



SUMMARY PLAN DESCRIPTION

MIDLAND HEALTH CENTER

Midland Health Center Program Benefit Program Summary Plan Description Effective as of January 1, 2021

The Midland Health Center Program (“Health Center”) is a Benefit Program offered under, and incorporated into, the Occidental Petroleum Corporation Welfare Plan (the “Plan”). Capitalized terms used, but not otherwise defined, in this Benefit Program Summary Plan Description (“Benefit Program SPD”) will have the same meanings as provided for those terms in the wrap-around summary plan description document (“Wrap-SPD”), as applicable.

About the Summary Plan Description:

The Program is a part of the Occidental Petroleum Corporation Welfare Plan (the “Plan”).* The full Summary Plan Description consists of a [wrap-around summary plan description document \(“Wrap-SPD”\)](#) and the Benefit Program Summary Plan Descriptions (“Benefit Program SPDs”) for each benefit program under the Plan.

This document that you are reading is the Benefit Program SPD for the Program. This Benefit Program SPD must be read together with the Wrap-SPD because both documents contain terms and provisions that are applicable to the Program. For additional information regarding the interaction of this Benefit Program SPD (including the Certificate) with the Wrap-SPD, please consult Article II “Interpretation” of the Wrap-SPD.

To view the Wrap-SPD click [here](#). Alternatively, to request a hardcopy or an electronic copy please contact the OxyLink Employee Service Center (OxyLink) by [email](#) or call 1-800-699-6903 (inside US) and 1-918-610-1990 (outside US) and an OxyLink representative will be happy to assist you.

* The Program is provided under the “General Health & Welfare Component” of the Plan. Other benefits unrelated to the Program are provided under a separate component of the Plan. For purposes of this Benefit Program SPD, references to the “Plan” will mean the General Health & Welfare Component unless otherwise specified or appropriate in context.

Eligibility

All regular full-time and part-time Employees working at least 20 hours per week and their Spouses or Domestic Partners are eligible to participate in the Health Center as of the Employee's date of hire. Notwithstanding the foregoing, no individual who meets any one of the following may be an eligible Employee with respect to the Health Center:

- an Employee who is included in a unit of Employees that is covered by an agreement which the Secretary of the federal Department of Labor finds to be a collective bargaining agreement between Employee representatives and the Employer, if the Plan or the Health Center in particular was the subject of good faith bargaining, unless such agreement provides for coverage of such Employees in the Plan or the Health Center in particular; or
- an Employee who is employed by a division or operating unit of the Employer for which the Plan or the Health Center in particular has not been adopted.

Dependent Children are not eligible to participate in the Health Center. Please see the Wrap-SPD and its Appendix G for more information on eligibility.

Participation

Eligible Employees and their eligible Spouses or Domestic Partners are automatically enrolled as "Participants" in the Health Center upon meeting the requirements for eligibility to participate.

In order to receive Health Center benefits, the Participant must (i) be able to travel at his or her own expense to the Health Center, (ii) schedule a visit at an available time slot, and (iii) provide proof of his or her status as a Participant.

Benefits Available

The Health Center will generally provide primary care services. Services may be provided by licensed doctors, physician's assistants, and/or nurses (including nurse practitioners).

Primary care services include the following:

1. Preventive Services
 - (a) Performing annual physicals and well-woman exams
 - (b) Assessing gaps in preventive care during routine visits
 - (c) Providing allergy desensitization, influenza vaccinations, and other vaccine administration
 - (d) Providing biometric and hypertension screening
2. Health Risk and Condition Management
 - (a) Assessment of factors affecting or influencing health
 - (b) Identifying active health problems, allergies and prescription/OTC medications and herbal supplements and review for contraindications and interactions
 - (c) Managing chronic conditions where appropriate

- (d) Addressing health risks (e.g., obesity, diet, tobacco) and compliance with treatment plans, medication adherence, and self-monitoring strategies
 - (e) Providing ongoing support and mitigation of health issues
- 3. Acute/Urgent Care
 - (a) Providing acute care, symptom treatment, and management
 - (b) Management programs for acute disease states including, but not limited to, community acquired pneumonia, otitis media, sinusitis, rhinitis, and pharyngitis
 - (c) Performing medical treatments and minor surgical procedures (e.g., nebulizer treatments, laceration repair, punch and excisional biopsy, cryotherapy)
 - (d) Prescribing, administering, and monitoring ongoing medications
- 4. Women's Health
 - (a) Preventive screenings and services relating to women's health
 - (b) Contraception planning services
 - (c) Hormonal replacement therapy
 - (d) Education on relevant women's health topics
- 5. Referral Management – Participants are referred to appropriate specialists and inpatient hospitals as medically appropriate
- 6. Lifestyle Medicine – Information regarding modifiable behaviors, including nutrition, movement, sleep, stress/emotional wellbeing, substance use, hydration and exercise.

The physician or other healthcare service provider who is associated with the Health Center retains the full discretion and authority to determine what medical treatment will be provided to Participants and to impose fees for such services, as set forth in the Fees section below.

Termination of Coverage

A Participant's coverage under the Health Center will terminate on the earlier of (a) the effective date on which the Health Center is terminated, or (b) the effective date on which the Participant's status as an eligible Employee terminates for whatever reason. The Plan Sponsor reserves the right to discontinue the Health Center, or to eliminate or reduce any services provided by the Health Center, at any time in its complete discretion.

Practice of Medicine

All medical services provided at the Health Center are under the direction of one or more physicians who are responsible for the practice of medicine at the Health Center. Neither the Plan Sponsor nor any other Employer practices medicine or otherwise provides any medical care services in any manner related to the Health Center or to the Plan.

Fees

Fees will be charged to Participants and collected by the physician, or other healthcare service provider, who is associated with the Health Center for any services rendered to Participants through the Health Center. Such physician or other healthcare service provider retains the full discretion and authority to determine and impose fees for such services.

Certain Employment-Related Services Excluded

Certain services may be provided through the Health Center to employees of the Employer, at the direction of the Employer, pursuant to an employment policy, program or directive of the Employer other than the Plan, including, but not limited to, drug screening and fitness-for-duty examinations. Such services are not part of the Health Center Benefit Program and do not constitute benefits offered under Plan.

This Benefit Program SPD applies only to the “employee welfare benefit plan” (as defined by ERISA) services that are part of the Health Center Benefit Program and the Plan.



The full Summary Plan Description includes this Benefit Program SPD and the wrap-around summary plan description ("Wrap SPD). The Wrap-SPD may be accessed [here](#). Alternatively, to request a hardcopy or an electronic copy please contact the OxyLink Employee Service Center (OxyLink) by [email](#) or call 1-800-699-6903 (inside US) and 1-918-610-1990 (outside US).