



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. Inquiries may be directed to the OxyLink Employee Benefits Center (“OxyLink”) at OxyLink Employee Benefits Center, 4500 S 129th East Ave, Tulsa OK 741345801. In addition, OxyLink may be reached at 800-699-6903 (Press 2), 918-610-1990 (International). *Notices referenced but not included in this document may be found on [OxyLink Online > Retirees >Forms/Documents](#) (“Separate Notice Locations”).*

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. To review the notices, please visit the Separate Notice Locations, which may be accessed by the links in the first paragraph.

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 (“ACA”) a Summary of Benefits and Coverage (SBC) for each medical plan and the standardized Uniform Glossary in the ACA-prescribed formats are available at the Separate Notice Locations. To obtain printed copies, contact the OxyLink Employee Benefits 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:

- **Online:** Go to the Separate Notice Locations to access a copy of the Privacy Notice.
- **By phone:** Call the OxyLink Employee Benefits Center 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.

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 document entitled “CHIP Notice” available at the Separate Notice Locations.

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 the ACA, a grandfathered health plan can 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 services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the 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 from 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.

PREVENTIVE CARE NOTICE

The Patient Protection and Affordable Care Act (“ACA”) 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, varicella, and COVID-19.
- 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.

SURPRISE BILLING

Federal law places restrictions on billing practices when you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center. For more information, please see the notice entitled “Your Rights and Protections Against Surprise Medical Bills – Federal” available at the Separate Notice Locations.

USERRA

If applicable, your rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA) may be found at the Separate Notices Locations, which may be accessed by the links in the first paragraph.

CONTINUATION OF HEALTH COVERAGE UNDER COBRA

Your rights under the COBRA Continuation Coverage General Notice may be found at the Separate Notice Locations, which may be accessed by the links in the first paragraph.

NONDISCRIMINATION NOTICE

We follow federal civil rights laws that apply to our health programs and plans. Such health programs and plans don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. Discrimination on the basis of sex includes sexual orientation and gender identity. 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) and/or prescription drug (Express Scripts/Medco) ID card(s). If you think we failed to offer these services or our health programs or plans 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, 800-610-1944 (Fax). 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- 800-5377697) 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>.

NONDISCRIMINATION NOTICE – It's important we treat you fairly

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

주의: 한국어를 사g+시는 경우, ?Li 어 TIL-I A-I 비스를 무료로 Oigt+N 수 있습 NIEI-. Aetna (800) 334-0299 / (800) 6283323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD 번(2 로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

مقرب لصتا. ناچملا ب كل رفاوتت ؤيوغلا ؤءءاسملا تامءخ نإف، ؤغلا ركذا ؤءءتت تنك اذا: ؤظوحلم Aetna 800-334-0299-1 Aetna 800-628-3323 Express Scripts 855-547-8390-1

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

BHV1MAHV1E: Если вbl говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 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: 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。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 િન:2, €-ક ભાષા સહાય સેવાઓ તમારા માટે 0'4€1'0-4 છે. ફોન કરો Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.



JEFान द : यदि आप िहंदी बोलते ह तो आपके िलए **मु म** भाषा सहायता सेवाएं **3¹T-dal ह I** Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD पर कॉल कर I

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

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍ ລິ ການຊ່ວຍເຫຼືອ ອາໄວ້ ພາສາ, ໂດຍບໍ່ເສັ ງຄ່າ, ແມ່ ນມີ ພ້ ອມໃຫ້ທ່ານ. ໂທສ Aetna (800) 334-0299 / (800) 628-3323 TDD; Express Scripts (800) 551-7680 / (800) 759-1089 TDD.

اب ھجوت: رگا ھب نابز یرسراف وگنڱگ یم دینک، تلاپھست یرناز تروصب ناگیار یارب امش مهارف یم دشاب. اب
دیریگب سلامت. (800) 551-7680

Express Scripts

9.1.1.2023