

2024 monthly employee contribution rates

Important Note: Health plan premiums will be deducted in every paycheck based on your payroll frequency (in lieu of paying your health plans premiums in the first 2 paychecks of each month).

Medical Plan**				
	Participant only	Participant + child(ren)	Participant + spouse	Family
POS II A	\$101	\$268	\$268	\$408
POS II B	\$177	\$390	\$390	\$637
Network only* – Aetna Select	\$187	\$412	\$412	\$674
Network only* – Cigna OAPIN	\$187	\$412	\$412	\$674

*Network only options availability will vary depending on plan and geographic location.

**If you earn the Culture of Health rate by fulfilling the requirements every year, you can reduce your monthly contributions for the following year by \$30/month for participant only coverage, \$60/month for participant + spouse coverage, \$60/month for participant + child(ren) coverage, or \$90/month for family coverage

Dental Plan				
	Participant only	Participant + child(ren)	Participant + spouse	Family
Contribution	\$30	\$60	\$60	\$89

Vision Plan				
	Participant only	Participant + child(ren)	Participant + spouse	Family
Premium	\$10.15	\$19.71	\$19.71	\$31.05

ExxonMobil International Medical and Dental Plan				
	Participant only	Participant + child(ren)	Participant + spouse	Family
Medical US Inbounds/ US Outbounds (includes vision)	\$81	\$203	\$203	\$310
Dental US Inbounds/ US Outbounds	\$29	\$59	\$59	\$88

Basic and supplemental life and AD&D insurance			
Type of insurance	Your cost	Coverage	Enrollment
Basic life insurance	None	2x annual pay	Automatic
Basic accidental death and dismemberment (AD&D)	None	2x annual pay*	Automatic
Group universal life (GUL)	Premiums based on age and elected coverage	Up to 8x annual pay	Optional
Voluntary AD&D	Premiums based on elected coverage	Up to 8x annual pay	Optional

*If you die in a work-related accident, your beneficiary receives an additional \$500,000

Information on rates can be found in the [Summary Plan Description](#).