



Required Federal Notices

Federal law requires that plan participants be provided 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 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.

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."

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.

SUMMARIES OF BENEFITS COVERAGE

As required under health care reform, a Summary of Benefits and Coverage (SBC) for each medical plan and the standardized Uniform Glossary in the government-prescribed formats are available on Oxylink.oxy.com. To obtain printed copies, contact the OxyLink Employee Service Center.

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:** 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 be mailed to you.
- **Online:** Go to Oxylink.oxy.com.

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 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 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."

PREVENTIVE CARE NOTICE

The Patient Protection and Affordable Care Act (PPACA) requires that certain preventive services must be covered with no cost-sharing. Preventive services that have strong scientific evidence of their health benefits must be covered, and plans can no longer charge a patient a co-payment, co-insurance or deductible for these services when they are delivered by a network provider.

Plans covered by these rules must offer coverage of a comprehensive range of preventive services that are recommended by physicians and other experts without imposing any cost-sharing requirements. Specifically, these recommendations include:

- **Evidence-based preventive services:** The U.S. Preventive Services Task Force ("USPSTF"), an independent panel of scientific experts, ranks preventive services based on the strength of the scientific evidence documenting their benefits. Preventive services with a "grade" of A or B, like screening for depression, diabetes, cholesterol, obesity, various cancers, HIV and sexually transmitted infections ("STIs"), as well as counseling for drug and tobacco use, healthy eating, and other common health concerns will be covered under these rules.
- **Routine vaccines:** Oxy's medical plan must also provide coverage without cost-sharing for immunizations that are recommended and determined to be for routine use by the Advisory Committee on Immunization Practices ("ACIP"), a federal committee comprised of immunization experts that is convened by the Centers for Disease Control and Prevention. These guidelines require coverage for adults and children and include immunizations such as influenza, meningitis, tetanus, HPV, hepatitis A and B, measles, mumps, rubella, and varicella.
- **Prevention for children:** Oxy's medical plan will cover preventive care for children recommended by the Health Resources and Services Administration's ("HRSA's") Bright Futures Project. These guidelines provide pediatricians and other health care professionals with recommendations on the services they should provide to children from birth to age 21 to keep them healthy and improve their chances of becoming healthy adults. The preventive services to be covered for children and adolescents include some of the immunization and screening services described in the previous two categories, behavioral and developmental assessments, iron and fluoride supplements, and screening for autism, vision impairment, lipid disorders, tuberculosis, and certain genetic diseases.
- **Prevention for women:** Plans will cover preventive care provided to women pursuant to recommendations issued by USPSTF, ACIP, and Bright Futures. In addition to these services, PPACA authorized HRSA to make additional coverage requirements for women. Based on recommendations by a committee of the Institute of Medicine, federal regulations require coverage for additional preventive services without cost-sharing for women, including well-woman visits, all FDA-approved contraceptives and related services, broader screening and counseling for STIs and HIV, breastfeeding support and supplies, and domestic violence screening.

NONDISCRIMINATION NOTICE - It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, our medical providers offer free aids and services. For people whose primary language isn't English, our medical providers offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your medical (Aetna or Anthem BlueCross BlueShield) and/or prescription drug (Express Scripts/Medco) ID card(s). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with the Health and Welfare Team, Occidental Petroleum Corporation, 4500 S. 129th East Avenue, Tulsa, OK 74134-5801, 800-699-6903, fax - 800-610-1944, oxylink@oxy.com. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> . Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



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.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **Anthem 800-334-0299-1** **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.



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

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 નિઃશુલ્ક 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.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮັບໃຫ້ທ່ານ. 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 بہ 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.