# how the chevron medical plans compare

# effective January 1 through December 31, 2023

	medical PPO plan		high deductible health plan (HDHP)		high deductible health plan basic (HDHP basic)	
the basics	Applies to Medical PPO, HDHP, HDHP Basic:  • Medical – Anthem  • Prescription drug – Express Scripts  • Basic vision – VSP		<ul> <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> <li>Second opinion requirement applies for knee, hip, back, spine surgery.</li> <li>Access to virtual visits, WIN Fertility service and Omada diabetes prevention service.</li> </ul>	
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 you + one adult you + child(ren) you + family	\$146 \$292 \$248 \$394	Earn points in 2023 for 2024 premium reduction.	\$30 \$59 \$49 \$78	Earn points in 2023 for 2024 premium reduction.	\$10 \$21 \$17 \$28	Earn points in 2023 for 2024 premium reduction.
deductible**	separate deductibles for		medical, prescription drugs, MHSUD, combined*		medical, prescription drugs, MHSUD, combined*	
you only you + one adult you + child(ren) you + family	Network \$1,000 \$2,000 \$2,000 \$3,000	Cal services*  Out-of-network \$2,000 \$4,000 \$4,000 \$6,000	Network \$3,000 \$6,000 \$6,000	Out-of-network \$6,000 \$12,000 \$12,000 \$12,000	Network \$5,000 \$10,000 \$10,000	Out-of-network \$10,000 \$20,000 \$20,000 \$20,000
you only you + family	covered prescription drugs \$150 \$300 One deductible for network, out-of-network. Mail-order prescriptions are not subject to the annual deductible.		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.	
	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*	
you only you + one adult you + child(ren) you + family  you only you + family	Network \$5,000 \$10,000 \$10,000 \$10,000 covered press \$1,8 \$3,4	SUD, combined*  Out-of-network  \$10,000 \$20,000 \$20,000 \$20,000  cription drugs  800  600	Network \$5,000 \$10,000 \$10,000 \$10,000	Out-of-network \$10,000 \$20,000 \$20,000 \$20,000	Network \$6,550 \$13,100 \$13,100 \$13,100	Out-of-network \$13,100 \$26,200 \$26,200 \$26,200
save for health care?	One maximum for network, out-of-network.  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.

### medical HMO plan - HMO blue texas

The **Medical HMO Plan - HMO Blue Texas** is the HMO plan available in the most common zip codes for the Houston area. The HMO may not be available where you live.

## monthly premium

The 2023 monthly premium for the Medical HMO - HMO Blue Texas (without Wellness Credit is:  $\frac{1}{2}$ 

- You Only: \$768.00
- You + One Adult: \$1,538.00
- You + Child(ren): \$1,306.00
- You + Family: \$2,075.00

#### deductible and out-of-pocket maximum

There is no annual **deductible** for this plan. The 2023 **out-of-pocket maximum** is: \$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.
- \*\*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/REG.

Legacy REG U.S.-payroll employees