Non-Medicare Eligible & Not Eligible for Medicare Advantage Plan
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 • Retiree + 1 • Family	• $244 • $488 • $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 Deductible[2]		
• Individual • Family	• $400 • $800	• $800 • $1,600
Out-of-Pocket (OOP) Maximum		
• Individual • Family	• $2,500 • $4,500	• $5,000 • $9,000
Coordination with Medicare		
• 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

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

Prescription Drugs

	2025 Oxy Retiree Medical POS Plan
Prescription Drug Coverage	**What you pay**
Retail (30-day supply)	
• Generic	• $10 copay each prescription
• Preferred brand	• 25% copay each prescription; $10 min./$50 max.; mandatory generic[3]
• Non-preferred brand	• 25% copay each prescription; $10 min./$50 max.; mandatory generic[3]
Mail order (90-day supply)	
• Generic	• $20 copay each prescription
• Preferred brand	• 25% copay each prescription; $20 min./$100 max.; mandatory generic[3]
• Non-preferred brand	• 25% copay each prescription; $50 min./$200 max.; mandatory generic[3]
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.