediately prior to its merger with Chevron Corporation and who has not been terminated and rehired by Chevron or its affiliates.

Former Chevron Employee

A person who otherwise qualifies as an eligible employee and who was employed by Chevron immediately prior to its merger with Texaco Inc. and who has not been terminated and rehired by Chevron since the merger with Texaco Inc.

Former Texaco Employee

A person who otherwise qualifies as an eligible employee and who was employed by Texaco Inc. immediately prior to its merger with Chevron Corporation and who has not been terminated and rehired by Chevron since the merger with Texaco Inc.

Former Unocal Employee

A person who otherwise qualifies as an eligible employee and who was employed by Unocal immediately prior to its merger with Chevron Corporation and who has not been terminated and rehired by Chevron since the merger with Unocal.