

# 2024 Annual Enrollment ExxonMobil Retirees Frequently Asked Questions

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## ExxonMobil Retirees Annual Enrollment

### 1. When is the ExxonMobil (Retiree Medical/Dental/Vision) Annual Enrollment (AE) period?

The AE period is from October 25, 2023, to November 10, 2023. Alight has been contracted to provide administrative services for ExxonMobil benefits. You can complete all your Annual Enrollment activities through a new benefits portal called [Your Total Rewards](#).

### 2. What is changing?

Alight has been contracted to provide administrative services for ExxonMobil benefits. Alight will handle Annual Enrollment activities (October 25 to November 10, 2023) and will become the new benefits administrator starting January 2, 2024. The current benefits administrator, Conduent, will continue to handle all benefits activities, not related to Annual Enrollment, until December 31, 2023.

### 3. Do I need to take any action?

**Yes**, even if you don't want to make any election changes, you need to perform 3 actions:

- 1) **Register** to the [Your Total Rewards](#) portal to review and confirm your contact information to ensure you continue to receive important information about your benefits.
- 2) **End payment** of health plans premiums with **current benefit administrator** in December 2023 (see question 4)
- 3) **Set up your payment** method for retiree medical/dental/vision plan premiums with the **new benefit administrator** for 2024 health plans premiums onwards (see question 5)

You do not need to set up payment if you are paying your health plans premiums through pension payroll deductions. Alight, the new benefit administrator, will continue to process their deduction through your pension payroll; still, you should register to the Your Total Rewards portal.

### 4. How do I end payments of health plans premiums with current benefit administrator of the ExxonMobil Benefits Service Center (EMBSC)?

The last bills from current benefit administrator will be sent by mid-November for December 2023 coverage.

#### a. What if I am currently paying my health plans premiums via check or money order?

Do not prepay for coverage beyond December 31, 2023

#### b. What if I currently have automatic payment from my bank account?

If your health plans premiums are currently scheduled through automatic payment from your bank account, please remember to stop automatic payments from your bank account to the current administrator right after paying for December 2023 coverage.

**c. What if I currently have direct debit?**

You do not need to take action to end direct debit, this will be automatically terminated and the last debit with the current benefit administrator will occur in December 21, 2023 for December 2023 premiums.

**5. How do I set up my payment method with the new benefit administrator, Alight, of the EMBSC?**

**a) You can set up payment method during Annual Enrollment (October 25 – November 10):**

If you wish to have your first (bill for January 2024 coverage) and subsequent months payments debited from your checking or savings account, you must sign up during your annual enrollment window by doing the following (you cannot set up by phone at this time):

1. Go to [Your Total Rewards](#) portal.
2. On the home page, select the "Make your retiree benefit choices..." tile in the Recommended section.
3. Follow the prompts to process your annual enrollment.
4. After you select the green button at the bottom of the election page to save your elections, you will be asked whether you would like paper bills or to sign up for direct debit. Note: If you set up direct debit, you will not receive a physical bill.
5. Follow the prompts to enter your banking information.

**b) You can set up payment method after Annual Enrollment:**

**1. First you need to receive your bill to pay for your health plans premiums.**

You have 2 options to receive your bill:

- a. You will receive a physical bill in mid-December at your home address (please make sure it is updated in the new Your Total Rewards portal).
- b. You can also receive your bill electronically on the Your Total Rewards portal (in your secure participant mailbox) by doing either of the following before December 5, 2023:
  1. Go to [Your Total Rewards](#) portal.
  2. On the home page, select the "Go paperless" tile in the To-Dos section.
  3. Follow the prompts to set up or confirm your email address, and to set up electronic delivery.

**OR**

Call a benefit representative at 833-776-9966 and request to go paperless.

**2. Once you received the bill (physical or electronic version), you need to use the account number on the bill to remit payment.**

You can pay using one of the following options:

- a) **Check or money order:** Enclose the bottom portion from the front of your bill with your payment. Include your account number from the front of your bill on your check or money order.

- b) **Set up your bank account to make payments automatically:** Contact your bank or bill payment service. Use the account number, company name, and PO Box number from the front of your bill when setting up these payments.
- c) **Online one-time payment:** Visit [Your Total Rewards](#) portal and select "Pay now" in the Recommended section. Follow the prompts to pay from your checking or savings account or using your credit card. Remember this is a one-time payment only. (Note that if you don't see the "Pay now" tile, your bill has not run yet.)

**Important:** Not that if you want to set up direct debit, remember the direct debit will be for future bills. You must use one of the alternate methods shown above to pay your January 2024 premiums. To set up direct debit after your first bill has run (for February 2024 onwards) either:

1. Call a benefit representative at 833-776-9966, or
2. Follow these instructions:
  - a. Go to [Your Total Rewards](#) portal
  - b. Select the "Why write checks every month..." tile in the Recommended section (if you don't see this tile, your bill has not run yet)
  - c. Follow the prompts to enter your banking information

**6. Do I need to register on the Your Total Rewards portal if I already have automatic payments set up for the health plans premiums?**

**Yes.** You need to register on the Your Total Rewards portal and set up a payment method (please see page 5 of the What's New document posted on ExxonMobil Family for details).

- If you currently have direct debit set up with Conduent, it will not carry forward.
- If you are currently paying your health plans premiums through direct billing, please do not make any advance payment since billing is transitioning effective January 1st to Alight, our new benefit administrator. Please do not prepay for coverage beyond December 31, 2023.
- If your health plans premiums are currently scheduled through automatic payment from your bank account, please remember to stop automatic payments from your bank account to the current administrator right after paying for December 2023 coverage.

**7. Do I need to do anything to continue my current benefits under the Medicare Primary Option? Do I need to enroll in the Medicare Part D prescription drug plan (PDP) that will be provided by Express Scripts effective January 1, 2024?**

No. Your coverage continues automatically and you do not need to enroll in the Medicare Part D prescription drug plan (PDP). However, you do need to register on the [Your Total Rewards](#) portal and set up payments with the new benefits administrator.

**8. Are there any other plan options other than the Medicare Primary Option (MPO) for Medicare eligible retirees?**

No. The only option available for Medicare eligible retirees is the MPO, with medical benefits provided by Aetna Medicare Advantage and pharmacy benefits provided by Express Scripts Medicare. If you don't believe that the MPO meets your needs, you have the option to consider other Medicare options during the Medicare annual enrollment periods.

### 9. Does my spouse need to register in the Your Total Rewards portal?

No, only retirees (and surviving spouses) should register on the [Your Total Rewards](#) portal.

### 10. Are spouses covered under the Medicare Primary Option (MPO)?

Yes, spouses of eligible retirees are eligible family members under the MPO. If both the retiree and a spouse are enrolled in the MPO, then the monthly premium amount is the Participant Only amount times 2 (\$148/month for Participant + Spouse).

### 11. Will my MPO ID card number change?

Your Aetna ID card number will remain the same in 2024 as it is in 2023. However, you will receive a new ID card as there is a change in the Aetna Medicare Advantage Plan contract number to H5522 (previously H5521).

### 12. Where do I find rates for 2024?

Please find rates starting on page 6 of the [What's New document](#).

### 13. I missed the MPO webinars. Can I get a copy of the slides?

Slides are posted on [Resources | ExxonMobil retirees \(exxonmobilfamily.com\)](#) and they will also be posted on the [Aetna Medicare Advantage website](#).

### 14. Additional info on bills and payment timing with new benefits administrator:

- **When will I receive my bill?**

Your bill is mailed near the 15th of each month. You should allow an additional 1 to 3 business days for postal delivery. If using Automatic Payments, you will not receive a bill in the mail.

- **When is my payment due?**

Your bill payment is due on the 1<sup>st</sup> of the month.

- **What happens if my bill payment is late?**

Your next bill may show a delinquency. The bill will clearly state when your late payment must be received.

- **When will my payment be credited to my account?**

The timing may differ depending on your method of payment:

- Check and money order: Same day it's received by the benefits administrator
- Automatic direct debit payment: 1st of the month (if a holiday or weekend, then the next business day)
- Online bill payment service: Day benefits administrator receives payment
- Pay Now Method: No later than the next business day if it's paid by 5 p.m. CST

If you have questions about **Annual Enrollment** (from October 25 until November 10, 2023) or on how to set up your payment method, contact a benefits representative at 833-776-9966 from 7am – 5pm CST, Monday through Friday. For all other benefits questions **not related to Annual Enrollment**, call 800-682-2847 from 7am – 5pm CST, Monday through Friday.

## **Aetna Medicare Advantage – Medical benefits under the Medicare Primary Option (MPO) of the ExxonMobil Retiree Medical Plan (EMRMP)**

### **15. What's the Medicare Primary Option?**

It's the ExxonMobil Retiree Medical Plan. Your medical plan will be through Aetna Medicare Advantage PPO ESA plan and your prescription drug plan will be administered through Express Scripts.

### **16. How can I learn more about the Aetna Medicare Advantage PPO ESA plan?**

The Informational Slides will be posted on the [ExxonMobil.AetnaMedicare.com](https://www.ExxonMobil.AetnaMedicare.com) starting on November 9.

### **17. What is a Medicare Advantage plan?**

A Medicare Advantage plan combines the same benefits as Medicare Part A (hospital insurance), Medicare Part B (medical insurance), and extra medical benefits all under one plan. Medicare Advantage plans, offered through private insurance companies like Aetna, are also called Medicare Part C.

### **18. Is this a Medicare Part C plan? Do I need to stay enrolled in Medicare Parts A and B? Why?**

This is a Part C plan, also referred to as a Medicare Advantage plan that must follow rules set by Medicare. Part C plans are approved by Medicare and administer your Medicare Parts A and B. You must continue your enrollment in Medicare Parts A and B in order to continue your enrollment in a Medicare Advantage plan.

### **19. Do I lose my Medicare if I enroll in a Medicare Advantage plan?**

No. You do not lose your Medicare, but your Medicare benefits will be administered by the Aetna Medicare Advantage plan. You still need to pay your Part B Premiums to Social Security.

### **20. How is the Aetna Medicare Advantage PPO ESA plan different than other Medicare Advantage plans available in the marketplace?**

The Aetna Medicare Advantage PPO ESA plan offered by ExxonMobil is customized specifically for ExxonMobil Medicare-eligible retirees. Many plans available in the open market, on the surface, appear to offer more for less. However, you need to consider the following which may not be included in open market plans:

- Freedom of having the same coverage in or out of network: It will not cost you more to see a doctor that is not in the Aetna network. Many plans in the open market restrict you to see providers that are only in the network. Or some plans offer out-of-network access, but it can cost you more.
- Portable: If you travel, decide to move or spend time outside of your area, a plan in the open market may not provide coverage out of your service area.
- Low out of pocket: The Aetna Medicare Advantage PPO ESA plan has one low out-of-pocket maximum of \$4,000 for both in or out of network. Plans in the open market may have a high out-of-pocket maximum if you go out of network or may have no out of network coverage.

- **Additional benefits:** With the Aetna Medicare Advantage PPO ESA plan you have benefits that may not be included in individual plans on the open market, such as:
  - Unlimited skilled nursing (open market plans may limit to 100 days per benefit period)
  - Private duty nursing
  - Enhanced chiropractic services above Original Medicare
  - Enhanced acupuncture above Original Medicare
  - Many other extras like Healthy Lifestyle Coaching, unlimited wig coverage for members receiving chemo/radiation treatment, and Resources For Living®

**21. Is the Aetna Medicare Advantage PPO ESA plan secondary to Medicare?**

No. The Aetna Medicare Advantage PPO ESA plan is not a secondary plan. Aetna has a contract with Medicare that allows them to process claims for all of your medical treatment with the exception of hospice care which is covered directly by Original Medicare. The Aetna Medicare Advantage plan is a Medicare Part C plan. The plan will take the place of Original Medicare and will provide coverage for all of your Part A and Part B benefits and additional benefits.

**22. If I enroll in the Aetna Medicare Advantage PPO ESA plan, am I still enrolled in Medicare?**

Yes. You're still enrolled in Medicare. The Aetna Medicare Advantage PPO ESA plan is a Medicare Part C plan and will process your claims on behalf of Medicare. All of your claims for medical treatment are sent to Aetna, instead of Original Medicare. You must continue your enrollment in Medicare Parts A and B and pay your Medicare Part B premium to be enrolled in the Aetna Medicare Advantage PPO ESA plan. (You must also pay your Medicare Part A premium, if applicable.)

**23. I am currently enrolled in the ExxonMobil Medicare Primary Option (MPO) plan and want to keep coverage for 2024, do I need to take action?**

No. If you wish to continue with the ExxonMobil MPO, you do not need to do anything, you and your covered spouse, if applicable, will automatically be enrolled for 2024.

**24. With the changes to the copays under the Aetna Medicare Advantage plan, will I receive a new ID card?**

Yes. In December, you will receive a new Aetna Medicare Advantage ID card for you and a separate card if your spouse is enrolled in the ExxonMobil MPO. The ID numbers and telephone numbers are remaining the same. Aetna is listing the new copays for 2024 on the ID card.

**25. Do I need to bring my Red, White and Blue Medicare card to the doctor or hospital?**

No. You only need to show your Aetna Medicare Advantage ID Card. Please let your Red, White and Blue ID card at home?

**26. Will services such as Physician Therapy, Durable Medicare equipment, ambulance, etc still be covered?**

Yes, as long as medically necessary. What is changing is that some services will have a flat dollar copay and not a percentage copay for covered services.

**27. What is my coverage for Hearing services?**

You have a \$40 copay for annual Medicare covered hearing exam.

You can receive \$500 reimbursement for the purchase of hearing aids at a licensed provider every 36 months. Please contact Aetna Medicare Member Services at **1-833-595-1012 (TTY: 711)** for more information on how to obtain reimbursement.

**28. What is the Transportation Vendor?**

Aetna has partnered with Access2Care to provide transportation services for the ExxonMobil Medicare Advantage retirees. To arrange transport please call them at 1-855-814-1699 to at least 48 hours in advance.

**29. I am already registered on the Aetna Medicare member secure site. Do I need to re-register for 2024?**

No. You keep your current User ID and password.

**30. What is my coverage for and diabetic supplies?**

Continuous Glucose Monitors must be obtained from a Medicare approved supplier. Your copay is 0% after you meet the annual deductible. Test strips and lancets are covered at a \$0 copay. Please call **Aetna Member services at 1-833-595-1012** for more information.

**31. What immunizations are covered under the Aetna Medicare Advantage Plan?**

Pneumonia, flu, Hepatitis B Vaccine and COVID-19 vaccine are covered under the Aetna Medicare Advantage plan at a \$0 copay.

**32. Does the plan have yearly or lifetime maximum limits?**

No. There are no yearly or lifetime limits.

**33. Medicare Part A and Part B have deductibles, and the Aetna Medicare Advantage PPO ESA plan also has a \$100 deductible. Do I have to pay the Medicare deductibles and the Aetna Medicare Advantage PPO ESA plan deductible before the plan begins to pay?**

No. You do not have to pay the Medicare deductibles. You'll only be responsible for one deductible: the Aetna Medicare Advantage PPO ESA plan deductible of \$100.

**34. What is the annual out-of-pocket maximum?**

The plan has a \$4,000 out-of-pocket maximum, which includes your deductible, coinsurance and copays. This is the most you pay out of pocket in a plan year for covered medical expenses. You and your covered spouse have separate out of pocket maximums.

**35. If I go to the emergency room, or have surgery and use an in-network hospital and surgeon, but I also receive services from an out-of-network provider who does not participate in Medicare, such as an anesthesiologist, what's my coverage?**

Your plan will cover services that are associated with hospitalization, emergency room and surgery, including anesthesiologists or other providers who do not accept Aetna Medicare. If you receive a bill from the provider, contact Aetna Medicare Member Services at **1-833-595-1012 (TTY: 711)**.

**36. If I go to the emergency room and is then admitted, do I pay an Emergency Room Copay and the Hospital copay?**

If you are admitted to the hospital through the emergency room, you will only have the Hospital Copay. The Emergency Room copay is waived.

**37. What is my coverage if I am traveling in the U.S.? Internationally?**

**U.S.:** You can still see any provider that accepts Medicare and will bill Aetna.

**International:** The Aetna Medicare Advantage PPO ESA plan will cover urgent and emergency care while you are traveling outside the U.S. You will need to pay for the costs up front and then submit paid receipts to Aetna directly for reimbursement at Medicare rates.

**38. Is preauthorization required?**

Preauthorization is required for some treatments. Preauthorization is not required for urgent care or emergency care. Your in-network Aetna Medicare Advantage provider is responsible for getting services preauthorized, so there is nothing you need to do. Although Aetna recommends that out-of-network providers also get preauthorization for some services, it is not a requirement. Providers can call Aetna Medicare Member Services at **1-833-595-1012 (TTY: 711)** to request authorization.

**39. What name should I give my doctor when describing the plan, is it Medicare Primary Option?**

The name of the plan is the Aetna Medicare Advantage PPO ESA plan. Let them know the plan has an out of-network feature and they don't have to be in the network to treat you.

**40. If I can see any provider, even if they are not part of the Aetna Medicare PPO network, how will the providers be reimbursed?**

Reimbursement to out-of-network providers, who are eligible for Medicare payment and accept the Aetna Medicare Advantage PPO ESA plan, is based on the Medicare fee schedule, the same as Original Medicare.

**41. Do I have to use only those providers that are in the Aetna Medicare PPO network?**

No. You can use any provider as long they are eligible to receive Medicare payments and willing to send the bill to Aetna and accept payment.



**42. If I want to continue treatment at MD Anderson, can I stay in the ExxonMobil Retiree Medical Plan, Medicare Primary Option (MPO)? How will my MD Anderson claims be handled?**

MD Anderson is not part of the Aetna Medicare network, but you can continue to receive your care at MD Anderson, as long as they are eligible to receive Medicare payment and accept your Aetna plan. And you will have the same cost share as in network. For members currently in treatment, call Aetna Member Services to give them your information. They will have a nurse case manager call you to assist with your transition and continuity of care. MD Anderson will submit claims directly to Aetna, and they will bill you for your portion after Aetna has processed the claim.

**43. Where can I find more information on my Aetna Medicare Advantage Benefits?**

Early October, Aetna mailed a 2024 Annual Notice of Change and Summary of Coverage information that outlines your benefits. You can also view this information at [ExxonMobil.AetnaMedicare.com](https://ExxonMobil.AetnaMedicare.com) and click on the purple box called "See What's Covered".

**Express Scripts Medicare (PDP) – Prescription drug benefits under the Medicare Primary Option (MPO) of the ExxonMobil Retiree Medical Plan**

**44. What is changing for the ExxonMobil Retiree Medical Plan, Medicare Primary Option (MPO)?**

The **prescription drug benefits** under the ExxonMobil Retiree Medical Plan - Medicare Primary Option (MPO). The prescription drug benefits will continue to be administered by Express Scripts but will transition to a group-sponsored benefit under the Medicare Part D program, called Express Scripts Medicare® (Prescription Drug Plan), a Medicare approved prescription drug plan. **Medical benefits** will continue to be administered through the Aetna Medicare Plan (PPO).

**45. What is the effective date?**

Effective January 1, 2024.

**46. Who is eligible for the Express Scripts Medicare (PDP)?**

You are eligible for this plan if you are entitled to Medicare Part A and/or are enrolled in Medicare Part B, live in the plan's service area, are a U.S. citizen or are lawfully present in the United States and are eligible for benefits under the ExxonMobil Retiree Medical Plan. Members currently enrolled in the MPO are eligible for the Express Scripts Medicare® (Prescription Drug Plan).

**47. What is the enrollment process for MPO members that are impacted by the transition to the Express Scripts Medicare (PDP)?**

MPO members **DO NOT NEED** to take action to enroll; their enrollment in the ExxonMobil Retiree Medical Plan, Medicare Primary Option (MPO) with updated Medicare Part D prescription drug benefits will continue automatically.

**48. Does enrollment in these prescription drug benefits impact any other coverage I may already have?**

Enrollment in this plan may cancel enrollment in the following types of plans:

- another Medicare Part D plan
- a Medicare Advantage (MA) Plan with prescription drug coverage (MA-PD)
- a Medicare Advantage Plan not sponsored by ExxonMobil

**49. What do I have to do if I want to disenroll from the Express Scripts Medicare (PDP)?**

If you intend to opt-out of the Express Scripts Medicare (PDP), you will need to take specific action to disenroll during the Annual Enrollment which ends November 10, 2023. **NOTE: Disenrollment from Express Scripts Medicare will disenroll the participant from the MPO as a whole. Once the member has left the MPO, they will never be able to re-enroll, so members should carefully consider the opt-out election.**

**50. How does the disenrollment/opt-out impact member's Medicare coverage?**

Disenrollment from the **Express Scripts Medicare (PDP) WOULD ALSO DISENROLL** members from the **MPO medical** coverage. You should be advised to please carefully consider this consequence if you elect to end your coverage because there will be no opportunity for you and your eligible dependents to re-enroll in the MPO in the future. **DISENROLLING FROM EITHER MEDICAL OR PRESCRIPTION DRUG COVERAGE DISENROLLS MEMBERS FROM MPO ENTIRELY. THEY AND THEIR DEPENDENTS WILL LOSE ELIGIBILITY AND COVERAGE UNDER THEIR RESPECTIVE MEDICAL PLANS OPTION.**

**51. When will the disenrollment take place?**

Disenrollment will be effective January 1, 2024.

**52. Are there any upcoming communications?**

All participants will receive additional information regarding the new Medicare prescription drug plan benefit from Express Scripts Medicare the week of 10/26. It is important for you to review all mail you receive from Express Scripts Medicare.

**53. What does Express Scripts Medicare (PDP) cover? How does the Express Scripts Medicare (PDP) work?**

Members can contact the Express Scripts Medicare (PDP) line at **866-557-8211**, 24 hours a day, 7 days a week with questions regarding Express Scripts Medicare (PDP). They will have phone support specifically for ExxonMobil participants. Members will receive several packages of information by year end with additional details.

**54. Why is this change being made?**

Transitioning to an employer-sponsored Medicare Part D prescription drug plan will complement your medical benefits already provided through Aetna Medicare Advantage. This Part D plan will also allow ExxonMobil to continue to provide retirees with affordable and comprehensive coverage.

**55. Do I have to re-register on the Express Scripts website?**

You will need to re-register on the Express Scripts website using your new ID number.

**56. Is the COVID and/or RSV vaccine covered?**

Flu, COVID, RSV and Pneumonia vaccines are covered at zero copay.

**57. Will I still be able to use SaveOn?**

SaveOn/Copay Assistance is not permitted with Part D plans. The most you would pay for a copay would be \$400, and once you meet the out-of-pocket maximum of \$2,000, you will pay zero for the remainder of the year.

**58. Is Insulin covered under the Express Scripts prescription drug benefit?**

Insulin is covered under Express Scripts.

**59. Are Diabetic Supplies covered the Express Scripts prescription drug benefit?**

Test Strips and Lancets will now be covered by Aetna Medicare Advantage. Insulin will continue to be covered by Express Scripts.

**60. How do I know if will need to pay D-IRMAA?**

Some members may be required to pay Part D IRMAA (Income related adjustment). If your income is above a certain limit in 2024, \$103,000 if you file individually or \$206,000 if you're married and file jointly, you'll pay an extra amount in addition to your plan premium. This doesn't affect everyone, so most people won't have to pay an extra amount. Social Security will contact you if you have to pay Part D IRMAA, based on your income. The extra amount you have to pay isn't part of your plan premium. You don't pay the extra amount to your plan. Most people have the extra amount taken from their Social Security check.

**61. Will I get an ID card from Express Scripts?**

After the Center for Medicare and Medicaid Services (CMS) receives your enrollment record, they will notify Express Scripts of your approval and within 10 days of that approval, members will receive a Welcome Kit and new Express Scripts ID card.

**62. Can I still use my current pharmacy?**

Most major chains will continue to be in the pharmacy network. If you have questions about a specific pharmacy, you can contact the Express Scripts Medicare (PDP) line at **866-557-8211**.

**63. Do I have to pay an additional premium for the Part D prescription drug benefits?**

There is no additional cost to enroll in the Part D prescription drug benefits. The premium you pay to ExxonMobil includes the Part D prescription drug benefits. The only additional cost is if you are subject to D-IRMAA, which is assessed by Social Security and is based on your income.

**64. My spouse is also Medicare eligible, will they be enrolled?**

Medicare Part D is an individual only plan, if your spouse is Medicare eligible then they will be enrolled but will have their own plan, their own ID card and ID number.

**65. Why were certain drugs no longer covered?**

Part D plans are required to use the Medicare formulary which includes a wide variety of drugs. Your prescription drug benefit covers all the required Part D drugs.

**66. What about my spouse who is not 65 yet?**

Only those who are Medicare-eligible will be enrolled in the Part D prescription drug benefits.

**67. What is TrOOP?**

TrOOP refers to incurred costs that count towards an enrollee's Medicare Part D drug plan out-of-pocket threshold. TrOOP consists of both payments paid by the enrollee (e.g., annual deductible, out-of-pocket costs, and others) as well as other payments not paid by the enrollee (e.g., manufacturer gap discounts). The \$2k OOP is calculated for just the cost you pay. These are two separate OOP calculator that run simultaneously. Most member will meet the \$2000 OOP first, the \$8000 only applies to member receiving assistance.

**68. How does the \$300 prescription drug deductible work?**

The deductible applies to the first \$300 you spend on prescription drugs. After that \$300 is met then you pay the coinsurance/copays outlined in your plan documents until you meet the out-of-pocket maximum. The amount you pay toward the deductible counts toward your out-of-pocket maximum. Prescriptions under the benefit will be billed at a discounted rate as long as utilizing an in-network pharmacy at time of service.

**Who should I contact if I have other questions?**

Topic	Contact
Aetna Medicare Advantage information	<b>Aetna: 1-833-595-1012 (TTY: 711),</b> Monday through Friday, 7 AM to 8 PM CT
Express Scripts Prescription drugs	<b>Express Scripts: 1-800-695-4116,</b> 24 hours a day
2024 Annual Enrollment & billing Updates Eligibility and personal information updates starting Jan 2, 2024	<b>ExxonMobil Benefits Service Center (EMBSC): 1-833-776-9966,</b> Monday through Friday, 7 AM to 5 PM CT (except certain holidays) <i>Administered by Alight</i>