snapshot: medical plan comparison

The information in this snapshot comparison on the next pages provides you with a basic comparison of the key similarities and differences to help you get to know Chevron's medical plans. This guide doesn't cover detailed plan rules, requirements, and eligibility. Go to hr2.chevron.com/REG to access additional information, documents, and plan contact information to ask the plans questions directly.



Chevron Health, Protection, Work and Life Benefit Guide

how the chevron medical plans compare

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. 		 Medical, prescu Health mainter Must use network Preventive care
behavioral health services	Automatically enrolled in Chevron Mental Health and Substance Use Disorder Plan (MHSUD)						Plan choices va
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 \$292 \$248 \$394	Earn points in 2023 for 2024 premium reduction.	\$30 \$59 \$49 \$78	Earn points in 2023 for 2024 premium reduction.	\$10 \$21 \$17 \$28	Earn points in 2023 for 2024 premium reduction.	Available through (MHSUD), but no through MHSUD (
deductible**	separate deductibles for		medical, prescription drugs, MHSUD, combined*		medical, prescription drugs, MHSUD, combined*		
you only you + one adult you + child(ren) you + family	covered med Network \$1,000 \$2,000 \$2,000 \$3,000	lical services* Out-of-network \$2,000 \$4,000 \$4,000 \$6,000	Network \$3,000 \$6,000 \$6,000 \$6,000 \$6,000	Out-of-network \$6,000 \$12,000 \$12,000 \$12,000	Network \$5,000 \$10,000 \$10,000 \$10,000	Out-of-network \$10,000 \$20,000 \$20,000 \$20,000	Your cost varies to monthly rates (w The average annu
you only you + family	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		Mail-order prescriptions are subject to the combined annual deductible. Certain preventive medications covered at 100 percent, 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.		Mail-order prescriptions are subject to the combined annual deductible. Certain preventive medications covered at 100 percent, 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.		Some Medical HN to have no deduc under the Mental 2023 Summary o deductible amou
out-of-pocket maximum**	separate out-of-pocket maximums for		medical, prescription drugs, MHSUD, combined*		medical, prescription drugs, MHSUD, combined*		Out-of-pocket ma the 2023 Summa
you only you + one adult you + child(ren) you + family you only you + family	Network \$5,000 \$10,000 \$10,000 \$10,000 covered pres \$1, \$3,	SUD, combined* Out-of-network \$10,000 \$20,000 \$20,000 \$20,000 cription drugs 800 600 cwork, out-of-network.	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	Health *Amounts paid for cove limit. Amounts paid for annual limit. **For family coverage lev family member can cor how this works, see an
save for health care?	Health Care Spendi	nding account ing Account (HCSA) not contribute	BenefitWallet Health Savings Account (HSA) with payroll deductions. Chevron also contributes if you meet eligibility requirements.				

medical HMO plan

- scription drug, basic vision coverage provided by HMO
- enance organization (HMO) plans
- work provider
- are provisions included
- vary by zip code

behavioral health services

ugh HMO *or* the Chevron Mental Health and Substance Use Disorder Plan not both for same service. Out-of-network provider not covered whether JD or HMO Plan.

employee monthly premium

es by plan choice. Go to **hr2.chevron.com/REG** to review the 2023 (without Wellness Credit).

deductible

nnual deductible for most Medical HMO Plans in 2023 will remain \$300. HMO Plans may have a different deductible, and a few will continue ductible at all. There is no deductible when you use covered services ntal Health and Substance Use Disorder (MHSUD) Plan. Review the ry of Benefits and Coverage (SBC) on **hr2.chevron.com/REG** to see the nount for any Medical HMO Plans available to you.

out-of-pocket maximum

maximum varies by plan choice. Go to **hr2.chevron.com/REG** to review nary of Benefits and Coverage (SBC) for each plan.

save for health care?

Flexible spending account

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

overed services provided by a network provider also count toward the out-of-network annual d for covered services provided by an out-of-network provider also count toward the network

e levels, each covered person has a maximum limit equal to the You Only network amount. No one a contribute more than the You Only amount toward the full family amount. To learn more about e an example on **hr2.chevron.com/REG**.