

NOTICE OF CREDITABLE COVERAGE

LEGALLY REQUIRED NOTICE TO PARTICIPANTS WHO ARE ELIGIBLE FOR MEDICARE IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE UNDER THE EXXONMOBIL MEDICAL OR MEDICARE SUPPLEMENT PLANS AND MEDICARE

Please read this notice carefully. Keep it where you can find it. It contains information about prescription drug coverage under the ExxonMobil Medical Plan (EMMP) and the ExxonMobil Medicare Supplement Plan (EMMSP) and your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. You are responsible for providing a copy of this notice to your Medicare eligible family members.

Medicare prescription drug coverage (Medicare Part D) became available in 2006 to everyone with Medicare. You can get this coverage either by joining a Medicare Part D Plan or a Medicare Advantage Plan that offers prescription drug coverage. (Medicare Advantage Plans are similar to a PPO or HMO, and are also called Medicare Part C.) All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some Medicare Part D and Medicare Advantage plans may also offer more coverage for a higher monthly premium.

If you are a regular employee and become eligible for Medicare, you remain eligible to participate in the EMMP whether or not you enroll in Medicare. While you are working as a regular employee, the EMMP remains primary for you and most of your family members. There is no expectation that you enroll in Medicare Parts A and B until you are no longer a regular employee.

Prescription drug coverage offered by either the EMMP or the EMMSP, on average for all plan participants, is expected to pay out as much as standard Medicare prescription drug coverage pays; and therefore, is considered Creditable Coverage. Because your existing coverage is Creditable, you can keep this coverage and not pay a higher Medicare premium (a penalty) if you later decide to join a Medicare drug plan.

Read this notice carefully. It explains options you have for Medicare prescription drug coverage. It can help you decide whether you want to enroll in Medicare prescription drug coverage.

When Can You Join A Medicare Drug Plan?

You can enroll in a Medicare drug plan when you first become eligible for Medicare and each year thereafter between October 15 and December 7. However, if you lose EMMP or EMMSP prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Coverage If You Decide to Enroll in a Medicare Drug Plan?

If you enroll in either Medicare Part D or in a Medicare Advantage (Part C) plan that includes drug coverage, your drug coverage under the EMMSP will end even if you do not cancel or drop your EMMSP coverage. If you enroll in a Medicare Advantage (Part C) private fee-for-service (PFFS) plan that does not include a prescription drug option, you may continue to receive prescription drug coverage under the EMMSP. There is no impact on your EMMP benefits if you enroll in a Medicare Drug Plan so long as you are a regular employee.

If you cancel or drop your EMMSP coverage, be aware that **you will not be able to reenroll** in the EMMSP at any later time, even for coverage for health expenses other than prescription drugs. You should compare your current coverage provided under the EMMSP, including which drugs are covered, with the coverage and cost of plans offering Medicare prescription drug coverage in your area before you make the decision to drop your EMMSP coverage. If you cancel or drop your EMMP coverage without immediately enrolling in both the EMMSP and in Medicare, then you may not be eligible at a later date to enroll in the EMMSP.

When Will You Pay a Higher Medicare Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you do not join a Medicare drug plan within 63 continuous days of losing coverage under the EMMP, the EMMSP or any other prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen (19) months without coverage, your Medicare premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher Medicare premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll, since you did not enroll during the SEP.

For More Information About This Notice or Your Current Prescription Drug Coverage

Contact a Health Plan Services Counselor, ExxonMobil Benefits Administration, by calling 800-262-2363, Monday through Friday, 8:00 a.m. to 3:00 p.m. Central Time, except on holidays. NOTE: You will receive this notice each year. You may receive the notice before you can next enroll in a Medicare drug plan, or if the drug coverage under the EMMP or EMMSP changes. You may also request a copy of this notice at any time.

For More Information About Your Options for Medicare Prescription Drug Coverage

More detailed information about Medicare plans that offer prescription drug coverage can be found in the "Medicare & You" handbook. You should get a copy of this handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can get more information about Medicare prescription drug plans by:

- Visiting www.medicare.gov
- Calling your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

Extra help in paying for a Medicare prescription drug plan is available for people with limited income or resources. For more information about this extra help, visit Social Security on the Web site at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. A copy may also be printed from the www.exxonmobilfamily.com Web site. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice to show whether or not you have maintained creditable coverage, and therefore whether or not you are required to pay a higher Medicare premium (a penalty).

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**ExxonMobil Medicare Supplement Plan / ExxonMobil Medical Plan
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