

# employee medical plan comparison

**effective January 1 through December 31, 2025**

the basics	medical PPO plan	high deductible health plan (HDHP)	high deductible health plan basic (HDHP basic)	medical HMO plan		
	Applies to Medical PPO, HDHP, HDHP Basic: <ul style="list-style-type: none"><li>Medical – Anthem</li><li>Prescription drug – Express Scripts</li><li>Basic vision – VSP</li></ul>	<ul style="list-style-type: none"><li>These are preferred provider organization (PPO) plans. Choose network or out-of-network providers for care.</li><li>Preventive care provisions included.</li></ul>	<ul style="list-style-type: none"><li>Access to virtual visits, 2nd.MD second opinion service, WIN Fertility service and Omada diabetes prevention service</li><li>2nd.MD second opinion required for knee, hip, back, spine surgery.</li></ul>	<ul style="list-style-type: none"><li>These are health maintenance organization (HMO) plans. You must use a network provider or your care is not covered (except emergencies).</li><li>Plan availability varies by zip code; may not be offered in your area.</li><li>Medical, prescription drug, basic vision, behavioral health coverage provided by Medical HMO.</li><li>Preventive care included with coverage.</li><li>Access to the 2nd.MD second opinion service for questions about a diagnosis, surgery, treatment plan, or chronic condition.</li><li>Contact the Medical HMO directly to learn about other programs and services included with your coverage, such as virtual visits and condition management programs.</li></ul>		
	monthly premium			monthly premium		
	you only you + one adult you + child(ren) you + family					
deductible**	separate deductibles for ...	medical, prescription drugs, behavioral health, combined*	medical, prescription drugs, behavioral health, combined*	deductible		
	covered medical services*			The average annual deductible for most Medical HMO Plans in 2025 is <b>\$300</b> . Some Medical HMO Plans may have a different deductible, and a few will continue to have no deductible at all. Review the 2025 Summary of Benefits and Coverage (SBC) for details.		
	NetworkOut-of-network	NetworkOut-of-network	NetworkOut-of-network			
	you only you + one adult you + child(ren) you + family	\$1,000\$2,000\$2,000\$3,000	\$2,000\$4,000\$4,000\$6,000		\$3,300\$6,600\$6,600\$6,600	\$6,600\$13,200\$13,200\$13,200
you only you + family	covered prescription drugs			out-of-pocket maximum		
out-of-pocket maximum**				Out-of-pocket maximum varies by plan. Review the 2025 Summary of Benefits and Coverage (SBC) for each plan for details.		
	covered behavioral health services					
	separate out-of-pocket maximums for ...	medical, prescription drugs, behavioral health, combined*	medical, prescription drugs, behavioral health, combined*			
	medical and behavioral health, combined*			save for health care?		
save for health care	NetworkOut-of-network	NetworkOut-of-network	NetworkOut-of-network	Flexible spending account		
	you only you + one adult you + child(ren) you + family	\$5,000\$10,000\$10,000\$10,000	\$10,000\$20,000\$20,000\$20,000	\$5,000\$10,000\$10,000\$10,000	\$6,550\$13,100\$13,100\$13,100	\$13,100\$26,200\$26,200\$26,200
	covered prescription drugs					
	you only you + family	\$1,800\$3,600				
	One maximum for network, out-of-network.					
	Flexible spending account	Fidelity Health Savings Account (HSA) with payroll deductions. Chevron also contributes if you meet eligibility requirements:	\$500 you only \$750 you + one adult/child(ren) \$1,000 you + family			

\*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 amount. No one family member can contribute more than the You Only amount toward the full family amount. This is called an *embedded deductible*.