employee medical plan comparison

effective January 1 through December 31, 2022

	medical PPO plan Applies to Medical PPO, HDHP, HDHP Basic: • 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		 high deductible health plan basic (HDHP basic) Preventive care provisions included Second opinion requirement applies for knee, hip, back, spine surgery 		
the basics							 Medical, prescr Health mainter Must use netwo 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	The Chevron Mee HMO - Humana
you only you + one adult you + child(ren) you + family	\$123 \$247 \$210 \$334	\$60.50 \$184.50 \$147.50 \$271.50	\$26 \$54 \$44 \$72	\$0 \$0 \$0 \$9.50	\$10 \$21 \$17 \$28	\$0 \$0 \$0 \$0	If you're enrolled
deductible**	separate deductibles for		medical, prescription drugs, MHSUD, combined*		medical, prescription drugs, MHSUD, combined*		Available throug (MHSUD), but no
you only you + one adult you + child(ren) you + family you only you + family	Network \$1,000 \$2,000 \$3,000 \$3,000 \$3,000 \$3,000 \$1 \$3 One deductible for ne Mail-order prescription		to the combined Certain preventive m 100%, even if you ha combined annual d	Out-of-network \$5,600 \$11,200 \$11,200 \$11,200 \$11,200 riptions are subject annual deductible. nedications covered at ven't yet satisfied your eductible. Applies to s filled at a pharmacy or	to the combined Certain preventive 100%, even if you ha combined annual	Out-of-network \$10,000 \$20,000 \$20,000 \$20,000 criptions are subject d annual deductible. medications covered at aven't yet satisfied your deductible. Applies to as filled at a pharmacy or	through MHSUD Your cost varies monthly rates (v The average and Some Medical H
	covered behavioral health services No deductible under the MHSUD		through the mail-order service.		through the mail-order service.		have no deductib the Mental Health of Benefits and Co
out-of-pocket maximum**	separate out-of-pocket maximums for medical and MHSUD, combined*		medical, prescription drugs, MHSUD, combined*		medical, prescription drugs, MHSUD, combined*		HMO directly to s
you only you + one adult you + child(ren) you + family	Network \$5,000 \$10,000 \$10,000 \$10,000	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	Out-of-pocket m review the 2022
you only you + family	\$3,6	300					Health
save for health care?	Health Care Spendi	i ding account ng Account (HCSA). not contribute.	BenefitWallet Health Savings Account (HSA) with payroll deductions. Chevron also contributes if you meet eligibility requirements.				*Amounts paid for cover Amounts paid for cover



medical HMO plan

cription drug, basic vision coverage provided by HMO

enance organization (HMO) plans

work provider

are provisions included

vary by zip code

edical HMO – Humana Total Health Choice and the Chevron Medical **USW Local 447** plans will no longer be offered effective January 1, 2022. d, your coverage will be automatically changed to the Medical PPO Plan.

behavioral health services

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

employee monthly premium

by plan. Go to **hr2.chevron.com/openenrollment** to review the 2022 with and without the Wellness Credit).

deductible

nual deductible for most Medical HMO Plans in 2022 will remain \$300. IMO Plans may have a different deductible, and a few will continue to ible at all. There is no deductible when you use covered services under Ith and Substance Use Disorder (MHSA) Plan. Review the 2022 Summary Coverage (SBC) on hr2.chevron.com/openenrollment or contact the see the deductible amount for any Medical HMO Plans available to you.

out-of-pocket maximum

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

save for health care?

Flexible spending account

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

ered services provided by a network provider also count toward the out-of-network annual limit. ered services provided by an out-of-network provider also count toward the network annual limit. **Each covered individual has a maximum limit equal to the You Only network amount.