

Accident Insurance

Occidental Petroleum Corporation

Benefits that may help help cover costs such as those not covered by your medical plan.

Accident Insurance Benefits – January 1, 2025 to December 31, 2029

With MetLife, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments in addition to any other insurance payments you may receive¹. Here are just some of the covered events/services².

LOW PLAN					HIGH PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
PARALYSIS BENEFIT CATEGORY							
Two Limbs (paraplegia or hemiplegia)	N/A	\$5,000	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000
Four Limbs (quadriplegia)		\$10,000	\$10,000	\$10,000	\$20,000	\$20,000	\$20,000

		LOW PLAN			HIGH PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
ACCIDENTAL INJURY BENEFITS CATEGORY							
Fracture Benefit (Closed)							
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Skull Fracture - depressed (except bones of face or nose)		\$1,500	\$1,500	\$1,500	\$3,000	\$3,000	\$3,000
Skull Fracture - non depressed (except bones of face or nose)		\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Lower Jaw, Mandible (except alveolar process)		\$250	\$250	\$250	\$500	\$500	\$500
Upper Jaw, Maxilla (except alveolar process)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Upper Arm between Elbow and Shoulder (humerus)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$250	\$250	\$250	\$500	\$500	\$500
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$250	\$250	\$250	\$500	\$500	\$500
Rib		\$250	\$250	\$250	\$750	\$750	\$750
Finger, Toe		\$100	\$100	\$100	\$200	\$200	\$200
Vertebrae, Body of (excluding vertebral processes)		\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Vertebral Process		\$250	\$250	\$250	\$500	\$500	\$500
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Hip, Thigh (femur)		\$1,500	\$1,500	\$1,500	\$3,000	\$3,000	\$3,000
Coccyx		\$250	\$250	\$250	\$500	\$500	\$500



Accident Insurance

Leg (tibia and/or fibula)		\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Kneecap (patella)		\$250	\$250	\$250	\$500	\$500	\$500
Ankle		\$250	\$250	\$250	\$500	\$500	\$500
Foot (except toes)		\$250	\$250	\$250	\$500	\$500	\$500
Chip Fracture		25%	25%	25%	25%	25%	25%
Fracture Benefit (Open)							
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$3,000	\$3,000	\$3,000	\$6,000	\$6,000	\$6,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,000	\$2,000	\$2,000	\$4,000	\$4,000	\$4,000
Lower Jaw, Mandible (except alveolar process)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Upper Jaw, Maxilla (except alveolar process)		\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)		\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Rib		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Finger, Toe		\$200	\$200	\$200	\$400	\$400	\$400
Vertebrae, Body of (excluding vertebral processes)		\$2,000	\$2,000	\$2,000	\$4,000	\$4,000	\$4,000
Vertebral Process		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$2,000	\$2,000	\$2,000	\$4,000	\$4,000	\$4,000
Hip, Thigh (femur)		\$3,000	\$3,000	\$3,000	\$6,000	\$6,000	\$6,000
Coccyx		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Leg (tibia and/or fibula)		\$2,000	\$2,000	\$2,000	\$4,000	\$4,000	\$4,000
Kneecap (patella)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Ankle		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Foot (except toes)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Chip Fracture		25%	25%	25%	25%	25%	25%
Dislocation Benefit (Closed)							
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$250	\$250	\$250	\$500	\$500	\$500
Collarbone (sternoclavicular)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Collarbone (acromioclavicular and separation)		\$250	\$250	\$250	\$500	\$500	\$500
Shoulder (glenohumeral)		\$250	\$250	\$250	\$500	\$500	\$500

Accident Insurance

Rib		\$250	\$250	\$250	\$500	\$500	\$500
Elbow		\$250	\$250	\$250	\$500	\$500	\$500
Wrist		\$250	\$250	\$250	\$500	\$500	\$500
Bone or Bones of the Hand (other than fingers)		\$250	\$250	\$250	\$500	\$500	\$500
Hip		\$1,500	\$1,500	\$1,500	\$3,000	\$3,000	\$3,000
Knee (except patella)		\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Ankle - Bone or bones of the Foot (other than toes)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
One Toe or Finger		\$50	\$50	\$50	\$100	\$100	\$100
Partial Dislocation		25%	25%	25%	25%	25%	25%
Dislocation Benefit (Open)							
Lower Jaw	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Collarbone (sternoclavicular)		\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Collarbone (acromioclavicular and separation)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Shoulder (glenohumeral)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Rib		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Elbow		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Wrist		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Bone or Bones of the Hand (other than fingers)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Hip		\$3,000	\$3,000	\$3,000	\$6,000	\$6,000	\$6,000
Knee (except patella)		\$2,000	\$2,000	\$2,000	\$4,000	\$4,000	\$4,000
Ankle - Bone or bones of the Foot (other than toes)		\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
One Toe or Finger		\$100	\$100	\$100	\$200	\$200	\$200
Partial Dislocation		25%	25%	25%	25%	25%	25%
Burn Benefit							
2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$50	\$50	\$50	\$100	\$100	\$100
2nd Degree 10-25% surface skin burnt		\$100	\$100	\$100	\$200	\$200	\$200
2nd Degree 25-35% surface skin burnt		\$250	\$250	\$250	\$500	\$500	\$500
2nd Degree 35% or more of surface skin burnt		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
3rd Degree w/ less than 10% of surface skin burnt		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
3rd Degree 10-25% surface skin burnt		\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500
3rd Degree 25-35% surface skin burnt		\$2,500	\$2,500	\$2,500	\$5,000	\$5,000	\$5,000
3rd Degree 35% or more of surface skin burnt		\$5,000	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000
Concussion Benefit							

Accident Insurance

Concussion	1 time(s) per calendar year	\$200	\$200	\$200	\$400	\$400	\$400
Coma Benefit							
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$5,000	\$5,000	\$5,000	\$10,000	\$10,000	\$10,000
Laceration Benefit							
Without repair by stitches	1 time per accident; 3 time(s) per calendar year	\$25	\$25	\$25	\$50	\$50	\$50
Repaired by stitches but less than 2 inches long		\$50	\$50	\$50	\$100	\$100	\$100
Repaired by stitches and 2-6 inches long		\$100	\$100	\$100	\$200	\$200	\$200
Repaired by stitches and over 6 inches long		\$200	\$200	\$200	\$400	\$400	\$400
Broken Tooth Benefit							
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$100	\$100	\$100	\$200	\$200	\$200
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$50	\$50	\$50	\$100	\$100	\$100
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$25	\$25	\$25	\$50	\$50	\$50
Eye Injury Benefit							
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$200	\$200	\$200	\$300	\$300	\$300

		LOW PLAN			HIGH PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
MEDICAL TREATMENT AND SERVICES BENEFITS CATEGORY							
Ground Ambulance Benefit							
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$200	\$200	\$200	\$300	\$300	\$300
Air Ambulance Benefit							
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$750	\$750	\$750	\$1,000	\$1,000	\$1,000
Emergency Care Benefit							
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit)	\$50	\$50	\$50	\$100	\$100	\$100
Physician's Office		\$50	\$50	\$50	\$100	\$100	\$100
Urgent Care		\$75	\$75	\$75	\$150	\$150	\$150

Accident Insurance

Non-Emergency Initial Care Benefit							
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$25	\$25	\$25	\$75	\$75	\$75
Medical Testing Benefit							
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$100	\$100	\$100	\$200	\$200	\$200
Physician Follow-Up Benefit							
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$75	\$75	\$75	\$150	\$150	\$150
Transportation Benefit							
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$200	\$200	\$200	\$400	\$400	\$400
Therapy Services Benefit							
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$25	\$25	\$25	\$50	\$50	\$50
Chiropractic Therapy		\$25	\$25	\$25	\$50	\$50	\$50
Cognitive Behavioral Therapy		\$25	\$25	\$25	\$50	\$50	\$50
Occupational Therapy		\$25	\$25	\$25	\$50	\$50	\$50
Physical Therapy		\$25	\$25	\$25	\$50	\$50	\$50
Respiratory therapy		\$25	\$25	\$25	\$50	\$50	\$50
Speech Therapy		\$25	\$25	\$25	\$50	\$50	\$50
Vocational Therapy		\$25	\$25	\$25	\$50	\$50	\$50
Pain Benefit							
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$50	\$50	\$50	\$100	\$100	\$100
Prosthetic Device Benefit							
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$500	\$500	\$500	\$750	\$750	\$750
More than One Device		\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500
Medical Appliance Benefit							
Brace		\$50	\$50	\$50	\$100	\$100	\$100
Cane		\$50	\$50	\$50	\$100	\$100	\$100
Crutches		\$50	\$50	\$50	\$100	\$100	\$100
Walker - expected use < 1yr		\$100	\$100	\$100	\$200	\$200	\$200
Walker - expected use >=1 yr		\$250	\$250	\$250	\$500	\$500	\$500
Walking Boot		\$50	\$50	\$50	\$100	\$100	\$100
Wheel chair or motorized scooter - expected use < 1yr		\$100	\$100	\$100	\$200	\$200	\$200

Accident Insurance

Wheel chair or motorized scooter - expected use >=1yr		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Other medical device used for Mobility		\$50	\$50	\$50	\$100	\$100	\$100
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Modification Benefit							
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Blood/ Plasma/ Platelets Benefit							
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$300	\$300	\$400	\$400	\$400
Surgery Benefits							
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Surgical Repair – Hernia		\$100	\$100	\$100	\$200	\$200	\$200
Surgical Repair – Ruptured Disc		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Surgical Repair – Skin Graft Benefit		50%	50%	50%	50%	50%	50%
Surgical Repair – Torn Cartilage in Knee		\$500	\$500	\$500	\$750	\$750	\$750
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$500	\$500	\$500	\$750	\$750	\$750
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,000	\$1,000	\$1,000	\$1,500	\$1,500	\$1,500
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$1,000	\$1,000	\$1,000	\$2,000	\$2,000	\$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		\$100	\$100	\$100	\$200	\$200	\$200
Other Outpatient Surgery Benefit							
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$200	\$200	\$200	\$400	\$400	\$400

		LOW PLAN			HIGH PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
ACCIDENT – HOSPITAL BENEFITS CATEGORY							
Hospital Admission Benefit							
Admission	1 time per accident; Unlimited times per calendar year	\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
ICU Supplemental Admission (paid in addition to Admission)		\$500	\$500	\$500	\$1,000	\$1,000	\$1,000
Hospital Confinement Benefit							

Accident Insurance

Confinement	15 days per accident. Payable after the first day of admission.	\$100	\$100	\$100	\$200	\$200	\$200
ICU Supplemental Confinement (paid in addition to Confinement)	ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$100	\$100	\$100	\$200	\$200	\$200
Inpatient Rehabilitation Benefit							
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$100	\$100	\$100	\$200	\$200	\$200

		LOW PLAN			HIGH PLAN		
BENEFIT	BENEFIT LIMITS	EMPLOYEE	SPOUSE	CHILD	EMPLOYEE	SPOUSE	CHILD
OTHER BENEFITS CATEGORY							
Lodging Benefit	15 day(s) per calendar year	\$100	\$100	\$100	\$200	\$200	\$200

Organized Sports Activity Injury Benefit Rider

This coverage includes an Organized Sports Activity Benefit Rider. The rider increases the amount payable under the Certificate for certain benefits by 25% for injuries resulting from an accident that occurred while participating as a player in an organized sports activity. The rider sets forth terms, conditions and limitations, including the covered persons to whom the rider applies.

* Notes Regarding Certain Benefits Fracture and Dislocation benefits – Chip fractures are paid at 25% of the applicable fracture benefit and partial dislocations are paid at 25% of the applicable dislocation benefit.

- Hospital Benefits – Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.
- Lodging Benefit – The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.
- Organized Sports Activity Injury Benefit Rider – The rider is not available in all states. Proof of registration in an Organized Sports Activity in which an Accident occurred is required at time of claim. See your certificate for details.

Benefit Payment Example

Kathy's daughter, Molly, was riding her bike to school. On her way there she fell to the ground, was knocked unconscious, and was taken to the local emergency room (ER) by ambulance for treatment. The ER doctor diagnosed a concussion and a broken tooth. He ordered a CT scan to check for facial fractures too, since Molly's face was very swollen. Molly was released to her primary care

Accident Insurance

physician for follow-up treatment, and her dentist repaired her broken tooth with a crown. Depending on her health insurance, Kathy's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Accident Insurance payments can be used to help cover these unexpected costs.

Covered Event ³	Low/High Benefit Amount
Ambulance (ground)	\$200/\$300
Emergency Care	\$50/\$100
Physician Follow-Up	\$75/\$150
Medical Testing	\$100/\$200
Concussion	\$200/\$400
Broken Tooth (repaired by crown)	\$100/\$200
Benefits paid by MetLife Group Accident Insurance	\$725/\$1,350

Benefit amount is based on a sample MetLife plan design. Actual plan design and benefits may vary.

Questions & Answers

Q. Who is eligible to enroll for this accident coverage?

A. **You are eligible to enroll yourself and your eligible family members!**⁴ You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

A. **Premiums will be paid through payroll deduction**, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. **Yes, you can take your coverage with you.**⁵ You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. **Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: mybenefits.metlife.com.**

Insurance Rates

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance	Monthly Cost to You	
Coverage Options	Low Plan	High Plan
Employee	\$4.00	\$7.42
Employee & Spouse	\$8.01	\$14.85
Employee & Child(ren)	\$9.44	\$17.51
Employee & Spouse/Child(ren)	\$11.49	\$21.31

¹ Covered services/treatments must be the result of a covered accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.



Accident Insurance

³ Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.

⁴ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. Children may be covered to age 26.

⁵ Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.