employee medical plan comparison

effective January 1 through December 31, 2023

	medical PPO plan		high deductible health plan (HDHP)		high deductible health plan basic (HDHP basic)	
the basics	 Applies to Medical PPO, HDHP, HDHP Basic: Medical - Anthem Prescription drug - Express Scripts Basic vision - VSP 		 These are preferred provider organization (PPO) plans. Choose network or out-of- network providers for care. Preventive care provisions included. 		 Second opinion requirement applies for knee, hip, back, spine surgery. Access to virtual visits, WIN Fertility service and Omada diabetes prevention service. 	
behavioral health services	Automatically enrolled in Chevron Mental Health and Substance Use Disorder Plan (MHSUD)					
employee monthly premium	no wellness credit	wellness credit	no wellness credit	wellness credit	no wellness credit	wellness credit
you only you + one adult you + child(ren) you + family	\$146 (\$23) \$292 (\$45) \$248 (\$38) \$394 (\$60)	\$84 \$230 \$186 \$332	\$30 (\$4) \$59 (\$5) \$49 (\$5) \$78 (\$6)	\$0 \$0 \$0 \$16	\$10 \$21 \$17 \$28	\$0 \$0 \$0 \$0
deductible**	separate deductibles for		medical, prescription drugs, MHSUD, combined*		medical, prescription drugs, MHSUD, combined*	
you only you + one adult you + child(ren) you + family you only you + family	covered medical services* Network \$1,000 \$2,000 \$2,000 \$4,000 \$2,000 \$4,000 \$2,000 \$6,000 covered prescription drugs \$150 \$300 One deductible for network, out-of-network. Mail-order prescriptions are not subject to the annual deductible. covered behavioral health services No deductible under the MHSUD		Network \$3,000 (\$200) \$6,000 (\$400) \$6,000 (\$400) \$12,000 (\$800) \$6,000 (\$400) \$12,000 (\$800) \$6,000 (\$400) \$12,000 (\$800) Mail-order prescriptions are subject to the combined annual deductible. Certain preventive medications covered at 100%, even if you haven't yet satisfied your combined annual deductible. Applies to covered prescriptions filled at a pharmacy or through the mail-order service.		Network \$5,000 \$10,000 \$10,000 \$20,000 \$10,000 \$20,000 \$10,000 \$20,000 Mail-order prescriptions are subject to the combined annual deductible. Certain preventive medications covered at 100%, even if you haven't yet satisfied your combined annual deductible. Applies to covered prescriptions filled at a pharmacy or through the mail-order service.	
out-of-pocket maximum**	separate out-of-pocket maximums for		medical, prescription drugs, MHSUD, combined*		medical, prescription drugs, MHSUD, combined*	
you only you + one adult you + child(ren) you + family	medical and MH Network \$5,000 \$10,000 \$10,000 \$10,000	SUD, combined* Out-of-network \$10,000 \$20,000 \$20,000 \$20,000	Network \$5,000 \$10,000 \$10,000 \$10,000	Out-of-network \$10,000 \$20,000 \$20,000 \$20,000	Network \$6,550 \$13,100 \$13,100 \$13,100	Out-of-network \$13,100 \$26,200 \$26,200 \$26,200

medical HMO plan

- Medical, prescription drug, basic vision coverage provided by HMO
- Health maintenance organization (HMO) plans
- Must use network provider
- Preventive care provisions included
- Plan choices vary by zip code

behavioral health services

Available through HMO or the Chevron Mental Health and Substance Use Disorder Plan (MHSUD), but not both for same service. Out-of-network provider not covered whether through MHSUD or HMO Plan.

employee monthly premium

Your cost varies by plan. Go to **hr2.chevron.com/openenrollment** to review the 2023 monthly rates (with and without the Wellness Credit).

deductible

The average annual deductible for most Medical HMO Plans in 2023 will remain \$300. Some Medical HMO Plans may have a different deductible, and a few will continue to have no deductible at all. There is no deductible when you use covered services under the Mental Health and Substance Use Disorder (MHSA) Plan. Review the 2023 Summary of Benefits and Coverage (SBC) on hr2.chevron.com/openenrollment or contact the HMO directly to see the deductible amount for any Medical HMO Plans available to you.

out-of-pocket maximum

Out-of-pocket maximum varies by plan. Go to hr2.chevron.com/openenrollment to review the 2023 Summary of Benefits and Coverage (SBC) for each plan.

save for health care?

Flexible spending account

Health Care Spending Account (HCSA). Chevron does not contribute.

you only

you + family

^{*}Amounts paid for covered services provided by a network provider also count toward the out-of-network annual limit. Amounts paid for covered services provided by an out-of-network provider also count toward the network annual limit. **For family coverage levels, each covered person has a maximum limit equal to the You Only network amount. No one family member can contribute more than the You Only amount toward the full family amount. To learn more about how this works, see an example on hr2.chevron.com/openenrollment.

save for health care?

covered prescription drugs \$1,800 \$3,600 One maximum for network, out-of-network. Flexible spending account BenefitWallet Health Savings Account (HSA) with payroll deductions. Health Care Spending Account (HCSA). Chevron also contributes if you meet eligibility requirements. Chevron does not contribute.