

Aetna Retiree Medical Plan

Pre-65: Network - Aetna Choice POS II

Medicare Eligible: Plan Type - POS
(Not Medicare Advantage eligible)

Medical Website: <http://www.aetna.com>

Prescription Drug Website: <http://www.express-scripts.com/>

Monthly Retiree Base Rate: **Retiree Only = \$150 Retiree +1= \$300 Retiree + Family = \$450**
(Refer to the [Retiree Medical SPD](#) or latest [Source Benefit News](#) for details on how to calculate your monthly premium)

Benefit ¹	2019 Retiree Medical Plan
Annual Medical Deductible²	Network: Individual \$400; Family \$800 Non-Network: Individual \$800; Family \$1,600
Out-of-Pocket Maximum	Network: Individual \$2,500; Family \$4,500 Non-Network: Individual \$5,000; Family \$9,000
Coordination with Medicare Maintenance of Benefits (MOB) Medicare, as primary payor, pays first Oxy plan, as secondary payor, pays next	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.
Inpatient Hospital Room and board Ancillary charges Special duty nursing Intensive care & cardiac care units	After deductible is met Covered 90% Covered 90% Covered 90% Covered 90%
Skilled Nursing Facility	Covered 90%
Surgery Inpatient/Outpatient Cosmetic	After deductible is met Covered 80% Not covered unless medically necessary
Outpatient Office visits X-rays and lab work Physician home visit Routine eye examinations Infertility Medical Benefits Physical therapy Chiropractor Acupuncture Treatment	After deductible is met Covered 80% Covered 80% Covered 80% Covered 100%; no deductible; one per calendar year Covered 80%; \$20,000 Lifetime benefit Covered 80% Covered 80%; maximum 26 visits per calendar year Covered 80%; maximum 26 visits per calendar year
Preventive Services Adult Routine Physical Examinations Well Child Care (to age 18) Mammography PSA Test Cervical Cancer Screenings Colorectal Cancer Screening Immunizations	No deductible Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100% Covered 100%
Mental Health & Substance Abuse Inpatient Outpatient	After deductible is met Covered 90%; all treatments must be precertified Covered 80%
Other Services Ambulance Hearing Aids Hospice care Home health care Durable medical equipment Prosthetic devices Teladoc telemedicine	After deductible is met Covered 80% \$2,500 Limited benefit every three years Covered 80% Covered 80% Covered 80% Covered 80% \$40 copay; Covered 80% after deductible is met
Emergency Room Network facility Non-Network facility	No coverage for non-emergency use of emergency room Covered 90% after deductible Covered 90% after deductible
Prescription Drug Coverage (Required Generic Substitution)³ Retail (30-day supply) Generic Preferred Brand Non-Preferred Brand Mail order (90-day supply) Generic Preferred Brand Non-Preferred Brand	Covered through Express Scripts; Separate prescription drug annual out-of-pocket maximum is \$1,500; Certain prescribed preventive medications are covered at 100% Maintenance Drugs -Original plus 2 refills allowed then penalty applies if Mail order isn't used \$10 copay/prescription 25% copay/prescription; \$10 min./\$50 max.; mandatory generic 25% copay/prescription; \$25 min./\$100 max.; mandatory generic \$20 copay/prescription 25% copay/prescription; \$20 min./\$100 max.; mandatory generic 25% copay/prescription; \$50 min./\$200 max.; mandatory generic Maximum \$10,000 Lifetime benefit

NOTE: Infertility RX Benefits

¹ For further details, refer to the Summary Plan Description and subsequent issues of The Source.

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.

