

# medical PPO plan

The **Medical PPO Plan** is a preferred provider organization (PPO) health plan, so you can choose to see any provider you want. However, remember that you pay more out-of-your pocket if you visit an out-of-network provider. The Medical PPO Plan includes **medical** coverage with Anthem Blue Cross (Anthem) and **prescription drug** coverage with Express Scripts. You're also automatically enrolled in the Vision Program for **basic vision** coverage with VSP, and the Mental Health and Substance Abuse Plan with Beacon Health Options. The Medical PPO Plan changes described in this section take effect on January 1, 2018.

## new benefits and features for 2018

The Medical PPO Plan includes the following new benefits features effective January 1, 2018. See Page 15 for further details.

- Hearing aid coverage for adults.
- New condition-specific prescription drug programs.

## monthly premium

Chevron will currently continue to share the monthly cost of coverage — the premium — with eligible employees.

### Employee monthly premium

**\$138** You only  
**\$276** You + One adult  
**\$235** You + Child(ren)  
**\$373** You + Family

### Employee monthly premium if wellness credit obtained

**\$75.50** You only  
**\$213.50** You + One adult  
**\$172.50** You + Child(ren)  
**\$310.50** You + Family


There's still time to receive this reduced monthly premium in 2018. The deadline to qualify for the 2018 Wellness Credit is October 27, 2017. See Page 20

## annual deductibles

The Medical PPO Plan has separate deductibles, one for **medical services** and the other for **prescription drug costs**. There is no deductible for **mental health and substance abuse** services.

### Covered prescription drugs deductible


The Medical PPO Plan prescription drug deductible is not changing in 2018; this information is provided for your reference only. The prescription drug deductible is the same whether you use a network or out-of-network provider. As a reminder, mail-order prescriptions are *not* subject to the annual deductible.

	Coverage category	Network or Out-of-network
	You Only	\$150
	You + One Adult* You + Child(ren)* You + Family*	\$300

\*Each covered individual has a maximum deductible equal to the **You Only** amount.

### Covered medical services deductible

The Medical PPO Plan deductible for covered medical services is not changing in 2018; this information is provided for your reference only. There are different deductible amounts for covered **medical** services depending on if you see a network or an out-of-network provider. Amounts paid for covered medical services provided by a network provider also count toward the out-of-network annual deductible. Amounts paid for covered medical services provided by an out-of-network provider also count toward the network annual deductible.

	Coverage category	Network	Out-of-network
	You Only	\$1,000	\$2,000
	You + One Adult*	\$2,000	\$4,000
	You + Child(ren)*	\$2,000	\$4,000
	You + Family*	\$3,000	\$6,000

\*Each covered individual has a maximum deductible equal to the **You Only** amount.