



Required Federal Notices

Federal law may require that Occidental Petroleum Corporation (or an affiliate that is a health plan sponsor) (collectively, "Oxy") provide plan participants with the following notices.

WOMEN'S HEALTH AND CANCER RIGHTS ACT

Oxy's medical plan options provide participants with medical and surgical benefits for mastectomies. If a participant has a mastectomy and elects, in consultation with the attending health care provider, 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. The manner of coverage will be determined in consultation with the attending health care provider and participant. Coverage for breast reconstruction and related services associated with a mastectomy will be subject to deductibles, co-payments, coinsurance amounts, pre-certification and utilization review requirements that are consistent with those that apply to other benefits under the participant's medical plan option.

MEDICARE CREDITABLE DRUG COVERAGE

The medical plan provides prescription drug coverage that is considered "creditable," meaning that such coverage is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays. If you or one of your dependents becomes eligible for Medicare, such as by virtue of a disability, remember to notify OxyLink to ensure you receive the required "Notice of Creditable Coverage" for the medical plan

MATERNITY BENEFITS

Oxy's medical plan options provide minimum maternity hospital stay benefits for the mother and newborn of 48 hours following a normal delivery and 96 hours following a cesarean section delivery. However, the plan may pay for a shorter stay if the attending physician, in consultation with the mother, discharges the mother or newborn earlier. The plan does not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay. The plan does not require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours or 96 hours, as applicable

SUMMARIES OF BENEFITS AND COVERAGE

In accordance with the Patient Protection and Affordable Care Act (*i.e.*, "health care reform") ("**ACA**"), a Summary of Benefits and Coverage (SBC) for each medical plan and the standardized Uniform Glossary in the ACA-prescribed formats are available on My HR. To obtain printed copies, contact the OxyLink Employee Service Center.

HIPAA PRIVACY NOTICE

Oxy is required by the HIPAA privacy regulations ("**HIPAA Rules**") to periodically remind participants in the health plans listed below that a copy of the HIPAA Notice of Privacy Practices ("**Privacy Notice**") for the plans is available upon request:

- **By phone:** Call the OxyLink Employee Service Center at 800-699-6903 from 8:00 A.M. to 4:30 P.M. (Central Time) weekdays and request that a copy of the Privacy Notice be mailed to you.
- **Online:** Go to My HR to access a copy of the Privacy Notice.

The Oxy health plans that are subject to the Privacy Notice requirement 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 Medicare Advantage PPO 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



SPECIAL ENROLLMENT RIGHTS

If you have health coverage under Medicaid, or your dependent has health coverage under the Children's Health Insurance Program ("CHIP"), and that coverage is terminated because you are, or your dependent is, no longer eligible for such coverage, you or your dependent will be permitted request enrollment in coverage under Oxy's health plan within the 60-day timeframe following the termination of such coverage, rather than the 31-day timeframe normally required upon a loss of other health coverage, provided that you and your dependent are otherwise eligible to participate in the Oxy health plan. In addition, your state may have a premium assistance program that can help pay for your Oxy health plan coverage, using funds from their Medicaid or CHIP programs

If you become or your dependent becomes eligible for premium assistance under Medicaid or CHIP, you or your dependent will be permitted to request enrollment in coverage under Oxy's health plan within the 60-day timeframe following the determination of your eligibility for such premium assistance.

For more information about the availability of Medicaid or CHIP coverage or available premium assistance programs, refer to the enclosure entitled "Important Notice to Health Plan participants."

GRANDFATHERED PLAN STATUS

Oxy believes these medical plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (*i.e.*, ACA). As permitted by ACA, a grandfathered health plan can generally preserve certain basic health coverage that was already in effect when ACA was enacted. Being a grandfathered health plan means that your medical plan may not include certain consumer protections of ACA that apply to other plans, for example, the requirement for the provision of preventive health care services in-network without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in ACA, for example, the elimination of lifetime limits on benefits. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change its grandfathered health plan status, can be directed to the plan administrator at 5 Greenway Plaza, Suite 110, Houston, TX 77046. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor, at 866-4443272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad.

Tumawag sa Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

NONDISCRIMINATION NOTICE - It's important we treat you fairly (Continued)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

Aetna 800-334-0299-1 Anthem 800-551-7680-1 Express Scripts 855-547-8390-1

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD まで、お電話にてご連絡ください。

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD पर कॉल करें।

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

NONDISCRIMINATION NOTICE - It's important we treat you fairly (Continued)

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຍຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທ Anthem BlueCross BlueShield (855) 547-8390; Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با Aetna (800) 334-0299, Anthem BlueCross BlueShield (855) 547-8390 Express Scripts (800) 551-7680 تماس بگیرید.