

employee 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 ScriptsBasic vision – VSP		<ul style="list-style-type: none">These are preferred provider organization (PPO) plansChoose network or out-of-network providers for care		<ul style="list-style-type: none">Preventive care provisions includedSecond opinion requirement applies for knee, hip, back, spine surgery	
behavioral health services	Automatically enrolled in Chevron Mental Health and Substance Use Disorder Plan (MHSUD)					
employee monthly premium	no wellness credit	wellness credit	no wellness credit	wellness credit	no wellness credit	wellness credit
you only	\$123	Not available in 2021	\$26	Not available in 2021	\$10	Not available in 2021
you + one adult	\$247		\$54		\$21	
you + child(ren)	\$210		\$44		\$17	
you + family	\$334		\$72		\$28	
deductible**	separate deductibles for ...		medical, prescription drugs, MHSUD, combined*		medical, prescription drugs, MHSUD, combined*	
	covered medical services*					
	Network	Out-of-network	Network	Out-of-network	Network	Out-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		Mail-order prescriptions are subject to the combined annual deductible. 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.		Mail-order prescriptions are subject to the combined annual deductible. 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.	
you only	\$150					
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					
out-of-pocket maximum**	separate out-of-pocket maximums for ...		medical, prescription drugs, MHSUD, combined*		medical, prescription drugs, MHSUD, combined*	
	medical and MHSUD, combined*					
	Network	Out-of-network	Network	Out-of-network	Network	Out-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

- Medical, prescription drug, basic vision coverage provided by HMO
- Health maintenance organization (HMO) plans
- Must use network provider
- Preventive care provisions included
- Plan choices vary by zip code

behavioral health services

Available through HMO or the Chevron Mental Health and Substance Use Disorder Plan (MHSUD), but not both for same service. Out-of-network provider not covered whether through MHSUD or HMO Plan.

HMO blue essentials		kaiser colorado	
employee monthly premium		employee monthly premium	
No wellness credit	Wellness credit	No wellness credit	Wellness credit
\$723	Not available in 2021	\$162	Not available in 2021
\$1,446		\$325	
\$1,228		\$276	
\$1,952		\$439	
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.			

*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.