

Retiree News

NO CHANGE TO CONTRIBUTIONS! MEDICAL CONTRIBUTIONS

Under the cost-sharing formula, Oxy's share of the annual Retiree Medical Plan cost increase is limited to the Consumer Price Index (CPI). For 2015, the federal drug subsidy again helped hold the line on contributions, and the retiree base rate will remain \$116 per month for 2015.

Retiree contributions are shown in the tables below. Your 2015 rates will be your age and service multiple of (1, 2, 3 or 4 times) the retiree base rate for your elected coverage level (Retiree Only, Retiree + One or Family). For example, if your multiple is 2X, and you elect Retiree + One coverage, your contribution will be \$464 (retiree base rate of \$116 x multiple of 2 x 2 people) per month for 2015.

For retired participants who are required to make contributions, the annual deductible is unchanged (\$300 per person/\$600 family maximum). For retired participants who are not required to make contributions, but whose 2014 annual deductible is \$1,692 per person, the 2015 deductible will remain \$1,692 per person (calculated as \$116 retiree base rate x 12 + \$300 = \$1,692), with an annual family maximum deductible of \$3,384.



**NO ACTION IS REQUIRED
TO RETAIN YOUR RETIREE MEDICAL
AND/OR DENTAL COVERAGE IN 2015**

2015 MONTHLY RETIREE MEDICAL CONTRIBUTIONS				
Coverage Level	1X	2X	3X	4X
Retiree Only	\$116	\$232	\$348	\$464
Retiree + One	\$232	\$464	\$696	\$928
Family	\$348	\$696	\$1,044	\$1,392

2015 QUARTERLY RETIREE MEDICAL BILLING AMOUNTS				
Coverage Level	1X	2X	3X	4X
Retiree Only	\$348	\$696	\$1,044	\$1,392
Retiree + One	\$696	\$1,392	\$2,088	\$2,784
Family	\$1,044	\$2,088	\$3,132	\$4,176

BENEFIT
with **Oxy**

Your Health. Your Life. Your Future.



PREVENTIVE CARE AND MEDICATIONS EXPANDED

Preventive care has been expanded to include obesity screenings and lung cancer screenings for adults age 55 and over with a history of smoking.

Preventive breast cancer medications such as Tamoxifen and Raloxifene will also be covered for women at high risk.

These covered drugs and services will now be paid at 100% in-network, with no deductible or copay, subject to certain restrictions and reviews. For more information, go to oxylink.oxy.com.

MEDICARE DIRECT

Medicare Direct is an electronic service that will automatically file your medical claims directly with Aetna after Medicare has paid its share of eligible expenses. Once enrolled for Medicare Direct, you will no longer need to complete Aetna claim forms, make copies of Explanations of Medicare Benefits or pay the postage!

If you are not already enrolled in Medicare Direct, getting started is easy. Just contact Aetna member services at **800-334-0299** and provide the Medicare number from your Medicare card.

DENTAL CONTRIBUTIONS

As a reminder, Oxy now offers retiree dental coverage through Aetna to eligible Oxy retirees. The plan benefits are the same as the dental benefits offered to Oxy employees; however, the cost of retiree dental coverage is not subsidized by Oxy.

If you waived retiree dental coverage when first offered, you may not enroll in the plan unless you or your spouse (or a surviving spouse) currently have other dental insurance coverage (including COBRA continuation coverage) and you lose eligibility for that coverage. In such instance, you may enroll in the Retiree Dental Plan within 31 days of the loss of coverage with proof of loss of coverage.

Contributions for 2015 are unchanged from 2014, and are shown below.

2015 RETIREE DENTAL CONTRIBUTIONS	
Coverage Level	Monthly Amount
Retiree Only	\$44
Retiree + One	\$88
Family	\$132

2015 QUARTERLY BILLING AMOUNT	
Coverage Level	Quarterly Amount
Retiree Only	\$132
Retiree + One	\$264
Family	\$396

The company expects and intends to continue its benefit plans but does not guarantee any specific level of benefits or the continuation of any benefit plan during any periods of active employment, inactive employment, disability or retirement. Benefits are provided solely at the company's discretion and do not create a contract of employment. The company reserves the right to modify, suspend, change or terminate any of its plans at any time.

This information is applicable to eligible non-represented employees. Applicability to represented employees is governed by local collective bargaining agreements. Subject to this and future agreements, the company reserves the right to change, amend, or terminate any benefit plan at any time.



IT'S FLU SHOT SEASON

The Retiree Medical Plan covers seasonal flu shots and other vaccinations subject to age and frequency guidelines.

For non-Medicare-eligible participants, the plan covers flu shots at 100% with no deductible, **if you use a network provider**. Flu shots given by a non-network provider will be covered, as are other covered preventive services, at 70% after the deductible. You may need to submit a paper claim form for reimbursement. For Medicare-eligible participants, Medicare remains your primary coverage.

Aetna network providers include some, **but not all**, retail facilities and walk-in clinics. To find a list of participating network providers and locations, contact Aetna customer service at 800-334-0299.

You can also present your Express Scripts/Medco ID card to receive flu shot coverage at network pharmacies.

MEDICARE COVERAGE

- ▲ **Medicare Parts A & B . . .** You and your dependents should enroll as soon as you are eligible or you may have to pay a permanent late enrollment penalty.
- ▲ **Medicare Advantage HMO Plans . . .** If you enroll in an individual Medicare Advantage (Part C) plan, you and your dependents are **no longer eligible** to participate in the Oxy plan.
- ▲ **Medicare Part D Plans . . .** Your annual government-mandated Notice of Creditable Coverage was mailed under separate cover. If you are eligible for Medicare, the Oxy Retiree Medical Plan is considered "creditable," so you do not need to enroll in a Medicare Part D plan, and you will not be penalized if you do enroll at a later time. For more information, refer to your Notice.

BENE-BITS

- ▲ **Retiree Medical Enrollment . . .** Unless you live in Western New York, there is no annual enrollment under the Retiree Medical Plan, and no action is required to retain your current coverage. If you live in Western New York, you may change your medical plan option.
- ▲ **Dependents in New York . . .** Under New York state law, retirees who are covered under the Traditional Blue POS or Independent Health HMO may cover unmarried children through age 29. If you are enrolled in one of these plans and wish to enroll a dependent, contact OxyLink. You will be responsible for the full cost of that coverage.
- ▲ **New Medical ID Cards . . .** Participants in the Independent Health HMO will receive new ID cards for 2015.
- ▲ **Limited Compound Drug Coverage . . .** To be covered under the Retiree Medical Plan, compound drugs must be medically necessary and of reasonable cost, and not be experimental or investigational, or contain any ingredient on Express Scripts' list of excluded ingredients.
- ▲ **Outpatient Hospice . . .** Coverage will increase from 80% to 90% after the deductible.
- ▲ **Health Care Reform . . .** Oxy's medical plans are compliant with the provisions of the Affordable Care Act (ACA), and you are not required to take any action due to health care reform.



REQUIRED FEDERAL NOTICES

Federal law requires that plan participants be provided with the following notices.

MEDICARE CREDITABLE DRUG COVERAGE

The medical plan provides drug coverage that is considered “creditable,” meaning the plan provides coverage that is expected to be as good as or better than the lowest level of drug coverage authorized under a Medicare Part D plan. If you or one of your dependents becomes eligible for Medicare by virtue of a disability, remember to notify OxyLink to ensure you receive the required “Certificate of Creditable Coverage.”

HIPAA PRIVACY NOTICE

Oxy is required to periodically remind participants in the health plans listed below that the HIPAA Notice of Privacy Practices is available on request by phone or online through OxyLink.

To access the Notice online, log on to oxylink.oxy.com and select *Forms, Publications & Info > Health, Life, and Disability > HIPAA Privacy Notice*. If you are unable to print it, you may call OxyLink at **800-699-6903** from 8:30 A.M. to 5:00 P.M. (Central Time) weekdays and request that a copy be mailed to you.

The Oxy health plans subject to HIPAA notification are the following: Occidental Petroleum Corporation Welfare Plan; Occidental Petroleum Corporation Insured Medical Plan; Occidental Petroleum Corporation Health Promotion Plan; Occidental Petroleum Corporation Retiree Medical Plan; Occidental Petroleum Corporation Retiree Dental Plan; Occidental Chemical Corporation Medical Plan; Occidental Chemical Corporation Retiree Medical Plan; Occidental Chemical Corporation Dental Assistance Plan; Occidental Chemical Corporation Retiree Dental Plan; Occidental Chemical Corporation Pretax Premium Plan; Occidental Chemical Corporation Special Welfare Plan for North Tonawanda Hourly Employees; Occidental Chemical Corporation Special Welfare Plan for North Tonawanda Salaried Employees; Blue Cross-Blue Shield Plan for Hourly Employees of Occidental Chemical Corporation at Niagara Falls; Blue Cross-Blue Shield Plan for Hourly Employees of Occidental Chemical and Plastics Corporation – North Tonawanda; the Group Insurance Plan for Petrolia Hourly Employees; and the Group Insurance Plan for Petrolia Hourly Retirees.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Oxy's medical plan provides participants with medical and surgical benefits for mastectomies. If a participant has a mastectomy and elects, in consultation with the physician, to have subsequent breast reconstruction, the plan also covers all stages of reconstruction of the breast on which the mastectomy has been performed; surgery and reconstruction on the other breast to produce a symmetrical appearance; prostheses; and treatment of physical complications for all stages of the mastectomy, including lymphedema.

MATERNITY BENEFITS

Oxy's medical plan options provide minimum maternity stay benefits for the mother and newborn of 48 hours following a normal delivery and 96 hours following a cesarean section. The attending physician, in consultation with the mother, may decide to discharge the mother and newborn earlier.

These benefits are subject to the same annual deductibles, coinsurance and/or copayment provisions that apply to any other medical condition.

SPECIAL ENROLLMENT RIGHTS

If you have health coverage under Medicaid, or your dependent has health coverage under the Child Health Insurance Program (CHIP), and that coverage is terminated because you are or your dependent is no longer eligible, you or your dependent may request coverage under Oxy's health plan within 60 days of such termination of coverage, rather than the 31 days normally required upon a loss of health coverage.

In addition, under CHIP, financial assistance may be available if you meet that program's eligibility requirements.

If you become or your dependent becomes eligible for Medicaid or financial assistance under CHIP, you or your dependent may request coverage under Oxy's health plan within 60 days, rather than 31 days, after your eligibility determination date. For more information about available programs, refer to the enclosure entitled “Important Notice to Health Plan Participants.”

SUMMARY ANNUAL REPORT

The 2013 Summary Annual Report is enclosed. The government requires plan sponsors to distribute these financial statements to plan participants annually. No action is required on your part.