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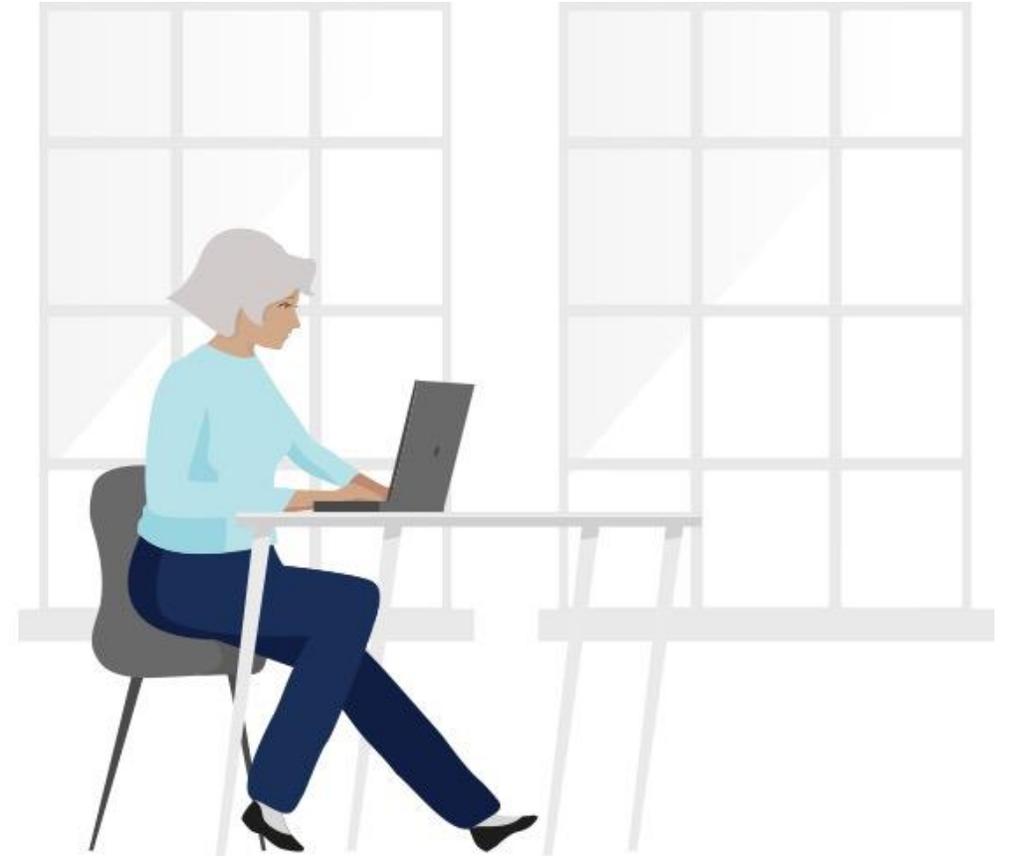


ExxonMobil Medicare Primary Option Informational Webinar

October, 2023

What we'll cover

- The Medicare Primary Option
- New benefits administrator
- Your Medicare Advantage benefits through Aetna
- Your pharmacy (Part D) benefits through Express Scripts®
- What happens next?
- Contact Information



What is Medicare Primary Option (MPO)?

**Aetna Medicare
Advantage
benefits**

+

**Express Scripts
Part D
pharmacy
benefits**

=

**Medicare Primary
Option (MPO)**

The Medicare Primary Option

- Part of the ExxonMobil Retiree Medical Plan (EMRMP)
- Medical coverage through the **Aetna MedicareSM Plan PPO ESA**
- Prescription drug coverage through **Express Scripts[®] Pharmacy**
- Eligibility and Enrollment through the ExxonMobil Benefits Service Center (EMBSC) with **Alight**
- **To be eligible for the Medicare Primary Option (MPO) you must:**
 - Be an eligible retiree or eligible family member
 - Be enrolled in both Medicare Part A and Part B
 - Continue to pay your Part A and/or B premiums
 - Have a U.S. residential address on file with CMS
 - Not be enrolled in another group or individual Medicare Part C or individual D plan





2024 Updates

- ✓ 2024 Annual Enrollment through the new **Your Total Rewards** portal replacing ExxonMobil Benefits Service Center (EMBSC) portal
- ✓ Implement flat dollar copays for many services under the Aetna Medicare Advantage plan
- ✓ Move to a Part D prescription drug plan provided by Express Scripts®

Important updates for Annual Enrollment and beyond

- ✓ Annual Enrollment (AE) will take place from **October 25** until **November 10**
- ✓ Annual Enrollment activities to be completed with **New** benefit administrator, Alight, through **Your Total Rewards** portal. Portal available as of October 25, 2023:
 - **Your Total Rewards** portal: <http://digital.alight.com/exxonmobil>
 - Phone: **1-833-776-9966** (Monday through Friday, 8 AM to 4pm CT)
- ✓ Detailed information **mailed** to you regarding:
 - How to register as a first-time user
 - How to navigate the portal and make AE elections
 - How to set up your payment with the new benefit administrator
- ✓ ExxonMobil Benefit Service Center (EMBSC) (**1-800-682-2847**) will continue to assist you with benefits questions that are not related to AE until the end of 2023
- ✓ Effective January 2, 2024, all benefit activities will be handled by Alight. EMBSC new phone number will be **1-833-776-9966**

**What's new with your Aetna
Medicare Advantage
benefits under the MPO**



Let's look at your enhanced medical benefits

Your Aetna Medicare Advantage plan — Your Aetna Medicare Advantage PPO ESA plan is different than many other PPO plans. It allows you to see any provider (whether in the network or not), and you pay the same out-of-pocket cost for both covered in-network and out-of-network medical benefits, as long as the provider is eligible to receive payment under Medicare and is willing to bill and accept payment from Aetna.

	Medicare Advantage Plan (PPO)	
	Current – 2023	New for 2024
Annual deductible	\$300	\$100
Annual out-of-pocket maximum	\$3,000	\$4,000
Preventive care	\$0	\$0
Primary care office visit (PCP)	20%	\$20
Specialty care office visit	20%	\$40
Inpatient hospital	\$500 per stay	\$500 per stay
Outpatient surgery	20%	20%
Emergency room	\$50	\$65
Urgent care	\$35	\$40



Your enhanced medical benefits continued

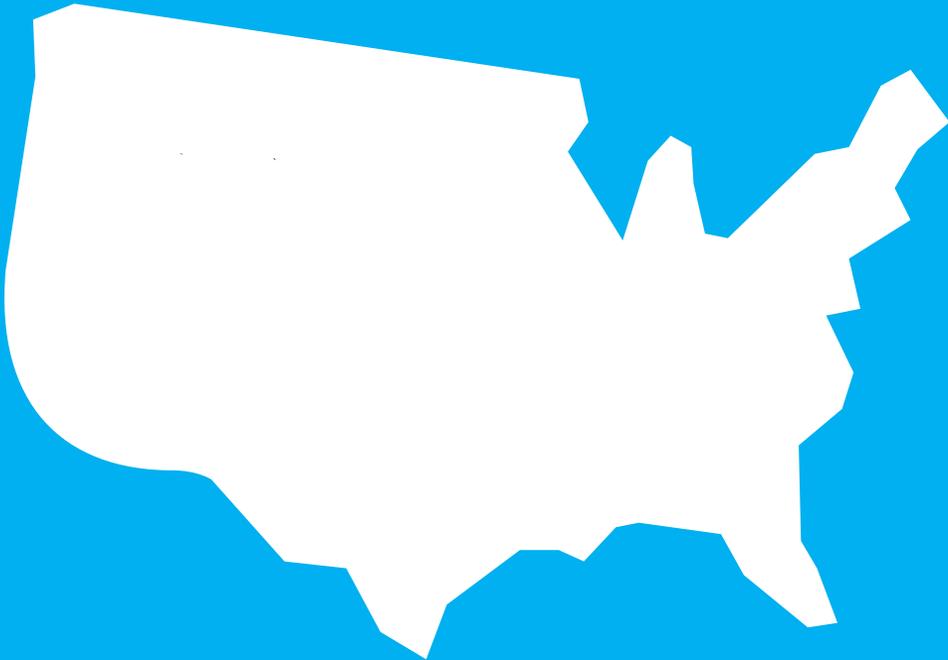
	Medicare Advantage Plan (PPO)	
	Current – 2023	New for 2024
Labs (diagnostic & preventive)	\$0	\$0
X-Rays & complex Imaging	20%	20%
Medicare covered hearing exam Medicare covered eye exam	20%	\$40
Cardiac rehab services	20%	\$35
Chiropractic services	20%	\$20
Podiatry services	20%	\$40
Pulmonary rehab	20%	\$15



Reminder on Additional Benefits as a Aetna Medicare Advantage MPO member

- **Transportation benefits through Access2Care**
 - ✓ **40 one-way trips**
- **Rewards Program**
 - ✓ Earn a gift card yearly for completion of Healthy Home visit
- **Silver Sneakers gym membership**
- **Nurse Case Manager to assist you**

We've got you covered in or out-of-network



Confidence to choose your Doctors

- The Aetna Medicare Advantage PPO ESA plan is different than many other PPO plans.
- It allows you to see any provider (whether in the network or not), and you pay the same out-of-pocket cost for both covered in-network and out-of-network medical benefits, as long as the provider is:
 - ✓ Eligible to receive payment under Medicare
 - ✓ Willing to bill and accept payment from Aetna
- Access to providers nationwide
- No referrals needed
- Over **1,100,000** network providers and over **4,200** network hospitals*
- Covers you nationally when traveling
- Worldwide coverage for emergency and urgent care

You will receive a new Aetna Medicare Advantage ID card for 2024

 **Medicare PPO**

Medicare Primary Option
PPO ESA- EXXONMOBIL
PLAN# XXX-EG00000000X
ID 101XXXXXXXXXX
NAME SAMPLE SAMPLETON
BIN 610502 PCN PARTBAET

ISSUER (80840)
PCP/Office Name:
Dr. Sample
999-999-9999 XXXXXXXXX

PCP	\$20
ER	\$65
AS	\$20%
HO	\$500/A
SP	\$40

Printed on: xx/xx/xxxx

HXXXX-PBP

exxonmobil@aetnamedicare.com

Customer Service	1-833-595-1012
24 Hour Nurse Line	1-855-493-7019
Provider Services	1-800-624-0756
TDD/TTY	711

Send claims to:
Aetna Medicare
PO Box 981106
El Paso, TX 79998-1106

This card does not guarantee coverage.

Payer ID# 60054
Medicare limiting charges apply.

Scan for Plan Benefits

EXAMPLE ONLY

What's new with your Express Scripts Part D pharmacy benefits under the MPO

Presenters: Robin Nieman/Steve Schadle/ Ken Pfeifer

New prescription drug benefits under the MPO

- **What's happening?**

- Effective January 1, 2024, ExxonMobil will be enrolling its Medicare-eligible retirees into an client-sponsored **Medicare Part D** prescription drug plan provided by Express Scripts®.
- A group-sponsored Medicare Part D plan is a prescription drug plan that is approved by the Centers for Medicare & Medicaid Services (CMS) and sponsored by a retiree group or a former employer/union. These types of plans limit enrollment to qualified members of the employer sponsor.
- These benefits will be referred to as: **Express Scripts Medicare (PDP) for MPO.**

Part D Enrollment

- **Important Enrollment notes**

- If you or a dependent are currently enrolled in ExxonMobil's prescription drug coverage and are Medicare eligible, you will **automatically** be enrolled in Express Scripts Medicare effective 1/1/2024.
- Pre-notification packages will be delivered on 10/26/2023 by Express Scripts Medicare with details about the change.
- **If you choose to opt out of the ExxonMobil prescription drug benefits, you will also be disenrolled from the MPO as a whole. Once you leave the MPO, you and your dependents will not be able to re-enroll in the future.**
- Members who fail to meet Medicare's enrollment timing requirements will be subject to the Medicare Part D Late Enrollment Penalty (LEP), which will be directly billed to participants for which this penalty applies.
- Medicare Part D Income-Related Adjustment Amount (IRMAA) - Members who have an income over \$97,000 per year as an individual or over \$194,000 as a couple filing jointly may need to pay a Part D IRMAA for this benefit. If IRMAA applies to you, the amount will be automatically withdrawn from your Social Security check, just like it is done for Part B.

Member experience during the transition

- Pre-notification packages will be delivered on 10/26/2023 by Express Scripts Medicare with details about the change.
- Members **do not** need to do anything to enroll. Enrollees will be sent to the Centers for Medicare & Medicaid Services for final enrollment in late November.
- Within 10 days of enrollment approval, members will receive a Welcome Kit and new Express Scripts ID card.
- ExxonMobil Annual Enrollment ends 11/10/2023 – if you want to opt out, you must do so by that date.
- Prescription history from your current coverage, eligible prior authorization records, and medications currently on file (that have not expired and have refills available) will transfer to the Medicare Part D plan effective 1/1/2024.
- Present your new ID card to the retail pharmacist after 1/1/2024, to ensure they submit your new information.

What is not changing?

- While participants will see the different Medicare Part D drug payment stages in plan communications they will receive, participants will continue to pay their copays.
- Members can continue to fill Part D specialty medication through Accredo. In addition, members can now use a participating retail pharmacy to obtain specialty medication.

Where can I fill my prescriptions?

- You have a choice on where you can fill your prescriptions:
 - You can fill your prescriptions up to a 90-day supply at any Express Scripts Medicare retail network pharmacy.
 - You can fill your prescriptions up to a 90-day supply through mail order through the Express Scripts Pharmacy.
 - Covered Medicare Part D drugs are available at out-of-network pharmacies only in special circumstances, such as illness while traveling outside of the plan's service area where there is no network pharmacy. You generally have to pay the full cost for drugs received at an out-of-network pharmacy at the time you fill your prescription. You can ask us to reimburse you for the plan's share of the cost.
 - Veterans Affairs (VA) pharmacies are not permitted to be included in Medicare Part D pharmacy networks. If you currently use a VA pharmacy you will now need to decide if you will continue to use that pharmacy and use your VA benefit, or move to another participating pharmacy to use your prescription drug benefit under the MPO.

ExxonMobil 2024 Plan Design

Current	Part D Benefit Stage	2024
No Deductible	Deductible	\$300 individual deductible, specific to prescription benefits
Retail 1-34 Day Supply Preferred 30% \$125 Max Non-Preferred 50% \$200 Max Generic 30% \$50 Max Mail 90 Day Supply Preferred 25% \$250 Max Non-Preferred 45% \$400 Max Generic 25% \$100 Max	Initial Coverage	Retail 1-34 Day Supply Preferred 30% \$125 Max Non-Preferred 50% \$200 Max Generic 30% \$50 Max Retail 35-90 or Mail 1-90 Day Supply Preferred 25% \$250 Max Non-Preferred 45% \$400 Max Generic 25% \$100 Max
Member Pays \$0 after meeting OOP	Catastrophic Coverage	Member Pays \$0 after meeting OOP
Out of Pocket Maximum	Current ExxonMobil Plan	2024 ExxonMobil Plan
	\$2500 Individual/ \$5000 Family	\$2000 Individual \$8000 TrOOP

Catastrophic Coverage

- The Catastrophic Coverage stage begins once a member reaches \$8000 in “out-of-pocket” prescription drug costs.
- Out-of-pocket costs include what the member (or others on their behalf) have paid for prescription drugs, such as the 70% manufacturer discount, and any payments by the Extra Help program.

MEMBERS WILL PAY

\$0 copay/coinsurance for drugs in the Catastrophic Coverage stage of the benefit

NOTE: The maximum out-of-pocket for Prescription coverage is \$2,000. So if at any point you reach the \$2000 limit, you will pay \$0 for the remainder of the year.

New for 2024

- **Removal of coverage for the following:**
 - Over-the-counter (OTC) drugs, with the exception of preventive care OTC drugs, which will continue to be covered in accordance with the Affordable Care Act (ACA) provisions
 - Medications for the management of cough/cold symptoms
 - Vitamin and mineral products, including vitamin D3 and folic acid
 - Sexual dysfunction medications
 - Diabetic test strips and lancets, no longer be covered under the prescription benefits, covered under Aetna Medicare Advantage
 - Repackaged drugs (drugs which are removed from the original manufacturer's container and placed in a repackaged container and are sold at a higher retail cost)
 - Unit-dose packaged medications (except at long-term care facilities)
- **Some medications have both Part B and Part D designations:**
 - Part B usage will continue to be covered under Aetna Medicare Advantage.
 - Part D usage will be covered under the prescription benefits
 - Any non-Part D usage will not be covered
- **ACA preventive care vaccinations will continue to be covered at \$0 copay under the prescription benefits.**

Who do I call?

ExxonMobil Benefits Service Center (EMBSC)

- **All questions** *except those related to Annual Enrollment* **until December 31, 2023**
- **Annual Enrollment** questions **starting October 25, 2023**
- **All benefit questions** as of **January 2, 2024**.

Call **1-800-682-2847** (Monday–Friday 7am–5pm CT, except certain holidays). Deaf and hard of hearing people can call 1-800-TDD-TDD4 (833-8334)

Exxonmobil.com/benefits

Call **1-833-776-9966** (Monday-Friday 8am-4pm CT)

Your Total Rewards portal: digital.alight.com/exxonmobil

Aetna® Medicare

- Medicare Primary option medical coverage details
- Questions or concerns about doctors and verifying they accept the Aetna plan

Call **1-833-595-1012 (TTY: 711)**, Monday–Friday, 7 AM–8 PM CT.

<https://ExxonMobil.AetnaMedicare.com>

Express Scripts® Customer Service

- Medicare Primary Option prescription coverage details

Call toll-free at 866-557-8211 (TTY users should call 1.877.486.2048) (24 hours a day, 7 days a week)

www.Express-Scripts.com can be accessed on January 1, 2024

Note: Dependents will need to re-register under their new ID number.

You can access drug coverage and pricing, pharmacy look-up, home delivery order tracking, etc.

Summary Plan Descriptions, What's New and Important Notices can be found at Exxonmobilfamily.com

**Thank
you**



Aetna Medicare is a HMO, PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal. For accommodation of persons with special needs at meetings, call 1-833-595-1012 (TTY: 711). Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 5 days. You can call if you do not receive your mail-order drugs within this timeframe. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. SilverSneakers is a registered trademark of Tivity Health, Inc. ©2023 Tivity Health, Inc. All rights reserved. Aetna®, CVS Caremark®, and CVS Pharmacy® which owns CVS HealthHUB™ locations and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health® family of companies.

Medicare rules don't allow earned rewards to be used for Medicare-covered goods or services, including medical or prescription drug out-of-pocket costs. Earned rewards may not be used to pay for medical copays, prescription costs, or any other Medicare covered good or services. Earned rewards may also not be used on alcohol, tobacco or firearms or be converted to cash.

Rewards earned may be considered taxable income. Please consult your tax adviser if you have any questions regarding the taxability of rewards.

The 2023 Aetna Healthy Rewards program is only applicable to active members with eligible MA and/or MAPD plans. Qualifying participants who are eligible to perform the program activities may earn rewards by completing all or some of the program activities. The 2023 Your Healthy Rewards program is available to our members until the last day of the year. You will need to earn and redeem your reward by December 31, 2023 or the date you leave the plan, whichever comes first. Participants should check the terms of their Evidence of Coverage (EOC) prior to participating in any program activities. Except as set forth in the EOC, Aetna shall not be responsible for any costs associated with, or arising from, a participant's performance of program activities. Your participation in Aetna Healthy Rewards program is voluntary and does not affect your benefits from your Aetna health plan. Eligibility is limited to the Aetna member that this communication was addressed to. Subject to benefits and eligibility verification.