



2026 Medicare Advantage PPO Plan Overview

		2026 Oxy Medicare Advantage PPO Plan
Plan Features ¹		What you pay
2026 Retiree Base Rate Monthly <ul style="list-style-type: none"> Retiree Only Retiree + Spouse 		<ul style="list-style-type: none"> \$91 \$182 Refer to the OXY Medicare Advantage PPO SPD for details on how to calculate your monthly premium.
Annual Deductible²		\$200 per person (Network or Non-Network)
Out-of-pocket (OOP) Maximum⁵		\$2,000 When your share of covered expenses reaches the OOP maximum, covered expenses for the remainder of the calendar year paid at 100%, except for hearing aids, vision care, and Medicare prescription drug expenses.
Covered Services		What you pay
Hospital/Surgical Center <ul style="list-style-type: none"> Inpatient Outpatient Cosmetic Blood 		<ul style="list-style-type: none"> \$120 copay per stay \$100 copay Not covered unless medically necessary All components of blood are covered beginning with first pint
Skilled Nursing Facility Up to 100 days per Medicare benefit period ³		\$0 copay per day (days 1 - 20) \$50 copay per day (days 21 - 100)



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Covered Services	What you pay
<p>Outpatient</p> <ul style="list-style-type: none"> Office visits X-rays, lab work & diagnostic testing Complex imaging services Acupuncture treatment Rehabilitation (speech/physical/occupational) Cardiac rehabilitation Pulmonary rehabilitation Radiation therapy Dialysis treatments 	<ul style="list-style-type: none"> \$30 copay (Primary Care Physician); \$40 copay (Specialist) \$40 copay \$150 copay (requires pre-authorization) \$40 copay \$40 copay \$40 copay \$30 copay \$40 copay \$30 copay
<p>Preventive Services</p> <ul style="list-style-type: none"> Routine physical examinations Annual wellness exams Routine eye exams & hearing screenings Routine annual mammogram Routine prostate (PSA) test Routine cervical & vaginal cancer screenings Routine colorectal cancer screenings Medicare covered immunizations Medicare Diabetes Prevention Program 	<p>\$0 copay for all eligible services (see Evidence of Coverage for full list) Preventive Services are not subject to the annual deductible.</p> <ul style="list-style-type: none"> One exam for each service every 12 months <ul style="list-style-type: none"> Medicare Part D covered immunizations is \$0 member cost share for 2026 12 months of core session for program eligible members with an indication of pre-diabetes



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Covered Services	What you pay
Mental Health & Substance Abuse <ul style="list-style-type: none">• Inpatient• Outpatient	<ul style="list-style-type: none">• \$120 copay per stay; all treatments must be pre-certified• \$40 copay
Other Services <ul style="list-style-type: none">• Hospice care• Home health care• Durable medical equipment & prosthetics• Diabetic supplies• Diabetic eye exams• Teladoc telemedicine• Chiropractic care• Routine podiatry	<ul style="list-style-type: none">• Covered by original Medicare at a Medicare-certified hospice• \$0 copay• 20% coinsurance• \$0 copay; includes supplies to monitor your blood glucose• \$0 copay• \$0 copay; based on the services provided, copay varies• \$20 copay; limited to original Medicare covered services for manipulation of the spine• \$40 copay; limited to original Medicare covered benefits only
Emergency Care <ul style="list-style-type: none">• Emergency room• Urgent Care• Ambulance• Observation care	<ul style="list-style-type: none">• \$100 copay (worldwide, waived if admitted)• \$50 copay (worldwide)• \$40 copay (one way trip)• Cost share is based on the services you receive



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Non-Medicare Covered Services

What you pay

Additional Services

- Hearing aids⁶
 \$1,250 per ear maximum
- Foot orthotics
- Private duty nursing
- Enhanced chiropractic services

See Evidence of Coverage for full list

- \$2,500 maximum; once every three years
- \$40 copay
- \$0 copay
- \$40 copay

Prescription Drugs

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What you pay

Medicare Part B

\$50 copay; only prescription drugs that are covered under Part B

Medicare Part D

Retail pharmacy and home delivery mail order

- Annual deductible
- Out-of-pocket maximum
- Formulary insulin

- None
- \$1,500⁴ per person
- \$35 copay cap

Catastrophic Coverage

(Medicare Standard out-of-pocket maximum)

\$0 copay, after you reach \$2,000 in true out-of-pocket costs



	What you pay at a pharmacy with standard cost sharing	What you pay at a pharmacy with preferred cost sharing
Tier 1: Generic <ul style="list-style-type: none"> Standard retail in-network (up to 30-day supply) Long-term care in-network (up to 30-day supply) Out-of-network (30-day supply) Standard retail/mail order (up to 90-day supply) Preferred mail order (up to 90-day supply) 	<ul style="list-style-type: none"> \$10 copay \$10 copay \$10 copay \$30 copay \$20 copay 	<ul style="list-style-type: none"> \$9 copay \$10 copay \$10 copay \$27 copay \$20 copay
Tier 2: Preferred Brand <ul style="list-style-type: none"> Standard retail in-network (up to 30-day supply) Long-term care in-network (up to 30-day supply) Out-of-network (30-day supply) Standard retail/mail order (up to 90-day supply) Preferred mail order (up to 90-day supply) 	<ul style="list-style-type: none"> 25%, \$10 min/\$50 max 25%, \$10 min/\$50 max 25%, \$10 min/\$50 max 25%, \$30 min/\$150 max 25%, \$20 min/\$100 max 	<ul style="list-style-type: none"> 25%, \$10 min/\$50 max 25%, \$10 min/\$50 max 25%, \$10 min/\$50 max 25%, \$30 min/\$150 max 25%, \$20 min/\$100 max
Tier 3: Non-preferred Brand <ul style="list-style-type: none"> Standard retail in-network (up to 30-day supply) Long-term care in-network (up to 30-day supply) Out-of-network (30-day supply) Standard retail/mail order (up to 90-day supply) Preferred mail order (up to 90-day supply) 	<ul style="list-style-type: none"> 25%, \$25 min/\$100 max 25%, \$25 min/\$100 max 25%, \$25 min/\$100 max 25%, \$75 min/\$300 max 25%, \$75 min/\$300 max 	<ul style="list-style-type: none"> 25%, \$25 min/\$100 max 25%, \$25 min/\$100 max 25%, \$25 min/\$100 max 25%, \$50 min/\$200 max 25%, \$50 min/\$200 max



	What you pay at a pharmacy with standard cost sharing	What you pay at a pharmacy with preferred cost sharing
<p>Tier 4: Specialty</p> <ul style="list-style-type: none"> • Standard retail in-network (up to 30-day supply) • Long-term care in-network (up to 30-day supply) • Out-of-network (30-day supply) • Standard retail/mail order (up to 90-day supply) • Preferred mail order (up to 90-day supply) 	<ul style="list-style-type: none"> • 25%, \$25 min/\$100 max • 25%, \$25 min/\$100 max • 25%, \$25 min/\$100 max • 25%, \$75 min/\$300 max • 25%, \$75 min/\$300 max 	<ul style="list-style-type: none"> • 25%, \$25 min/\$100 max • 25%, \$25 min/\$100 max • 25%, \$25 min/\$100 max • 25%, \$50 min/\$200 max • 25%, \$50 min/\$200 max
<p>Additional Information</p>		
<p>Prescription Drug</p> <ul style="list-style-type: none"> • Supplemental prescription drug rider • Pharmacy network • Formulary (drug list) • Drug list & network pharmacies • CVS Caremark Mail Service Pharmacy • Prior authorization (PA) & step therapy 	<ul style="list-style-type: none"> • Oxy plan includes supplemental coverage for non-Part D prescription drugs • P1 • Open 2 Plus • Go to http://oxy.aetnamedicare.com or call 1-866-539-6750 • Go to http://oxy.aetnamedicare.com or call 1-888-792-3862 for home delivery • Applies when required for certain prescription drugs 	
<p>Medical Prior authorization for certain medical treatments, tests and services</p>	<p>Though prior authorization (PA) is not necessary for most services, the Centers for Medicare & Medicaid Services (CMS) require PA for some medical services and prescription drugs. This may initially cause some concern for patients, but it's intended to protect them from health risks and added costs.</p> <p>A specific list of services requiring a PA is available at the following locations:</p> <ul style="list-style-type: none"> • https://www.aetna.com/health-careprofessionals/precertification/precertification-lists.html • Schedule of Cost Sharing included in the patient's Evidence of Coverage (EOC) 	



¹ For further details, refer to the Summary Plan Description and Evidence of Coverage (EOC) documents.

² This is the amount you must pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services. Whether in or out of network the deductible does apply to copays. The deductible is not applicable for Preventive Care.

³ A benefit period begins the day you go into a hospital or skilled nursing facility. The benefit period ends when you haven't received any inpatient hospital care or skilled care in a skilled nursing facility for 60 days in a row. If you go into a hospital or skilled nursing facility after one benefit period has ended, a new benefit period begins. There is no limit to the number of benefit periods.

⁴ You pay \$0 once you reach the out-of-pocket maximum.

⁵ The out of pocket maximum is separate for Medical and RX.

⁶ You must go through NationsHearing for your hearing care. For additional information, visit their website at www.nationshearing.com/Aetna