



2026 Oxy Retiree Medical Plan Overview

		2026 Oxy Retiree Medical POS Plan
Plan Features ¹		What you pay
2026 Retiree Base Rate Monthly		
• Retiree Only		• \$251
• Retiree + 1		• \$502
• Family		• \$753
		Refer to the Retiree Medical SPD or latest Source Benefits News for details on how to calculate your monthly premium.

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



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



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Inpatient Hospital		What you pay
- Room and board - Ancillary charges - Special duty nursing - Intensive/cardiac care		10%, after deductible 10%, after deductible 10%, after deductible 10%, after deductible
Skilled Nursing Facility		
Skilled Nursing Facility		10%, after deductible
Surgery		
- Inpatient/outpatient - Cosmetic		20%, after deductible - Not covered unless medically necessary
Mental Health & Substance Abuse		
- Inpatient - Outpatient		10%, after deductible; all treatments must be pre-certified 20%, after deductible
Emergency Room		
- Network facility - Non-network facility		10%, after deductible 10%, after deductible No coverage for non-emergency use of emergency room
Other Services		
- 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



Prescription Drugs

2026 Oxy Retiree Medical POS Plan	
Prescription Drug Coverage	What you pay
Retail (30-day supply) • Generic • Preferred brand • Non-preferred brand	• \$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) • Generic • Preferred brand • Non-preferred brand	• \$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	• 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.