



2025 Oxy Retiree Medical Plan Overview

		2025 Oxy Retiree Medical POS Plan
Plan Features ¹		What you pay
2025 Retiree Base Rate Monthly		
<ul style="list-style-type: none"> Retiree Only 		<ul style="list-style-type: none"> \$244
<ul style="list-style-type: none"> Retiree + 1 		<ul style="list-style-type: none"> \$488
<ul style="list-style-type: none"> Family 		<ul style="list-style-type: none"> \$732
		Refer to the Retiree Medical SPD or latest Source Benefits News for details on how to calculate your monthly premium.

		Network	Non-network
Annual Deductible²			
<ul style="list-style-type: none"> Individual 		<ul style="list-style-type: none"> \$400 	<ul style="list-style-type: none"> \$800
<ul style="list-style-type: none"> Family 		<ul style="list-style-type: none"> \$800 	<ul style="list-style-type: none"> \$1,600
Out-of-Pocket (OOP) Maximum			
<ul style="list-style-type: none"> Individual 		<ul style="list-style-type: none"> \$2,500 	<ul style="list-style-type: none"> \$5,000
<ul style="list-style-type: none"> Family 		<ul style="list-style-type: none"> \$4,500 	<ul style="list-style-type: none"> \$9,000
Coordination with Medicare			
<ul style="list-style-type: none"> 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.	



Non-Medicare Eligible & Not Eligible for Medicare Advantage Plan

Medical: <https://www.aetna.com>

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

Covered Services

Office Visits	What you pay
<ul style="list-style-type: none">Primary care physicianSpecialist	<ul style="list-style-type: none">20%, after deductible30%, after deductible
Preventive Services	
<ul style="list-style-type: none">Adult Routine Physical ExaminationsWell-child care (up to age 18)MammographyPSA testCervical cancer screeningsColorectal cancer screeningsImmunizations	<ul style="list-style-type: none">\$0, no deductible\$0, no deductible\$0, no deductible\$0, no deductible\$0, no deductible\$0, no deductible\$0, no deductible
Outpatient	
<ul style="list-style-type: none">X-rays and lab workPhysician home visitVision examInfertility medical benefitsPhysical therapyChiropractic therapyAcupuncture therapy	<ul style="list-style-type: none">20%, after deductible20%, after deductible\$0; no deductible; one per calendar year20%, after deductible; \$20,000 lifetime benefit20%, after deductible20%, after deductible; maximum 26 visits per calendar year20%, after deductible; maximum 26 visits per calendar year



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Inpatient Hospital	What you pay
<ul style="list-style-type: none"> • Room and board • Ancillary charges • Special duty nursing • Intensive/cardiac care 	<ul style="list-style-type: none"> • 10%, after deductible • 10%, after deductible • 10%, after deductible • 10%, after deductible
Skilled Nursing Facility	
<ul style="list-style-type: none"> • Skilled Nursing Facility 	<ul style="list-style-type: none"> • 10%, after deductible
Surgery	
<ul style="list-style-type: none"> • Inpatient/outpatient • Cosmetic 	<ul style="list-style-type: none"> • 20%, after deductible • Not covered unless medically necessary
Mental Health & Substance Abuse	
<ul style="list-style-type: none"> • Inpatient • Outpatient 	<ul style="list-style-type: none"> • 10%, after deductible; all treatments must be pre-certified • 20%, after deductible
Emergency Room	
<ul style="list-style-type: none"> • Network facility • Non-network facility 	<ul style="list-style-type: none"> • 10%, after deductible • 10%, after deductible <p>No coverage for non-emergency use of emergency room</p>
Other Services	
<ul style="list-style-type: none"> • Ambulance • Hearing aids • Hospice/home care • Durable medical equipment • Prosthetic devices • Teladoc telemedicine 	<ul style="list-style-type: none"> • 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 Drugs

		2025 Oxy Retiree Medical POS Plan
Prescription Drug Coverage		What you pay
Retail (30-day supply) <ul style="list-style-type: none">• Generic• Preferred brand• Non-preferred brand		<ul style="list-style-type: none">• \$10 copay each prescription• 25% copay each prescription; \$10 min./\$50 max.; mandatory generic³• 25% copay each prescription; \$10 min./\$50 max.; mandatory generic³
Mail order (90-day supply) <ul style="list-style-type: none">• Generic• Preferred brand• Non-preferred brand		<ul style="list-style-type: none">• \$20 copay each prescription• 25% copay each prescription; \$20 min./\$100 max.; mandatory generic³• 25% copay each prescription; \$50 min./\$200 max.; mandatory generic³
Infertility prescription drug benefit		<ul style="list-style-type: none">• 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.