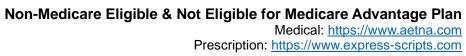


Medical: https://www.aetna.com
Prescription: https://www.express-scripts.com

2025 Oxy Retiree Medical Plan Overview

	2025 Oxy Retiree Medical POS Plan
Plan Features ¹	What you pay
2025 Retiree Base Rate Monthly	
Retiree Only	• \$244
• Retiree + 1	• \$488
• Family	• \$732
	Refer to the <u>Retiree Medical SPD</u> or latest <u>Source Benefits News</u> for details on how to calculate your monthly premium.

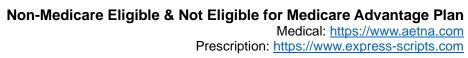
	Network	Non-network		
Annual Deductible ²				
IndividualFamily	\$400\$800	\$800\$1,600		
Out-of-Pocket (OOP) Maximum				
 Individual Family 	\$2,500\$4,500	\$5,000\$9,000		
 Maintenance of Benefits (MOB) Medicare, as primary payor, pays first Oxy plan, as secondary payor, pays next 	The Maintenance of 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.			





Covered Services

Office Visits	What you pay
Primary care physician	20%, after deductible
Specialist	30%, after deductible
Preventive Services	
Adult Routine Physical Examinations	\$0, no deductible
 Well-child care (up to age 18) 	\$0, no deductible
 Mammography 	• \$0, no deductible
PSA test	• \$0, no deductible
 Cervical cancer screenings 	• \$0, no deductible
 Colorectal cancer screenings 	• \$0, no deductible
 Immunizations 	• \$0, no deductible
Outpatient	
X-rays and lab work	20%, after deductible
Physician home visit	20%, after deductible
Vision exam	\$0; no deductible; one per calendar year
 Infertility medical benefits 	20%, after deductible; \$20,000 lifetime benefit
Physical therapy	20%, after deductible
Chiropractic therapy	20%, after deductible; maximum 26 visits per calendar year
Acupuncture therapy	20%, after deductible; maximum 26 visits per calendar year





Inpatient Hospital	What you pay
 Room and board Ancillary charges Special duty nursing Intensive/cardiac care Skilled Nursing Facility Skilled Nursing Facility 	 10%, after deductible
Surgery	
 Inpatient/outpatient Cosmetic Mental Health & Substance Abuse	 20%, after deductible Not covered unless medically necessary
InpatientOutpatient	 10%, after deductible; all treatments must be pre-certified 20%, after deductible
 Network facility Non-network facility	 10%, after deductible 10%, after deductible
Other Services	No coverage for non-emergency use of emergency room
 Ambulance Hearing aids Hospice/home care Durable medical equipment Prosthetic devices Teladoc telemedicine 	 20%, after deductible \$2,500 limited benefit every three years 20%, after deductible 20%, after deductible 20%, after deductible 40 copay; then you pay 20% after deductible





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Prescription: https://www.express-scripts.com

Prescription Drugs

drug benefit

2025 Oxy Retiree Medical POS Plan **Prescription Drug Coverage** What you pay Retail (30-day supply) Generic • \$10 copay each prescription • 25% copay each prescription; \$10 min./\$50 max.; mandatory · Preferred brand generic3 • 25% copay each prescription; \$10 min./\$50 max.; mandatory · Non-preferred brand generic3 Mail order (90-day supply) Generic • \$20 copay each prescription · Preferred brand • 25% copay each prescription; \$20 min./\$100 max.; mandatory generic3 · Non-preferred brand • 25% copay each prescription; \$50 min./\$200 max.; mandatory generic3 Infertility prescription • 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.