

your 2018 HDHP Basic by the numbers

monthly premium

Chevron will currently continue to share the monthly cost of coverage — the premium — with eligible employees.


| Employee monthly premium | Employee monthly premium if wellness credit obtained | There's still time to receive this \$0 monthly premium in 2018. The deadline to qualify for the 2018 Wellness Credit is October 27, 2017. See Page 20 |
|--------------------------|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| \$10 You only | \$0 You only | |
| \$21 You + One adult | \$0 You + One adult | |
| \$17 You + Child(ren) | \$0 You + Child(ren) | |
| \$28 You + Family | \$0 You + Family | |

annual combined deductible

The combined deductible for the Chevron HDHP Basic is not changing in 2018; this information is provided for your reference only. The Chevron HDHP Basic has one *combined* deductible for **medical, prescription drugs** (both retail and mail-order), **mental health** and **substance abuse** services. This means you'll have to pay the full cost for covered services and supplies until you reach the deductible for the year.

There are different deductible amounts for covered services depending on if you see a network or an out-of-network provider. Amounts paid for covered services provided by a network provider also count toward the out-of-network annual deductible. Amounts paid for covered services provided by an out-of-network provider also count toward the network annual deductible.

Combined medical, prescription drug, mental health and substance abuse services

|  | Coverage category | 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 |

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