

medical plan comparison

effective January 1 through December 31, 2025

	medical PPO plan	high deductible health plan (HDHP)	high deductible health plan basic (HDHP basic)																																													
the basics	<p>Applies to Medical PPO, HDHP, HDHP Basic:</p> <ul style="list-style-type: none"> Medical – Anthem Prescription drug – Express Scripts Basic vision – VSP 	<ul style="list-style-type: none"> These are preferred provider organization (PPO) plans. Choose network or out-of-network providers for care. Preventive care provisions included. 	<ul style="list-style-type: none"> Access to virtual visits and Omada diabetes prevention service. 																																													
behavioral health services	Chevron Mental Health and Substance Use Disorder Plan (MHSUD) [†]																																															
your monthly premium	Please watch for additional communications to arrive directly from the new COBRA administrator, BenefitConnect COBRA, during the month of November. These communications will provide detailed information about your new coverage including personalized premium information and plan choices for 2025.																																															
deductible**	separate deductibles for ...	medical, prescription drugs, MHSUD, combined*	medical, prescription drugs, MHSUD, combined*																																													
	covered medical services*																																															
	<table border="1"> <thead> <tr> <th></th> <th>Network</th> <th>Out-of-network</th> </tr> </thead> <tbody> <tr> <td>you only</td> <td>\$1,000</td> <td>\$2,000</td> </tr> <tr> <td>you + one adult</td> <td>\$2,000</td> <td>\$4,000</td> </tr> <tr> <td>you + child(ren)</td> <td>\$2,000</td> <td>\$4,000</td> </tr> <tr> <td>you + family</td> <td>\$3,000</td> <td>\$6,000</td> </tr> </tbody> </table>		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	<table border="1"> <thead> <tr> <th></th> <th>Network</th> <th>Out-of-network</th> </tr> </thead> <tbody> <tr> <td>you only</td> <td>\$3,300 ↑\$100</td> <td>\$6,600 ↑\$200</td> </tr> <tr> <td>you + one adult</td> <td>\$6,600 ↑\$200</td> <td>\$13,200 ↑\$400</td> </tr> <tr> <td>you + child(ren)</td> <td>\$6,600 ↑\$200</td> <td>\$13,200 ↑\$400</td> </tr> <tr> <td>you + family</td> <td>\$6,600 ↑\$200</td> <td>\$13,200 ↑\$400</td> </tr> </tbody> </table>		Network	Out-of-network	you only	\$3,300 ↑\$100	\$6,600 ↑\$200	you + one adult	\$6,600 ↑\$200	\$13,200 ↑\$400	you + child(ren)	\$6,600 ↑\$200	\$13,200 ↑\$400	you + family	\$6,600 ↑\$200	\$13,200 ↑\$400	<table border="1"> <thead> <tr> <th></th> <th>Network</th> <th>Out-of-network</th> </tr> </thead> <tbody> <tr> <td>you only</td> <td>\$5,000</td> <td>\$10,000</td> </tr> <tr> <td>you + one adult</td> <td>\$10,000</td> <td>\$20,000</td> </tr> <tr> <td>you + child(ren)</td> <td>\$10,000</td> <td>\$20,000</td> </tr> <tr> <td>you + family</td> <td>\$10,000</td> <td>\$20,000</td> </tr> </tbody> </table>		Network	Out-of-network	you only	\$5,000	\$10,000	you + one adult	\$10,000	\$20,000	you + child(ren)	\$10,000	\$20,000	you + family	\$10,000	\$20,000
	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																																														
	Network	Out-of-network																																														
you only	\$3,300 ↑\$100	\$6,600 ↑\$200																																														
you + one adult	\$6,600 ↑\$200	\$13,200 ↑\$400																																														
you + child(ren)	\$6,600 ↑\$200	\$13,200 ↑\$400																																														
you + family	\$6,600 ↑\$200	\$13,200 ↑\$400																																														
	Network	Out-of-network																																														
you only	\$5,000	\$10,000																																														
you + one adult	\$10,000	\$20,000																																														
you + child(ren)	\$10,000	\$20,000																																														
you + family	\$10,000	\$20,000																																														
	covered prescription drugs																																															
	<table border="1"> <tbody> <tr> <td>you only</td> <td>\$150</td> </tr> <tr> <td>you + family</td> <td>\$300</td> </tr> </tbody> </table> <p>One deductible for network, out-of-network. Mail-order prescriptions are not subject to the annual deductible.</p>	you only	\$150	you + family	\$300	<p>Mail-order prescriptions are subject to the combined annual deductible.</p> <p>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.</p>	<p>Mail-order prescriptions are subject to the combined annual deductible.</p> <p>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.</p>																																									
you only	\$150																																															
you + family	\$300																																															
	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*																																															
	<table border="1"> <thead> <tr> <th></th> <th>Network</th> <th>Out-of-network</th> </tr> </thead> <tbody> <tr> <td>you only</td> <td>\$5,000</td> <td>\$10,000</td> </tr> <tr> <td>you + one adult</td> <td>\$10,000</td> <td>\$20,000</td> </tr> <tr> <td>you + child(ren)</td> <td>\$10,000</td> <td>\$20,000</td> </tr> <tr> <td>you + family</td> <td>\$10,000</td> <td>\$20,000</td> </tr> </tbody> </table>		Network	Out-of-network	you only	\$5,000	\$10,000	you + one adult	\$10,000	\$20,000	you + child(ren)	\$10,000	\$20,000	you + family	\$10,000	\$20,000	<table border="1"> <thead> <tr> <th></th> <th>Network</th> <th>Out-of-network</th> </tr> </thead> <tbody> <tr> <td>you only</td> <td>\$5,000</td> <td>\$10,000</td> </tr> <tr> <td>you + one adult</td> <td>\$10,000</td> <td>\$20,000</td> </tr> <tr> <td>you + child(ren)</td> <td>\$10,000</td> <td>\$20,000</td> </tr> <tr> <td>you + family</td> <td>\$10,000</td> <td>\$20,000</td> </tr> </tbody> </table>		Network	Out-of-network	you only	\$5,000	\$10,000	you + one adult	\$10,000	\$20,000	you + child(ren)	\$10,000	\$20,000	you + family	\$10,000	\$20,000	<table border="1"> <thead> <tr> <th></th> <th>Network</th> <th>Out-of-network</th> </tr> </thead> <tbody> <tr> <td>you only</td> <td>\$6,550</td> <td>\$13,100</td> </tr> <tr> <td>you + one adult</td> <td>\$13,100</td> <td>\$26,200</td> </tr> <tr> <td>you + child(ren)</td> <td>\$13,100</td> <td>\$26,200</td> </tr> <tr> <td>you + family</td> <td>\$13,100</td> <td>\$26,200</td> </tr> </tbody> </table>		Network	Out-of-network	you only	\$6,550	\$13,100	you + one adult	\$13,100	\$26,200	you + child(ren)	\$13,100	\$26,200	you + family	\$13,100	\$26,200
	Network	Out-of-network																																														
you only	\$5,000	\$10,000																																														
you + one adult	\$10,000	\$20,000																																														
you + child(ren)	\$10,000	\$20,000																																														
you + family	\$10,000	\$20,000																																														
	Network	Out-of-network																																														
you only	\$5,000	\$10,000																																														
you + one adult	\$10,000	\$20,000																																														
you + child(ren)	\$10,000	\$20,000																																														
you + family	\$10,000	\$20,000																																														
	Network	Out-of-network																																														
you only	\$6,550	\$13,100																																														
you + one adult	\$13,100	\$26,200																																														
you + child(ren)	\$13,100	\$26,200																																														
you + family	\$13,100	\$26,200																																														
	covered prescription drugs																																															
	<table border="1"> <tbody> <tr> <td>you only</td> <td>\$1,800</td> </tr> <tr> <td>you + family</td> <td>\$3,600</td> </tr> </tbody> </table> <p>One maximum for network, out-of-network.</p>	you only	\$1,800	you + family	\$3,600																																											
you only	\$1,800																																															
you + family	\$3,600																																															

medical HMO plan - kaiser colorado (150)

- This is a health maintenance organization (HMO) plan. You must use a network provider or your care is not covered (except emergencies).
- Plan availability varies by zip code; may not be offered in your area.
- Medical, prescription drug, basic vision coverage provided by Medical HMO.
- Preventive care included with coverage.
- Review the summary of benefits and coverage (SBC)** or contact the Medical HMO directly for services and programs included with your coverage, such as virtual visits.

behavioral health services

Available through Medical 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 you're using services under the MHSUD or HMO Plan.

your monthly premium

Please watch for additional communications to arrive directly from the new COBRA administrator, BenefitConnect | COBRA, during the month of November. These communications will provide detailed information about your new coverage including personalized premium information and plan choices for 2025.

deductible

\$300 Individual / \$600 Family There is no deductible when you use covered services under the Mental Health and Substance Use Disorder (MHSUD) Plan.

out-of-pocket maximum

\$2,500 Individual / \$5,000 Family



more resources for legacy PDC COBRA coverage

Go to hr2.chevron.com/PDCEnergy/COBRA to download summary of benefits and coverage (SBC) documents, review videos, and access other decision tools and resources.

[†]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.

*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. This is called an *embedded deductible*.