Oxy Retiree Medical Plan (Non-Medicare Eligible & Not Eligible for Medicare Advantage Plan)

Insurance Carrier: Aetna **Medical Website:** http://www.aetna.com
Plan Type – POS **Prescription Drug Website:** http://www.express-scripts.com/

Monthly Retiree Base Rate: Retiree Only **= *$202*** Retiree +1**= *$404*** Family **= *$606***
(Refer to the *Retiree Medical SPD* or latest *Source Benefit News* for details on how to calculate your monthly premium)

Benefit[1]	2021 Retiree Medical Plan
Annual Medical Deductible[2]	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	**After deductible is met**
Room and board	Covered 90%
Ancillary charges	Covered 90%
Special duty nursing	Covered 90%
Intensive care & cardiac care units	Covered 90%
Skilled Nursing Facility	Covered 90%
Surgery	**After deductible is met**
Inpatient/Outpatient	Covered 80%
Cosmetic	Not covered unless medically necessary
Outpatient	**After deductible is met**
Office visits	Covered 80%
X-rays and lab work	Covered 80%
Physician home visit	Covered 80%
Routine eye examinations	Covered 100%; no deductible; one per calendar year
Infertility Medical Benefits	Covered 80%; $20,000 Lifetime benefit
Physical therapy	Covered 80%
Chiropractic Therapy	Covered 80%; maximum 26 visits per calendar year
Acupuncture Therapy	Covered 80%; maximum 26 visits per calendar year
Preventive Services	**No deductible**
Adult Routine Physical Examinations	Covered 100%
Well Child Care (to age 18)	Covered 100%
Mammography	Covered 100%
PSA Test	Covered 100%
Cervical Cancer Screenings	Covered 100%
Colorectal Cancer Screening	Covered 100%
Immunizations	Covered 100%
Mental Health & Substance Abuse	**After deductible is met**
Inpatient	Covered 90%; all treatments must be pre-certified
Outpatient	Covered 80%
Other Services	**After deductible is met**
Ambulance	Covered 80%
Hearing Aids	$2,500 Limited benefit every three years
Hospice care	Covered 80%
Home health care	Covered 80%
Durable medical equipment	Covered 80%
Prosthetic devices	Covered 80%
Teladoc telemedicine	$40 copay; Covered 80% after deductible is met
Emergency Room	No coverage for non-emergency use of emergency room
Network facility	Covered 90% **after deductible**
Non-Network facility	Covered 90% **after deductible**
Prescription Drug Coverage (Required Generic Substitution) [3]	Covered through Express Scripts; Separate prescription drug annual out-of-pocket maximum is $1,500; Certain prescribed preventive medications are covered at 100%
Retail (30-day supply)	**Maintenance Drugs-**Original plus 2 refills, then penalty applies if Mail order isn't used
Generic	$10 copay/prescription
Preferred Brand	25% copay/prescription; $10 min./$50 max.; mandatory generic
Non-Preferred Brand	25% copay/prescription; $25 min./$100 max.; mandatory generic
Mail order (90-day supply)	
Generic	$20 copay/prescription
Preferred Brand	25% copay/prescription; $20 min./$100 max.; mandatory generic
Non-Preferred Brand	25% copay/prescription; $50 min./$200 max.; mandatory generic
NOTE: Infertility RX Benefits	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.