

# employee medical plan comparison

effective January 1 through December 31, 2025

	medical PPO plan		high deductible health plan (HDHP)		high deductible health plan basic (HDHP basic)	
<b>the basics</b>	<b>Applies to Medical PPO, HDHP, HDHP Basic:</b> <ul style="list-style-type: none"> <li>Medical – Anthem</li> <li>Prescription drug – Express Scripts</li> <li>Basic vision – VSP</li> </ul>					
<b>behavioral health services</b>	Automatically enrolled in Chevron Mental Health and Substance Use Disorder Plan (MHSUD) <sup>†</sup>					
<b>your monthly premium</b>	<b>no wellness credit</b>	<b>wellness credit</b>	<b>no wellness credit</b>	<b>wellness credit</b>	<b>no wellness credit</b>	<b>wellness credit</b>
you only	\$153 ↑\$2	\$90.50	\$23 ↓\$4	\$0	\$10	\$0
you + one adult	\$307 ↑\$4	\$244.50	\$48 ↓\$7	\$0	\$21	\$0
you + child(ren)	\$261 ↑\$4	\$198.50	\$39 ↓\$6	\$0	\$17	\$0
you + family	\$414 ↑\$5	\$351.50	\$62 ↓\$11	\$0	\$28	\$0
<b>deductible**</b>	<b>separate deductibles for ...</b>		<b>medical, prescription drugs, MHSUD, combined*</b>		<b>medical, prescription drugs, MHSUD, combined*</b>	
	<b>covered medical services*</b>					
	<b>Network</b>	<b>Out-of-network</b>	<b>Network</b>	<b>Out-of-network</b>	<b>Network</b>	<b>Out-of-network</b>
you only	\$1,000	\$2,000	\$3,300 ↑\$100	\$6,600 ↑\$200	\$5,000	\$10,000
you + one adult	\$2,000	\$4,000	\$6,600 ↑\$200	\$13,200 ↑\$400	\$10,000	\$20,000
you + child(ren)	\$2,000	\$4,000	\$6,600 ↑\$200	\$13,200 ↑\$400	\$10,000	\$20,000
you + family	\$3,000	\$6,000	\$6,600 ↑\$200	\$13,200 ↑\$400	\$10,000	\$20,000
	<b>covered prescription drugs</b>		Mail-order prescriptions are subject to the combined annual deductible.		Mail-order prescriptions are subject to the combined annual deductible.	
you only	\$150		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.		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.	
you + family	\$300					
	One deductible for network, out-of-network. Mail-order prescriptions are not subject to the annual deductible.					
	<b>covered behavioral health services</b>					
	No deductible under the MHSUD					
<b>out-of-pocket maximum**</b>	<b>separate out-of-pocket maximums for ...</b>		<b>medical, prescription drugs, MHSUD, combined*</b>		<b>medical, prescription drugs, MHSUD, combined*</b>	
	<b>medical and MHSUD, combined*</b>					
	<b>Network</b>	<b>Out-of-network</b>	<b>Network</b>	<b>Out-of-network</b>	<b>Network</b>	<b>Out-of-network</b>
you only	\$5,000	\$10,000	\$5,000	\$10,000	\$6,550	\$13,100
you + one adult	\$10,000	\$20,000	\$10,000	\$20,000	\$13,100	\$26,200
you + child(ren)	\$10,000	\$20,000	\$10,000	\$20,000	\$13,100	\$26,200
you + family	\$10,000	\$20,000	\$10,000	\$20,000	\$13,100	\$26,200
	<b>covered prescription drugs</b>					
you only	\$1,800					
you + family	\$3,600					
	One maximum for network, out-of-network.					
<b>save for health care?</b>	<b>Flexible spending account</b> Health FSA Chevron one-time contribution \$500		<b>Fidelity Health Savings Account (HSA)</b> Chevron also contributes if you meet eligibility requirements:		\$500 you only \$750 you + one adult / you + child(ren) \$1000 you + family	

## medical HMO plan - kaiser colorado (150)

- This is a health maintenance organization (HMO) plan. You must use a network provider or your care is not covered (except emergencies).
- Plan availability varies by zip code; may not be offered in your area.
- Medical, prescription drug, basic vision coverage provided by Medical HMO.
- Preventive care included with coverage.
- You have access to the second opinion service with 2nd.MD. for questions about a diagnosis, surgery, treatment plan, or chronic condition.
- Review the summary of benefits and coverage (SBC)** or contact the Medical HMO directly for services and programs included with your coverage, such as virtual visits.

## behavioral health services

Available through Medical HMO or the Chevron Mental Health and Substance Use Disorder Plan (MHSUD)<sup>†</sup>, but not *both* for same service. Out-of-network provider not covered whether you're using services under the MHSUD or HMO Plan.

## your monthly premium

	no wellness credit	wellness credit
you only	\$146	\$83.50
you + one adult	\$292	\$229.50
you + child(ren)	\$248	\$185.50
you + family	\$394	\$331.50

## deductible

**\$300 Individual / \$600 Family** There is no deductible when you use covered services under the Mental Health and Substance Use Disorder (MHSUD) Plan.

## out-of-pocket maximum

**\$2,500 Individual / \$5,000 Family**

## save for health care?

### Flexible spending account

Health FSA. Chevron one-time contribution \$500 in 2025

## more resources for legacy PDC employees

Go to [hr2.chevron.com/PDCEnergy](https://hr2.chevron.com/PDCEnergy) to download summary of benefits and coverage (SBC) documents, review videos, and access other decision tools and resources.

<sup>†</sup>The MHSUD is a separate plan, but it may interact with your Chevron medical plan deductible and/or out-of-pocket maximum, depending on the plan you choose. Your eligible dependents are also covered under the MHSUD if they are enrolled in a Chevron medical plan.

\*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. This is called an *embedded deductible*.