

# employee medical plan comparison

effective January 1 through December 31, 2024

	medical PPO plan		high deductible health plan (HDHP)		high deductible health plan basic (HDHP basic)	
<b>the basics</b>	<b>Applies to Medical PPO, HDHP, HDHP Basic:</b> <ul style="list-style-type: none"> <li>Medical – Anthem</li> <li>Prescription drug – Express Scripts</li> <li>Basic vision – VSP</li> </ul>					
<b>behavioral health services</b>	Automatically enrolled in Chevron Mental Health and Substance Use Disorder Plan (MHSUD) <sup>†</sup>					
<b>employee monthly premium</b>	<b>no wellness credit</b>	<b>wellness credit</b>	<b>no wellness credit</b>	<b>wellness credit</b>	<b>no wellness credit</b>	<b>wellness credit</b>
you only	\$151 (↑\$5)	<b>Not available in 2024.</b>	\$27 (↓\$3)	<b>Not available in 2024.</b>	\$10	<b>Not available in 2024.</b>
you + one adult	\$303 (↑\$11)	Complete activities in 2024 to qualify in 2025.	\$55 (↓\$4)	Complete activities in 2024 to qualify in 2025.	\$21	Complete activities in 2024 to qualify in 2025.
you + child(ren)	\$257 (↑\$9)		\$45 (↓\$4)		\$17	
you + family	\$409 (↑\$15)		\$73 (↓\$5)		\$28	
<b>deductible**</b>	<b>separate deductibles for ...</b>		<b>medical, prescription drugs, MHSUD, combined*</b>		<b>medical, prescription drugs, MHSUD, combined*</b>	
	<b>covered medical services*</b>					
	<b>Network</b>	<b>Out-of-network</b>	<b>Network</b>	<b>Out-of-network</b>	<b>Network</b>	<b>Out-of-network</b>
you only	\$1,000	\$2,000	\$3,200 (↑\$200)	\$6,400 (↑\$400)	\$5,000	\$10,000
you + one adult	\$2,000	\$4,000	\$6,400 (↑\$400)	\$12,800 (↑\$800)	\$10,000	\$20,000
you + child(ren)	\$2,000	\$4,000	\$6,400 (↑\$400)	\$12,800 (↑\$800)	\$10,000	\$20,000
you + family	\$3,000	\$6,000	\$6,400 (↑\$400)	\$12,800 (↑\$800)	\$10,000	\$20,000
	<b>covered prescription drugs</b>		Mail-order prescriptions are subject to the combined annual deductible.		Mail-order prescriptions are subject to the combined annual deductible.	
you only	\$150		Certain preventive medications covered at 100%, 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%, 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 + family	\$300					
	One deductible for network, out-of-network. Mail-order prescriptions are not subject to the annual deductible.					
	<b>covered behavioral health services</b>					
	No deductible under the MHSUD					
<b>out-of-pocket maximum**</b>	<b>separate out-of-pocket maximums for ...</b>		<b>medical, prescription drugs, MHSUD, combined*</b>		<b>medical, prescription drugs, MHSUD, combined*</b>	
	<b>medical and MHSUD, combined*</b>					
	<b>Network</b>	<b>Out-of-network</b>	<b>Network</b>	<b>Out-of-network</b>	<b>Network</b>	<b>Out-of-network</b>
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
	<b>covered prescription drugs</b>					
you only	\$1,800					
you + family	\$3,600					
	One maximum for network, out-of-network.					
<b>save for health care?</b>	<b>Flexible spending account</b> Health Care Spending Account (HCSA). Chevron does not contribute.		<b>BenefitWallet Health Savings Account (HSA)</b> with payroll deductions. Chevron also contributes if you meet eligibility requirements.			

## resources

Go to [hr2.chevron.com/Beyond6](https://hr2.chevron.com/Beyond6) to download summary of benefits and coverage (SBC) documents, see plan changes, and access other decision tools and resources.

<sup>†</sup>The MHSUD is a separate plan, but it may interact with your Chevron medical plan deductible and/or out-of-pocket maximum, depending on the plan you choose. Your eligible dependents are also covered under the MHSUD if they are enrolled in a Chevron medical plan.

\*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 network amount. No one family member can contribute more than the You Only amount toward the full family amount. To learn more about how this works, see an example on [hr2.chevron.com/openenrollment](https://hr2.chevron.com/openenrollment).