

COBRA medical plan comparison

effective january 1 through december 31, 2021

	medical PPO plan	high deductible health plan (HDHP)	high deductible health plan basic (HDHP basic)
the basics	Applies to Medical PPO, HDHP, HDHP Basic: <ul style="list-style-type: none">Medical – AnthemPrescription drug – Express Scripts	<ul style="list-style-type: none">Basic vision – VSPThese are preferred provider organization (PPO) plans	<ul style="list-style-type: none">Choose network or out-of-network providers for carePreventive care provisions included
employee monthly premium	full monthly cost (102%)	full monthly cost (102%)	full monthly cost (102%)
you only	\$631.38	\$532.44	\$516.12
you + one adult	\$1,262.76	\$1,065.90	\$1,032.24
you + child(ren)	\$1,074.06	\$904.74	\$877.20
you + family	\$1,705.44	\$1,438.20	\$1,393.32
deductible***	separate deductibles for ...	medical, prescription drugs, MHSUD*, combined**	medical, prescription drugs, MHSUD*, combined**
	covered medical services**		
	NetworkOut-of-network	NetworkOut-of-network	NetworkOut-of-network
you only	\$1,000\$2,000	\$2,800\$5,600	\$5,000\$10,000
you + one adult	\$2,000\$4,000	\$5,600\$11,200	\$10,000\$20,000
you + child(ren)	\$2,000\$4,000	\$5,600\$11,200	\$10,000\$20,000
you + family	\$3,000\$6,000	\$5,600\$11,200	\$10,000\$20,000
	covered prescription drugs		
you only	\$150	Mail-order prescriptions are subject to the combined annual deductible.	Mail-order prescriptions are subject to the combined annual deductible.
you + family	\$300	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.	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.
	covered behavioral health services		
	No deductible if enrolled in MHSUD.*		
out-of-pocket maximum***	separate out-of-pocket maximums for ...	medical, prescription drugs, MHSUD*, combined**	medical, prescription drugs, MHSUD*, combined**
	medical and MHSUD*, combined**		
	NetworkOut-of-network	NetworkOut-of-network	NetworkOut-of-network
you only	\$5,000\$10,000	\$5,000\$10,000	\$6,550\$13,100
you + one adult	\$10,000\$20,000	\$10,000\$20,000	\$13,100\$26,200
you + child(ren)	\$10,000\$20,000	\$10,000\$20,000	\$13,100\$26,200
you + family	\$10,000\$20,000	\$10,000\$20,000	\$13,100\$26,200
	covered prescription drugs		
you only	\$1,800		
you + family	\$3,600		
	One maximum for network, out-of-network.		
save for health care?	Flexible spending account Health Care Spending Account (HCSA). Chevron does not contribute.	BenefitWallet Health Savings Account (HSA) with payroll deductions. Chevron also contributes if you meet eligibility requirements.	

medical HMO plan	
<ul style="list-style-type: none">Medical, prescription drug, basic vision coverage provided by HMOHealth maintenance organization (HMO) plans	<ul style="list-style-type: none">Must use network providerPreventive care provisions includedPlan choices vary by zip code
behavioral health services	
Available through HMO or the Chevron Mental Health and Substance Use Disorder (MHSUD) Plan (if you enroll), but not both for same service. Out-of-network provider not covered whether through MHSUD or HMO Plan.	
HMO blue essentials	kaiser colorado
full monthly cost (102%)	
\$1,243.38 \$2,485.74 \$2,112.42 \$3,355.8	\$671.16 \$1,342.32 \$1,141.38 \$1,812.54
annual deductible	annual deductible
\$0	\$300 individual \$600 family
annual out-of-pocket maximum	annual out-of-pocket maximum
\$2,500 individual \$5,000 family	\$2,500 individual \$5,000 family
save for health care?	
Flexible spending account Health Care Spending Account (HCSA). Chevron does not contribute.	

* If you enroll in the Mental Health and Substance Use Disorder (MHSUD) Plan; coverage is not automatic.

**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.

***Each covered individual has a maximum limit equal to the You Only network amount.