



2024 Oxy Retiree Medical Plan Overview

		2024 Oxy Retiree Medical POS Plan
Plan Features ¹		What you pay
2024 Retiree Base Rate Monthly		<ul style="list-style-type: none"> • \$226 • \$452 • \$678 <p>Refer to the Retiree Medical SPD or latest Source Benefits News for details on how to calculate your monthly premium.</p>
• Retiree Only		
• Retiree + 1		
• Family		

		Network	Non-network
Annual Deductible²			
• Individual		• \$400	• \$800
• Family		• \$800	• \$1,600
Out-of-Pocket (OOP) Maximum			
• Individual		• \$2,500	• \$5,000
• Family		• \$4,500	• \$9,000
Coordination with Medicare			
<ul style="list-style-type: none"> • Maintenance of Benefits (MOB) • Medicare, as primary payor, pays first • Oxy plan, as secondary payor, pays next 		<p>The Maintenance of Benefits approach calculates the amount you would have received under the plan if you were not eligible for Medicare, subtracts the amount payable by Medicare and reimburses the difference up to Oxy plan limits. Even if you fail to enroll in Medicare Parts A & B, Oxy's plan benefits will be reduced by what Medicare would have paid.</p>	



Covered Services

Office Visits	What you pay
<ul style="list-style-type: none"> • Primary care physician • Specialist 	<ul style="list-style-type: none"> • 20%, after deductible • 30%, after deductible
Preventive Services	
<ul style="list-style-type: none"> • Adult Routine Physical Examinations • Well-child care (up to age 18) • Mammography • PSA test • Cervical cancer screenings • Colorectal cancer screenings • Immunizations 	<ul style="list-style-type: none"> • \$0, no deductible • \$0, no deductible • \$0, no deductible • \$0, no deductible • \$0, no deductible • \$0, no deductible • \$0, no deductible
Outpatient	
<ul style="list-style-type: none"> • X-rays and lab work • Physician home visit • Vision exam • Infertility medical benefits • Physical therapy • Chiropractic therapy • Acupuncture therapy 	<ul style="list-style-type: none"> • 20%, after deductible • 20%, after deductible • \$0; no deductible; one per calendar year • 20%, after deductible; \$20,000 lifetime benefit • 20%, after deductible • 20%, after deductible; maximum 26 visits per calendar year • 20%, after deductible; maximum 26 visits per calendar year



Non-Medicare Eligible & Not Eligible for Medicare Advantage Plan

Medical: <https://www.aetna.com>

Prescription: <https://www.express-scripts.com>

Inpatient Hospital	What you pay
<ul style="list-style-type: none"> • Room and board • Ancillary charges • Special duty nursing • Intensive/cardiac care 	<ul style="list-style-type: none"> • 10%, after deductible • 10%, after deductible • 10%, after deductible • 10%, after deductible
Skilled Nursing Facility	
<ul style="list-style-type: none"> • Skilled Nursing Facility 	<ul style="list-style-type: none"> • 10%, after deductible
Surgery	
<ul style="list-style-type: none"> • Inpatient/outpatient • Cosmetic 	<ul style="list-style-type: none"> • 20%, after deductible • Not covered unless medically necessary
Mental Health & Substance Abuse	
<ul style="list-style-type: none"> • Inpatient • Outpatient 	<ul style="list-style-type: none"> • 10%, after deductible; all treatments must be pre-certified • 20%, after deductible
Emergency Room	
<ul style="list-style-type: none"> • Network facility • Non-network facility 	<ul style="list-style-type: none"> • 10%, after deductible • 10%, after deductible <p>No coverage for non-emergency use of emergency room</p>
Other Services	
<ul style="list-style-type: none"> • Ambulance • Hearing aids • Hospice/home care • Durable medical equipment • Prosthetic devices • Teladoc telemedicine 	<ul style="list-style-type: none"> • 20%, after deductible • \$2,500 limited benefit every three years • 20%, after deductible • 20%, after deductible • 20%, after deductible • \$40 copay; then you pay 20% after deductible



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Prescription Drugs

		2024 Oxy Retiree Medical POS Plan
Prescription Drug Coverage		What you pay
Retail (30-day supply)		
• Generic		• \$10 copay each prescription
• Preferred brand		• 25% copay each prescription; \$10 min./\$50 max.; mandatory generic ³
• Non-preferred brand		• 25% copay each prescription; \$10 min./\$50 max.; mandatory generic ³
Mail order (90-day supply)		
• Generic		• \$20 copay each prescription
• Preferred brand		• 25% copay each prescription; \$20 min./\$100 max.; mandatory generic ³
• Non-preferred brand		• 25% copay each prescription; \$50 min./\$200 max.; mandatory generic ³
Infertility prescription drug benefit		• Maximum \$10,000 lifetime benefit

¹ For further details, refer to the Summary Plan Description and subsequent Summary of Material of Modifications (SMM) amendments.

² All benefit levels are after the deductible, except prescription drugs.

³ If a generic equivalent drug is available and you select to use a nonpreferred or preferred brand name drug, the Plan will only pay what it would have paid for the generic drug. You will be responsible for the balance. The additional cost for the brand name drug is not applied to your prescription annual out of pocket cost.