employee medical plan comparison

effective January 1 through December 31, 2024

	the basicsMedical PPO plan• Medical - Anthem • Prescription drug - Express Scripts • Basic vision - VSP		high deductible health plan (HDHP):• These are preferred provider organization (PPO) plans. Choose network or out-of- network providers for care.• Preventive care provisions included.		 high deductible health plan basic (HDHP basic) 2nd.MD second opinion service available. Required for knee, hip, back, spine surgery. Access to virtual visits, WIN Fertility service and Omada diabetes prevention service. 		
the basics							 These are heaprovider or y Plan availabi Medical, pressibility Preventive call
behavioral health services	Automatically enrolled in Chevron Mental Health and Substance Use Disorder Plan (MHSUD) ⁺						 You have acc diagnosis, su
employee monthly premium	no wellness credit	wellness credit	no wellness credit	wellness credit	no wellness credit	wellness credit	Contact the I
you only you + one adult you + child(ren) you + family	\$151 († \$5) \$303 († \$11) \$257 († \$9) \$409 († \$15)	\$88.50 \$240.50 \$194.50 \$346.50	\$27 (↓\$3) \$55 (↓\$4) \$45 (↓\$4) \$73 (↓\$5)	\$0 \$0 \$0 \$10.50	\$10 \$21 \$17 \$28	\$0 \$0 \$0 \$0	with your con Available throu
deductible**	separate deductibles for		medical, prescription drugs, MHSUD, combined*		medical, prescription drugs, MHSUD, combined*		Disorder Plan (covered wheth
you only you + one adult you + child(ren) you + family you only	Network \$1,000 \$2,000 \$2,000 \$3,000 covered press	dical services* Out-of-network \$2,000 \$4,000 \$4,000 \$6,000 cription drugs 50		Out-of-network \$6,400 (↑\$400) \$12,800 (↑\$800) \$12,800 (↑\$800) \$12,800 (↑\$800) \$12,800 (↑\$800)		Out-of-network \$10,000 \$20,000 \$20,000 \$20,000 iptions are subject annual deductible.	Your cost varies monthly rates (The average an
you + family	\$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		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.		Some Medical F have no deduct the Mental Hea of Benefits and HMO directly to
out-of-pocket maximum**		cket maximums for	medical, prescription drugs, MHSUD, combined*		medical, prescription drugs, MHSUD, combined*		Out-of-pocket r
you only you + one adult you + child(ren) you + family	medical and MH Network \$5,000 \$10,000 \$10,000 \$10,000	ISUD, 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	review the 2024 Healt
you only you + family	\$1,8 \$3,0	cription drugs 300 600 twork, out-of-network.					Go to hr2.chevr (SBC) docur
save for health care?	Health Care Spendi	nding account ng Account (HCSA). not contribute.	BenefitWallet Health Savings Account (HSA) with payroll deductions. Chevron also contributes if you meet eligibility requirements.				*The MHSUD is a sepa maximum, dependin enrolled in a Chevron *Amounts paid for cov Amounts paid for cov **For family coverage

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medical HMO plan

- ealth maintenance organization (HMO) plans. You must use a network your care is not covered (except emergencies).
- ility varies by zip code; may not be offered in your area.
- escription drug, basic vision coverage provided by Medical HMO. care included with coverage.
- cess to the second opinion service with 2nd.MD. for questions about a urgery, treatment plan, or chronic condition.
- Medical HMO directly to learn about other programs and services included overage, such as virtual visits.

behavioral health services

ugh Medical HMO *or* the Chevron Mental Health and Substance Use (MHSUD)⁺, but not *both* for same service. Out-of-network provider not ner you're using services under the MHSUD or HMO Plan.

employee monthly premium

es by plan. Go to hr2.chevron.com/openenrollment to review the 2024 (with and without the Wellness Credit).

deductible

nnual deductible for most Medical HMO Plans in 2024 will remain \$300. HMO Plans may have a different deductible, and a few will continue to ctible at all. There is no deductible when you use covered services under alth and Substance Use Disorder (MHSA) Plan. Review the 2024 Summary d Coverage (SBC) on **hr2.chevron.com/openenrollment** or contact the to see the deductible amount for any Medical HMO Plans available to you.

out-of-pocket maximum

maximum varies by plan. Go to hr2.chevron.com/openenrollment to 24 Summary of Benefits and Coverage (SBC) for each plan.

save for health care?

Flexible spending account

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

resources

ron.com/OpenEnrollment to download summary of benefits and coverage ments, see plan changes, and access other decision tools and resources.

parate plan, but it may interact with your Chevron medical plan deductible and/or out-of-pocket ing on the plan you choose. Your eligible dependents are also covered under the MHSUD if they are on medical plan.

overed services provided by a network provider also count toward the out-of-network annual limit. overed 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*.