

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE UNDER THE EXXONMOBIL RETIREE MEDICAL PLAN AND MEDICARE

Please read this notice carefully. Keep it where you can find it. It contains information about prescription drug coverage under the ExxonMobil Retiree Medical Plan (EMRMP) and your options under Medicare's prescription drug coverage. This letter applies to the following options under the EMRMP: Aetna POS II A & B, CIGNA OAPIN, Aetna Select, ExxonMobil Medicare Primary Option (EMMPO) and ExxonMobil Medicare Supplement Plan (EMMSP). 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) is available 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 retiree or survivor, and become Medicare eligible, you are no longer eligible for these options under the EMRMP: POS II A & B, Aetna Select or Cigna OAPIN coverage and are expected to enroll in Medicare Parts A and B and move to the ExxonMobil Medicare Primary Option (EMMPO) as soon as you are eligible. Note that Medicare eligibility may be acquired on account of age or because of disability status under Social Security.

Prescription drug coverage offered by the EMRMP, on average for all plan participants, is expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. If you participate in the EMRMP, your coverage is Creditable Coverage, and you can keep this coverage and not pay a higher Medicare premium (a penalty) should you decide later to join a Medicare drug plan. Effective January 1, 2021, the ExxonMobil Retiree Medical Plan (EMRMP) option for Medicare eligible individuals transitioned from the Medicare Supplement Plan (MSP) option, a self-insured option, to the Medicare Primary Option (MPO), an employer group Medicare Part C arrangement that also includes self-insured prescription drug coverage. For individuals who were Medicare eligible prior to the implementation of the MPO and participated in the MSP after becoming Medicare eligible, coverage under the MSP was considered to be Creditable Coverage and now coverage under the MPO is also Creditable Coverage.

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, from October 15 to December 7.

However, if you lose EMRMP 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 another Medicare Part D, or another Medicare Advantage (Part C) plan (not the EMMPO) that includes drug coverage, your coverage under the EMMPO will end even if you do not cancel or drop your EMMPO coverage. For those participating in the EMMPO, you may only be enrolled in a group Medicare Part D, also referred to as Employer Group Waiver Plan (EGWP) if a former employer enrolls you.

If you cancel or drop your EMRMP coverage, be aware that you will not be able to reenroll in the EMRMP at any later time, even for coverage for health expenses other than prescription drugs. You should compare your current coverage provided under the EMRMP, 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 coverage.

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 EMRMP 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 October to enroll, since you did not enroll during the Special Enrollment Period (SEP).

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

Contact a Service Center Representative at ExxonMobil Benefits Service Center by calling (800) 682-2847, Monday through Friday, 7:00 a.m. to 5:00 p.m. Central Time, except on certain holidays. For TDD communication services for the hearing impaired, call toll-free (800) TDD- TDD4 (833-8334).

Effective January 1, 2024, the EMBSC contact information will be updated to:

Toll-free Phone Number: (833) 776-9966 from Monday through Friday 8 a.m to 4 p.m Central Time, except on holidays.

Mailing address: Dept 02694, PO Box 64116, The Woodlands, TX, 77387-4116

NOTE: You will get this notice during the twelve months before you can next enroll in a Medicare drug plan, or if the drug coverage under the EMRMP changes so that it is not expected to pay out as much as standard Medicare prescription drug coverage pays. 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 Website 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 Website. 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).

2023

ExxonMobil Retiree Medical Plan Service Center Representative / ExxonMobil Benefits Service Center

During 2023: P.O. Box 18025, Norfolk, VA 23501-1867 / (800)-682-2847

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