



# Your Guide to 2025 Health Benefits

Wellbeing at Work and Beyond | Benefitting You

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**Annual Enrollment**  
**October 16—November 1, 2024**

**ExxonMobil**



# Annual Enrollment October 16—November 1, 2024

ExxonMobil strives to develop the most talented workforce to take on the world's toughest energy challenges. We're committed to supporting our employees throughout their whole careers. That means competitive total rewards, teammates who support and inspire, and the flexibility to explore multiple challenges and roles.

We have a wide range of offerings designed to support you personally and professionally at every stage of life during your career. Many times, your benefits will fuel you to be at your best. Other times, they will give you the resilience to face challenges as they arise. All the time, they will be there as you balance life day to day.

Annual Enrollment (AE) is the only time you can enroll or make changes to your health benefits for the 2025 plan year, unless you experience a change in status during the year. Take this opportunity to review your health benefits coverage, learn about changes for next year and continue to play an active role in your health care and wellbeing decisions to find coverage that best fits your needs.

## Your Action Checklist

Here's your checklist for taking an active role in choosing your health benefits:

Your Action	More Information
✓ Understand the <b>changes</b> for <b>2025</b> and how they might impact you. Most of your benefits will stay the same.	Pages 5-9
✓ Get the <b>facts</b> you need to choose your health benefits coverage and use it wisely throughout the year.	Pages 10-19
✓ Find and <b>compare</b> health care <b>costs</b> between medical plan options now and compare providers and facilities anytime, anywhere.	Log on to <b>Blue Cross and Blue Shield of Texas</b> (BCBSTX) ( <a href="https://bcbstx.com/exxonmobil">bcbstx.com/exxonmobil</a> ) or call <b>877-278-5214</b> Monday – Friday, 7 am–6 pm CST.
✓ <b>Enroll</b> during the AE period, October 16 – November 1, 2024 until 11:59 pm CST.	Review your coverage and make any election changes for 2025 by clicking on "It's time to make your benefits choices" on the <b>Your Total Rewards</b> portal ( <a href="https://digital.alight.com/exxonmobil">digital.alight.com/exxonmobil</a> ). You can follow the enrollment instruction guide found at <a href="https://exxonmobilfamily.com/en/annual-enrollment">exxonmobilfamily.com/en/annual-enrollment</a> under the "Enroll in Benefits" section.  <b>Tips:</b> <ul style="list-style-type: none"> <li>• Check that all your personal information—like your home address, email and phone number is up to date.</li> <li>• Keep the confirmation for your records.</li> <li>• You can also log in using the Alight Mobile app (available through Apple App Store or Google Play).</li> <li>• We encourage you to enroll online. Enrollment by phone is available at <b>833-776-9966</b>.</li> </ul>
✓ <b>Note:</b> If you do not make an enrollment election during AE, see page 3 to understand the health care coverage you'll default to.	
✓ Reach out if you need <b>help</b> during the AE period.	For enrollment/eligibility questions, contact a benefits representative at <b>833-776-9966</b> (Monday – Friday, 8 am–4 pm CST during the enrollment period).

*This enrollment guide is a supplement to the Summary Plan Descriptions (SPDs) for the ExxonMobil Medical Plan, ExxonMobil Dental Plan, ExxonMobil Vision Plan and the ExxonMobil Pre-Tax Spending Plan. It is a summary of all material modifications that are effective January 1, 2025, and should be retained with your SPDs.*

# Do I Need to Enroll?

As our health carriers are changing for 2025, we encourage you to review your current coverage and confirm any election changes for 2025. If you do not enroll, you and any dependents currently enrolled will be automatically defaulted into the below health coverage for 2025:

## Annual Enrollment Period

WEDNESDAY



You can elect, change or cancel coverage for 2025

FRIDAY  
11:59 pm CST



Coverage You Have in 2024	Coverage You Will Have in 2025 if You Do Not Enroll
<b>ExxonMobil Medical Plan</b>	<b>ExxonMobil Medical Plan*</b>
<ul style="list-style-type: none"> <li>Aetna POS II A</li> <li>Aetna POS II B</li> <li>Aetna Select</li> <li>Cigna OAPIN</li> <li>No coverage</li> </ul>	<ul style="list-style-type: none"> <li>PPO A</li> <li>PPO B</li> <li>EPO**</li> <li>No coverage</li> </ul>
<b>ExxonMobil Dental Plan</b>	<b>ExxonMobil Dental Plan</b>
<ul style="list-style-type: none"> <li>Coverage through Aetna</li> <li>No coverage</li> </ul>	<ul style="list-style-type: none"> <li>Coverage through Delta Dental</li> <li>No coverage</li> </ul>
<b>ExxonMobil Vision Plan</b>	<b>ExxonMobil Vision Plan</b>
<ul style="list-style-type: none"> <li>Coverage through UnitedHealthcare</li> <li>No coverage</li> </ul>	<ul style="list-style-type: none"> <li>Coverage through MetLife Superior</li> <li>No coverage</li> </ul>
<b>Flexible Spending Accounts (FSAs)</b>	<b>Flexible Spending Accounts (FSAs)</b>
<ul style="list-style-type: none"> <li>Administered by Inspira Financial</li> </ul>	<ul style="list-style-type: none"> <li>Administered by MetLife</li> <li>No contributions unless you make an active election***</li> </ul>

\* All options with Blue Cross and Blue Shield of Texas (BCBSTX) for medical and Express Scripts for prescription drugs.

\*\* One Network-Only option.

\*\*\* If you want to contribute to a new or existing Health Care and/or Dependent Care FSA, you must make an active election in the [Your Total Rewards](#) portal.

## Beneficiaries

Please make sure the beneficiaries you've designated for your benefit plans are up to date. When your designations are up to date, the beneficiary payment process goes more smoothly and quickly. Visit the:

- **Your Total Rewards** portal to review your Life Insurance, Pension and Disability Plan beneficiaries.
- **Voya portal** ([xomsavings.voya.com](https://xomsavings.voya.com)) to review your Savings Plan beneficiaries.

## Why We Review Our Benefits Each Year

Each year we review our benefits and adjust them so we can:

- **Continue to offer a comprehensive benefits package.** We're always looking for new and better ways to help enable good health and financial stability throughout your career and retirement.
- **Make sure our benefits are competitive.** Our benefits align with and support the Company's core principles and business strategy and are designed to attract and retain talented employees for a long-term career.
- **Offer you meaningful benefits at an affordable cost.** We demonstrate this through a substantial investment in benefits to support you and your family as you balance each stage of life during your career.



# Who's Eligible for Coverage

If you are enrolled in health care coverage, you may also enroll your eligible family members in medical, dental and vision coverage for 2025, provided they are:

- Your legal spouse
- Your natural child, stepchild or adopted child until they reach age 26
- A child over age 26 who is disabled or incapable of self-sustaining employment
- An eligible family member over whom you have court-appointed legal guardianship or conservatorship
- An eligible family member recognized under a qualified medical child support order

You will be asked to confirm your family member's eligibility status upon initial enrollment.

## Covering a Disabled Adult Child

You may continue covering an eligible dependent child after age 26 if they:

- Are totally and continuously disabled and incapable of self-sustaining employment by reason of mental or physical disability;
- Meet the definition of a dependent by the Internal Revenue Service;
- Were covered as an eligible family member under this plan immediately prior to their 26th birthday; and
- Met the clinical definition of totally and continuously disabled before age 26 and continue to meet the clinical definition through subsequent periodic reassessments.

You may be asked to verify your disabled child's disability on a periodic basis.

# Important Reminders

- You need to ensure your enrolled family members are still eligible. If your family member is no longer eligible for coverage, you must notify a benefits representative. Failure to provide notification about a family member who is no longer eligible (for example, a former spouse) can result in your loss of eligibility for the health plans, and you will be required to reimburse the plan for any claims paid after the loss of eligibility for any ineligible person(s). You may also be subject to discipline up to and including termination of employment.
- There are three ways to get help:
  - Contact a benefits representative at **833-776-9966**.
  - In the **Your Total Rewards** portal, go to "Contact Us," "General Information" and select "Chat With Us" to initiate a web chat (during customer care hours).
  - Schedule an appointment by selecting the Annual Enrollment tile from the home page and clicking "Need help with benefit choices?"
- If you have a change in status, the window for making any benefits changes is 30 days for most events (new hire, birth of child, marriage, etc.). You will still have 60 days if you get a divorce, or if you/spouse/covered dependent gain or lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage.





# What's New for 2025

## New Health Carriers

To address health care cost escalation, manage your out-of-pocket costs, improve your network access and ensure we maintain strong customer service, clinical and care management focus, we've selected new carriers for our health plans. Because of these changes, starting **January 1, 2025**, you'll have new contact information for each of these plans.

### Medical Plan

#### Blue Cross and Blue Shield of Texas (BCBSTX)

[bcbstx.com/exxonmobil](https://bcbstx.com/exxonmobil)

(goto/bcbs with a company device)

When you get your new ID card, go to [bcbstx.com/member](https://bcbstx.com/member) and click **Log In or Sign Up**. Follow the steps to create an account on Blue Access for Members (BAM) using the information from your ID card or download the BCBSTX app.

**877-278-5214**

(Monday - Friday, 7 am-6 pm CST\*) Starting in 2025, you can call 24/7.

**Note:** Express Scripts will continue to be your prescription drug provider.



**BlueCross BlueShield**  
of Texas

### Vision Plan

#### MetLife Superior

[metlife.com/info/exxonmobil](https://metlife.com/info/exxonmobil)

(goto/metlifevision with a company device)

When you get your new ID card, go to [mybenefits.metlife.com](https://mybenefits.metlife.com), type ExxonMobil as your organization and follow the steps to register.

**1-833-EYE-LIFE**

(Monday - Friday, 7 am-8 pm CST\*)



### Dental Plan

#### Delta Dental

[www1.deltadentalins.com/exxonmobil](https://www1.deltadentalins.com/exxonmobil)

(goto/deltadental with a company device)

When you get your new ID card, go to [www1.deltadentalins.com/login](https://www1.deltadentalins.com/login), click **log in** and then create an account.

**833-459-1169**

(Monday - Friday, 7 am-7 pm CST\*)



### Flexible Spending Accounts (FSAs)

#### MetLife

[healthsavingsandspending.metlife.com](https://healthsavingsandspending.metlife.com)

(goto/metlifefsa with a company device)

For your first-time login, click **Get Started** button below the New User? section.

**833-675-2831**

(Monday - Friday, 7 am-7 pm CST\*)



\* Except certain holidays.

## Transition to the New Carriers

Beginning January 1, 2025, medical, behavioral health and substance use disorder services will be provided by Blue Cross and Blue Shield of Texas (BCBSTX), your new medical carrier. Dental services will be provided by Delta Dental and vision services will be available through MetLife's Vision - Superior.

Please read the following information to understand what this change means for you.

**Look for your ID Cards** – Before year end, you will receive new medical, dental and vision ID cards in the mail with information on how to set up your accounts. They will be delivered to the address you have set up in the **Your Total Rewards** portal. You can also find digital ID cards on the carrier websites.

**Check to see if your provider is in the network** – If so, there's nothing more you need to do.

**Take next steps if your provider is not in the network** – If your provider is not in the network, feel free to nominate your provider to join the network using the new carriers' websites. You may also be eligible for **Transition of Care (TOC)** for medical, behavioral health, prescription drugs and dental services.

## Transition of Care (TOC)

TOC allows you to continue care for certain "covered health services" with your current provider at the in-network benefit level for a period of time. When this period of time ends, you must transfer to an in-network provider to continue to receive coverage at the in-network benefit level.

### MEDICAL TOC

- **Am I eligible for TOC?** To be eligible for TOC, you must meet the following guidelines:
  - Your current provider doesn't participate in the network with BCBSTX but is currently an in-network provider with Aetna or Cigna
  - You/your covered dependent:
    - Is undergoing a course of treatment for a serious and complex condition
    - Is scheduled for nonelective surgery, including receipt of postoperative care
    - Is pregnant and undergoing a course of treatment for the pregnancy
    - Is or was determined to be terminally ill and is receiving treatment for such illness
- **How to apply for TOC benefits**
  1. Call Members Services at **877-278-5214**. They'll check your provider's network status and provide you with a Transition of Care Request form if applicable
  2. You and your provider will complete the **Transition of Care (TOC) form ([bcbstx.com/docs/forms/provider/tx/transitional-care-request-tx.pdf](https://bcbstx.com/docs/forms/provider/tx/transitional-care-request-tx.pdf))**, then submit it
  3. If approved, BCBSTX will authorize ongoing services for up to 90 days at the in-network benefits level
  4. Both you and your provider will receive an authorization letter from BCBSTX
- **What happens with approved prior authorizations?** You don't need to apply for TOC benefits if you're receiving services from a hospital or facility that does require precertification/prior authorization. For example, approvals may be in place for inpatient admissions and residential treatment center admissions. In these cases, BCBSTX will contact your current medical carrier and determine the medical necessity of continued care. There's nothing more you need to do.

**Inpatient Care** – If you are hospitalized or being treated on an intermediate care basis (i.e., residential, partial/day, intensive outpatient) when you move to BCBSTX, coverage will continue under your current program until you are discharged or transitioned to a less intensive level of care. BCBSTX will work with your current care representative.

### Outpatient Care and Applied Behavior Analysis (ABA) –

If you are receiving treatment for covered services from a provider that is not in the network when you move to BCBSTX, you may request transition of care for up to 90 days. If you are still in treatment with the out-of-network provider after 90 days, outpatient care will be covered at the non-network benefit level if you are enrolled in PPO A or PPO B (EPO is a network-only option).

Apply for TOC or ask any questions by calling Customer Service at **877-278-5214** on weekdays from 7 am–6 pm CT. After January 1, 2025, Customer Service is available 24/7/365, except on major holidays.

### DENTAL TOC

Your dental carrier is changing to Delta Dental Insurance Company on January 1, 2025. This is your effective date of coverage. In general, procedures started before this date are the responsibility of your previous carrier, while procedures started on or after this date are handled by Delta Dental. Here's how payment is determined:

- **Root canals:** If you started treatment before January 1, 2025, your previous carrier is responsible for any later treatment.
- **Crowns:** If the crown is placed on or after January 1, 2025, it is covered by Delta Dental.
- **Orthodontics:** Your previous carrier will pay for treatment before January 1, 2025, and Delta Dental will cover treatment starting after that date. Same as 2024, your dental plan pays 50% of covered charges with no deductible up to the orthodontic lifetime limit of \$2,000 per person for orthodontic services. Delta Dental will pick up payments for your orthodontic treatment where your previous carrier left off. To continue coverage into 2025, let your orthodontist know you're switching to Delta Dental Insurance Company. Your orthodontist will need to submit a claim form that includes the banding date, total case fee and length of treatment to the following address:  
Delta Dental Insurance Company  
P.O. Box 1809  
Alpharetta, GA 30023-1809

For any questions, contact Delta Dental at **833-459-1169** and a representative will be able to further assist you.



### PRESCRIPTION DRUGS TOC

(applicable to Cigna OAPIN members only)

Express Scripts will be assisting in the process by:

- Transferring any home delivery (mail order) prescriptions that have remaining refills available
- Sending member communications for any prior authorizations that have an expiration on or after 1/1/2025 as these may require a new authorization
- Sending member communications to members who may be utilizing a retail pharmacy that will no longer be in-network

For any questions, contact Express Scripts at **800-695-4116** and a representative will be able to further assist you.

Note: if you are currently enrolled in an Aetna option (POS II A, POS II B and Aetna Select) of the EMMP/EMRMP, your prescription drug authorizations will automatically transfer so there is nothing you need to do.

## Medical Plan

- **Plan names.** The names of the options will change.

Current Plan Options	New Plan Options in 2025
<b>Aetna POS II A</b> →	<b>PPO A</b> (Preferred Provider Organization A) <i>In-network and non-network coverage—lowest monthly contributions, highest deductible and copays</i>
<b>Aetna POS II B</b> →	<b>PPO B</b> (Preferred Provider Organization B) <i>In-network and non-network coverage—higher monthly contributions, lower deductible and copays</i>
<b>Aetna Select</b> → <b>Cigna OAPIN</b> →	<b>EPO</b> (Exclusive Provider Organization) <i>Only available in some locations</i> <i>In-network coverage only—highest monthly contributions, no deductible and lowest copays</i>

- **Plan contributions.** Good news! Contributions will increase slightly or stay the same depending on the plan option you choose and who you cover.
- **Bariatric surgery.** The EPO option will now cover this procedure, so all three plan options will provide coverage at the applicable cost share. The \$25,000 lifetime maximum will no longer apply. To be covered, you must receive the services through one of the Blue Distinction Centers (BDC). Travel benefits will be provided, if applicable.
- **Behavioral health intensive outpatient and partial hospitalization services.** To ensure proper care management and monitoring, you will need prior authorization before receiving partial hospitalization and intensive outpatient services.
- **Chiropractic care.** Your coverage will no longer be capped at the \$1,000 annual maximum. The 20-visit per year maximum will stay the same.
- **Diabetic supplies.** The plan will now cover these supplies under the medical benefit, at the applicable cost share (subject to deductible).
- **Digital wellness coaching with personalized guidance and support.** The plan will cover digital coaching, which includes personalized guidance and support through BCBSTX's [Well onTarget \(wellontarget.com\)](https://www.wellontarget.com).
- **Foot orthotics and routine foot care.** Coverage for these services will be expanded to include other conditions in addition to diabetes, such as circulatory disorders.
- **Gene therapies.** The plan will cover specific gene therapies approved by Express Scripts in facilities that are in-network with BCBSTX. These therapies are subject to a medical necessity review and prior authorization.
- **Ground ambulance transportation.** The 100-mile limit will no longer apply, so there is no distance limit.
- **Hearing aids.** The plan will cover repair, maintenance and battery replacement, along with one pair of physician-prescribed hearing aids every three years, with applicable cost share. You will no longer have your coverage capped at \$2,500.
- **Hearing exams.** There will no longer be an age limit (currently covered up to age 7).
- **Marriage therapy.** The plan will cover this service when linked to a behavioral health diagnosis at the applicable cost share. Family therapy is already covered.
- **Maternity and newborn inpatient care stays.** The plan will cover a 48-hour stay for vaginal delivery and a 96-hour stay for a caesarean (C-section) delivery.
- **Oral surgery.** For the PPO options, the plan will cover surgery at in-network or non-network levels depending on the provider's network status. EPO option covers at the in-network level only.
- **Organ transplants.** All medical plan options will cover travel benefits if the travel distance is more than 50 miles.
- **Physical therapy (PT), occupational therapy (OT) and speech therapy (ST).** Subject to medical review, the plan will cover up to 60 sessions for a combination of PT and OT and up to 30 sessions for ST, at applicable copay or coinsurance percentage, depending on site of care. Additional visits may be approved if they meet medical necessity.
- **Second opinion services.** You will have access to second opinion services through My Medical Ally.
- **Specialty drugs.** Specialty drugs will have a separate tiering structure. See page 13.
- **Telemedicine services.** Virtual visits will be available through MDLIVE (24/7 general medicine and mental health).
- **Travel immunizations.** Along with the PPO options, the EPO will now cover 100% of travel-related immunizations.
- **Vision therapy.** The 12-visit per year maximum for vision therapy will no longer apply. For your plan to cover vision therapy, you still need a medical review to make sure the therapy is medically necessary.
- **Voluntary non-network claims.** If you are enrolled in PPO A or PPO B and you choose to use non-network facilities and professionals in a non-emergency situation, the plan will reimburse the cost for services up to 150% of the Medicare Fee Schedule (MFS) amount (which is the basis for how reimbursement is calculated).



## Dental Plan

- **Plan contributions.** Your monthly contributions will remain the same.
- **Fluoride treatments.** The age limit for dependent children to receive up to two fluoride treatments per calendar year will increase from age 16 to age 18, aligned with the American Dental Association and Delta Dental standard coverage.

## Vision Plan

- **Plan contributions.** Great news, monthly premiums will decrease!
- **Blue light protection.** There will be \$0 copay when in-network.
- **Elective and medically necessary contact lenses discount.** There will be a discount of 20% for conventional and 10% for disposable contact lenses in addition to regular in-network and non-network coverage (check if your provider participates in Superior Vision Discounts).
- **Eye exams.** The plan will continue to cover one exam a year for all participants and up to two exams a year for dependent children up to age 18 and adults with diabetes (Type 1 or Type 2).
- **Frames discount.** In addition to the current \$150 allowance for in-network frames, a 20% discount will also apply.
- **Laser surgery.** The discount will be 20% to 50% off the national average price of LASIK.
- **Lens tint options.** You will pay up to \$15 for a solid plastic or up to \$18 for a plastic gradient when in-network.
- **Medically necessary contact lenses.** There will be \$0 copay (currently \$35 copay) when in-network.
- **Photochromic lenses.** You will pay up to \$80 when in-network.
- **Polarized lenses.** The plan will cover polarized lenses up to a \$75 out-of-pocket maximum.
- **Polycarbonate lenses.** There will be \$0 copay when in-network for either adults or children.
- **Progressive lenses.** You will receive an \$80 allowance to use toward these lenses when obtained not in-network.
- **Ultraviolet lens treatment.** You will pay up to \$12 when receiving in-network care.

## Pre-Tax Spending Plan

### For money you contribute to the account(s) in 2024

- **Health Care FSA and Dependent Care FSA.** For expenses you incur in 2024, you have until April 15, 2025 to submit your claim for reimbursement. If any information is missing, you will only have until April 30, 2025, to provide it. If you don't meet that deadline, the claim will be denied.

### For money you contribute to the account(s) in 2025

- **Debit card.** If you elect to contribute to a Health Care and/or Dependent Care FSA in 2025, MetLife will mail you a debit card during December 2024. You can use this one card to pay for eligible expenses directly from your account(s).
- **Health Care FSA.** The following changes apply if you contribute to this account in 2025:
  - **Contribution limit.** It will increase to \$3,200 in 2025.
  - **Carryover maximum** (from 2024 to 2025). It will increase to \$640. Because of the carrier change, any carryover amount from 2024 will be available for you to use starting May 2025.
  - **When you submit expenses.** You will be able to submit 2025 eligible expenses between January 1, 2025, and March 31, 2026. No late submissions will be allowed.
- **Dependent Care FSA.** The following changes apply if you contribute to this account in 2025:
  - **When you incur expenses.** You will be able to incur eligible expenses between January 1, 2025, and March 15, 2026, and use money you contributed in 2025 to pay for those expenses.
  - **When you submit expenses.** You will be able to submit eligible expenses between January 1, 2025, and March 31, 2026, to be paid with the money you contributed in 2025. No late submissions will be allowed.

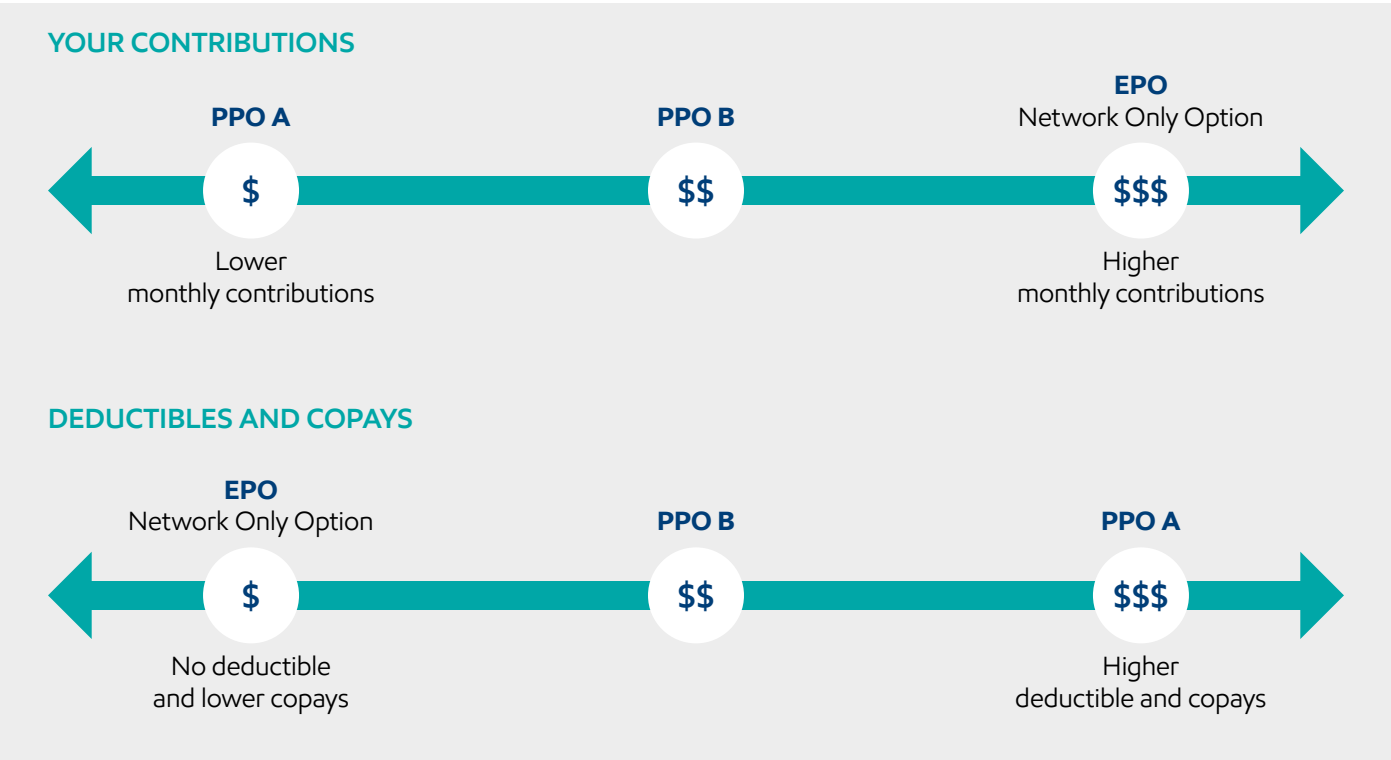
# Enrolling in Benefits That Matter

Which medical plan option should you choose? It depends on your health care needs and your personal preferences. There are a few things to think about as you decide. You can also compare all three of your medical plan options in the **Your Total Rewards** portal when making your Annual Enrollment elections.

**? Would you rather pay more in contributions OR more when you need care?**

If you prefer to pay less when you need care, consider the EPO option with no deductible and lower copays. Keep in mind, you'll pay higher contributions out of your paycheck. If you don't have many health care needs, this plan option may end up costing you more.

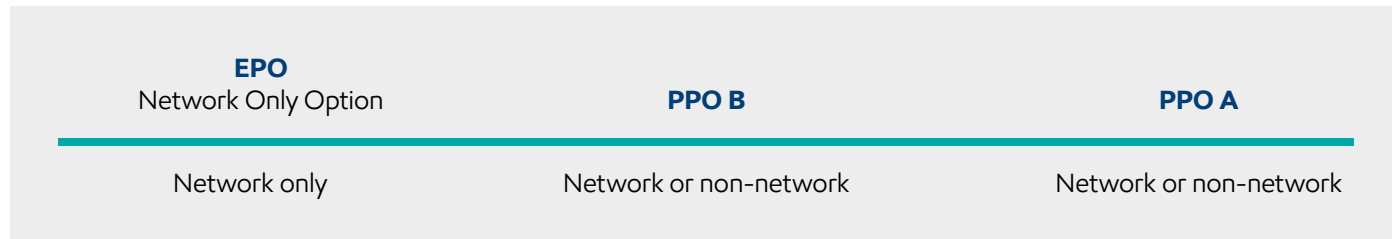
If you prefer to pay lower contributions from your paycheck, you should consider the PPO options. These options offer lower monthly contributions, but the deductibles and copays are higher, which means you will pay more when you get care.





## ? Are you comfortable getting all of your care from network providers?

The EPO requires you to use only network providers for care. It has an extensive network of providers and facilities, so if you see a non-network doctor or use a non-network facility, you will pay 100% of the cost. We strongly recommend you work with a primary care physician to coordinate your care.



## ? Have you reached your annual out-of-pocket maximum during the last two years?

The annual out-of-pocket maximum is an important consideration if you've had extensive health care claims the last two years or expect high claims in the future. The ExxonMobil Medical Plan pays for 100% of eligible health care expenses after you reach the out-of-pocket maximum in a plan year.

The EPO, which is the Network Only option, has a lower out-of-pocket maximum than the PPO options.



### Protection From Surprise Billing

When you get emergency care or get treated by a non-network provider at a network hospital or facility, you are now protected from "surprise billing." What is surprise billing? It's what happens when you receive an unexpected bill or charge from a provider who you have no control over, such as an anesthesiologist or radiologist at an in-network facility. Your plan will treat this as an in-network charge, which reduces your financial exposure. Learn more at [exxonmobilfamily.com/en/annual-enrollment/legal-notices](https://exxonmobilfamily.com/en/annual-enrollment/legal-notices).





# ExxonMobil Medical Plan



## Network vs. Non-Network Providers

BCBSTX negotiates with doctors, hospitals and other providers to charge less for services received in-network. When you choose a provider who is “in-network,” it means you will pay less out of pocket. Different plan options are available to you depending on where you live.

**PPO A or PPO B:** If you see a non-network provider, you will pay a higher coinsurance percentage and will have a higher out-of-pocket maximum. You may also be responsible for additional costs if your provider charges more than similar providers in your area (called the Reasonable & Customary limit).

**EPO:** You will pay the full cost for non-network services.

Compare coverage for services under the three medical plan options available.

	PPO A		PPO B		EPO
	In-network you pay*	Non-network you pay	In-network you pay*	Non-network you pay	Network only, you pay
<b>Annual deductible</b>					
▪ Individual	\$600	\$800	\$400	\$500	\$0
▪ Family	\$1,200	\$1,600	\$800	\$1,000	
<b>Preventive care</b>	\$0	\$0	\$0	\$0	\$0
<b>Office visit</b>					
▪ PCP	\$40 copay	45% after deductible	\$25 copay	40% after deductible	\$25 copay
▪ Specialist	\$60 copay	45% after deductible	\$45 copay	40% after deductible	\$45 copay
<b>Telemedicine</b>	\$40 copay	Not applicable	\$25 copay	Not applicable	\$25 copay
<b>Urgent care</b>	\$60 copay	45% after deductible	\$45 copay	40% after deductible	\$60 copay
<b>ER</b>	\$150 copay + 25% after deductible	\$150 copay + 25% after deductible	\$150 copay + 20% after deductible	\$150 copay + 20% after deductible	\$150 copay + 10%
<b>Ambulance</b>	25% after deductible	25% after deductible	20% after deductible	20% after deductible	10%
<b>Inpatient care</b>	\$300 copay + 25% after deductible	\$600 copay + 45% after deductible	\$200 copay + 20% after deductible	\$400 copay + 40% after deductible	10%
<b>Outpatient care</b>	25% after deductible	45% after deductible	20% after deductible	40% after deductible	10%
<b>Annual medical out-of-pocket maximum</b>					(includes Rx)
▪ Individual	\$4,500	\$18,000	\$3,000	\$15,000	\$3,000
▪ Family	\$9,000	\$36,000	\$6,000	\$30,000	\$6,000

\* In-network charges apply if you live in a remote location that is designated as “out-of-network area.” If you are not able to find an in-network provider, contact BCBSTX Member Services for information on the plan’s alternate network deficiency benefit. If BCBSTX confirms a network provider is not available for the services you need, they will authorize use of a designated non-network provider for your care.



## Prescription Drug Coverage

Non-Specialty Drugs	PPO A	PPO B	EPO*
<b>Up to 34-day fills</b> (from participating retail locations)			
▪ Generic	30% (\$60 max)	30% (\$50 max)	\$15 copay
▪ Preferred brand	30% (\$130 max)	30% (\$125 max)	30% (\$125 max)
▪ Non-preferred brand	50% (\$200 max)	50% (\$200 max)	50% (\$200 max)
<b>90-day fills</b> (mail order or participating retail locations)			
▪ Generic	25% (\$120 max)	25% (\$100 max)	\$30 copay
▪ Preferred brand	25% (\$260 max)	25% (\$250 max)	25% (\$200 max)
▪ Non-preferred brand	50% (\$400 max)	50% (\$400 max)	50% (\$400 max)
Specialty Drugs	PPO A	PPO B	EPO
<b>Up to 34-day fills</b> (from participating retail locations)			
▪ Generic	30% (\$120 max)	30% (\$100 max)	30% (\$120 max)
▪ Preferred brand	30% (\$260 max)	30% (\$250 max)	30% (\$250 max)
▪ Non-preferred brand	50% (\$400 max)	50% (\$400 max)	50% (\$400 max)
<b>Up to 90-day fills</b> (from mail order or participating retail locations)			
▪ Generic	25% (\$240 max)	25% (\$200 max)	25% (\$240 max)
▪ Preferred brand	25% (\$520 max)	25% (\$500 max)	25% (\$500 max)
▪ Non-preferred brand	50% (\$800 max)	50% (\$800 max)	50% (\$800 max)
<b>Annual prescription drug out-of-pocket maximum</b>			
▪ Individual	\$2,500	\$2,500	Included in medical
▪ Family	\$5,000	\$5,000	out-of-pocket maximum

## 2025 Medical Plan Contributions

Coverage tiers	PPO A	PPO B	EPO*
	Monthly contributions	Monthly contributions	Monthly contributions
<b>Participant only</b>	\$105	\$184	\$195
<b>Participant + spouse</b>	\$280	\$407	\$430
<b>Participant + child(ren)</b>	\$277	\$390	\$412
<b>Family</b>	\$426	\$660	\$696

\* The EPO Network Only option is available in some geographic locations.

**Note:** The contributions shown do not reflect the Culture of Health (CoH) rate. See below for CoH savings you can achieve.

For more detailed plan information, please refer to the Summary Plan Descriptions at [exxonmobilfamily.com](http://exxonmobilfamily.com).



### Important Savings Reminder

If you earn the Culture of Health (CoH) rate by fulfilling the requirements every year, you can reduce your monthly contributions for the next calendar year by:

- \$30/month for participant only coverage
- \$60/month for participant + spouse coverage
- \$60/month for participant + child(ren) coverage
- \$90/month for family coverage



**Note!** The Well onTarget health assessment/survey is separate and does not count toward the CoH Rate Program. Instead, it's another tool to participate in **digital coaching**, and other resources to get and stay healthy!

The **Well onTarget (wellontarget)** program gives you access to one-on-one coaching to help with accountability, motivation and education. You can set goals to manage stress, quit tobacco, eat better and much more. Choose a program, set a goal and get started with small steps in the right direction. For more information, visit **Well onTarget**.



# ExxonMobil Dental Plan

With the ExxonMobil Dental Plan, you get comprehensive coverage, plus the plan covers preventive care at no cost to you. You can visit any dentist for your care, but choosing a dentist in the Delta Dental PPO network will save you money.

To find a provider near you, visit [www1.deltadentalins.com/group-sites/exxonmobil.html](http://www1.deltadentalins.com/group-sites/exxonmobil.html).

## Summary of Coverage

<b>Delta Dental network</b>	Delta Dental PPO or Delta Dental Premier Network
<b>Annual dental maximum*</b>	\$2,000 per covered person
<b>Annual deductible*</b>	\$50 individual/\$150 family

\* Applies to general and major services only.

Covered services	You pay**
<b>Preventive services***</b> Diagnostic exams and cleanings, diagnostic X-rays, fluoride treatment for dependents up to age 18 and sealants	\$0
<b>General services</b> Tooth extractions, root canals and fillings and debridement once per lifetime	20%
<b>Major services</b> Dentures, fixed bridges or implants and permanent crowns	50%
<b>Orthodontic services</b> Orthodontia lifetime maximum benefit is \$2,000 per covered person	50%

\*\* Reasonable and customary (R&C) limits apply to non-network providers and services.

\*\*\* Limits on the number of services covered per year apply.

For more detailed plan information, please refer to the Dental Plan Summary Plan Description at [exxonmobilfamily.com](http://exxonmobilfamily.com).

## 2025 Dental Plan Contributions

Coverage tiers	Monthly contributions
<b>Participant only</b>	\$30
<b>Participant + spouse</b>	\$60
<b>Participant + child(ren)</b>	\$60
<b>Family</b>	\$89

### For More Information

Visit [www1.deltadentalins.com/group-sites/exxonmobil.html](http://www1.deltadentalins.com/group-sites/exxonmobil.html) or call 833-459-1169  
Monday - Friday, 7 am-7 pm CST.







The ExxonMobil Vision Plan covers one comprehensive eye exam as well as one pair of lenses and frames or contact lenses each calendar year. The plan also provides discounts on additional glasses or contact lenses, prescription sunglasses and laser eye surgery.

## Summary of Coverage

Service	In-network you pay	Non-network you pay
<b>Comprehensive exam*</b>	\$0	Anything over \$40
<b>Retinal screening photography</b>	\$0	100%
<b>Materials</b> (frames, lenses)	\$35 copay	Copay not applicable
<b>Materials</b> (contact lenses)	\$0	Copay not applicable
<b>Contact lenses fitting and follow up</b>	Contact lens fitting (standard**): Covered in full Contact lens fitting (premium**): \$50 allowance	100%
<b>Frames</b> ▪ Private practice and retail chain providers	Anything over \$150	Anything over \$45
<b>Spectacle lenses</b> ▪ Single vision ▪ Bifocals ▪ Trifocals ▪ Lenticular	\$0	Anything over: \$40 \$60 \$80 \$80
<b>Lens options</b> ▪ Progressive (Standard/Premium/Ultra Ultimate) ▪ Standard scratch resistant coating ▪ Anti-Reflective (Standard/Premium/Ultra/Ulimate) ▪ Standard Polycarbonate lenses (adult and dependent child) ▪ Blue Light Filtering	\$0	Anything over \$80 100%
<b>Contact lenses</b>		
▪ Medically necessary contact lenses	\$0	Anything over \$210
▪ Elective contact lenses (in lieu of eyeglasses)	Anything over \$200	Anything over \$200

\* One additional exam for dependent children up to age 18 every calendar year; one additional exam for participants with Type 1 or Type 2 diabetes with ophthalmological condition or participants with glaucoma and age-related macular degeneration (AMD), every 12 months.

\*\* Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wears toric, gas permeable or multi-focal lenses.

## In-Network Value Added Features

- **Laser vision correction:** Savings of 20% to 50% off the national average price of traditional LASIK are available at over 1,000 locations across our nationwide network of laser vision correction providers. Contact QualSight LASIK at **877-201-3602** for more information.
- **Additional savings on:\*\*\***
  - **Prescription glasses and nonprescription sunglasses:** 20% savings on additional pair.
  - **Lens enhancements:** 20 to 25% savings on all lens enhancements not otherwise covered by your plan.
  - **Contacts:** 10% off any amount over your disposable contact lens allowance or 20% off any amount over conventional contact lens allowance, and 10%-20% off on additional contacts.
  - **Frames:** 20% off any amount over your frames allowance.
  - **Additional exams:** 30% savings on additional exams.
- **Hearing discounts:** A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

\*\*\* Prior to scheduling a visit, check with your provider to confirm if the discounts are offered at that location.

## 2025 Vision Plan Premiums

Coverage tiers	Monthly premiums
<b>Participant only</b>	\$8.64
<b>Participant + spouse</b>	\$17.42
<b>Participant + child(ren)</b>	\$15.81
<b>Family</b>	\$26.86



# ExxonMobil Pre-Tax Spending Plan

Flexible Spending Accounts (FSAs) let you pay for eligible out-of-pocket health care and/or dependent care expenses with pre-tax dollars.

## How It Works

**1 To participate in an FSA, you must elect an annual amount to contribute to your FSA each year.**

- The annual maximum is \$3,200 for a Health Care FSA, and the annual maximum for the Dependent Care FSA is \$5,000. (If you are single, or married and file separate tax returns, the maximum for the Dependent Care FSA is \$2,500.)

**2 Your annual contribution amount is divided into the number of paychecks you'll receive.**

- Each pay period, your FSA contributions will be taken out of your paycheck on a pre-tax basis and deposited into your FSA(s).


**3 You can then use the funds to pay for eligible expenses in 2025.**

- Eligible health care expenses include your medical plan deductible, copays and coinsurance, prescription drugs, dental care and more. To track your account balance and submit expenses, simply visit [HealthSavingsAndSpending.MetLife.com](https://HealthSavingsAndSpending.MetLife.com). For your first-time login, click the "Create your new username and password" link.
- Verify - or "substantiate" - the expenses you pay with your debit card. This brief video shows you [How to Substantiate Your FSA Debit Card Transaction \(players.brightcove.net/64298592001/experience\\_62fbc3d884f72a0026b02b51/share.html\)](https://players.brightcove.net/64298592001/experience_62fbc3d884f72a0026b02b51/share.html).

## Expense Details

Over-the-counter medications with or without a prescription and menstrual care products qualify for reimbursement under the Health Care FSA.

Eligible dependent care expenses include child care for dependents under age 13 or care for adults who are physically or mentally disabled and live with you.



For general questions regarding your Health Care FSA and Dependent Care FSA, please contact the MetLife Customer Service Center at **833-675-2831**, Monday - Friday, 7 am-7 pm, CST (except certain holidays).

FSA Tips

Keep in mind that if you elect to put money in an FSA, it’s generally designed for you to spend on eligible expenses in that calendar year. Here are ways the plan gives you some flexibility.

Health Care FSA

2024	2025												2026		
If you have money left in your account on December 31, 2024, you can <b>carryover</b> up to \$640 to use in 2025. You'll forfeit anything over \$640. Any amount you carryover will be available for you to use starting in May 2025.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
	Contribute up to \$3,200 to your account through payroll deductions														
	Incur expenses and use money in your account to pay for them														
	Submit your expenses*														
Additional flexibility to submit expenses															

Dependent Care FSA

2024	2025												2026			
No <b>carryover</b> allowed. Instead, you can <b>incur</b> expenses through March 15, 2026.	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar 1-15	Mar 16-31
	Contribute up to \$5,000 to your account through payroll deductions															
	Incur expenses and use money in your account to pay for them															
	Submit your expenses*															

\* No late submissions will be allowed.

Additional flexibility to incur and submit expenses

To track your account balance and submit expenses, simply visit [HealthSavingsAndSpending.MetLife.com](https://HealthSavingsAndSpending.MetLife.com). For your first-time login, click the “Create your new username and password” link.



How Much Should You Contribute?

The FSA calculator can help you determine how to estimate your expenses and tax savings. [Flexible Spending Account Calculator \(wexinc.com/resources/benefits-toolkit/fsa-calculator/\)](https://wexinc.com/resources/benefits-toolkit/fsa-calculator/).

Your contribution should be determined by how much you anticipate in out-of-pocket expenses for the year and how much you can afford to have deducted from your paycheck.

**Note:** Since MetLife is not exclusive to ExxonMobil, refer to the [ExxonMobil Pre-Tax Spending Plan Summary Plan Description \(exxonmobilfamily.com/en/health/pre-tax-spending-plan\)](https://exxonmobilfamily.com/en/health/pre-tax-spending-plan) for a list of covered expenses under the Health Care and Dependent Care FSAs.





## Five Mistakes to Avoid

As you balance your health needs with the time it takes to get care and its cost, your day-to-day decisions make a big difference. Here are five common mistakes to avoid as you use your health care benefits.

Mistake	Instead
1. Not reach out for guidance when you aren't sure what to do—like if your claim is denied or you need prior authorization before getting care.	Go to the <b>Vendor Information</b> ( <a href="https://exxonmobilfamily.com/en/annual-enrollment/vendor-information">exxonmobilfamily.com/en/annual-enrollment/vendor-information</a> ) quick link under the Annual Enrollment tab on <a href="https://exxonmobilfamily.com">exxonmobilfamily.com</a> , or type <a href="https://goto.healthplans">goto/healthplans</a> from a company device and click on "Health Plan Vendors Contact Information."
2. Use providers and facilities that are out of your medical plan's network—and pay more if you're in the PPO A or PPO B option or the full cost if you're in the EPO.	Before you use providers and facilities, visit <a href="https://bcbstx.com/exxonmobil">bcbstx.com/exxonmobil</a> to make sure they are in-network.  Visit <a href="https://bcbstx.com/exxonmobil/doctors-and-hospitals">bcbstx.com/exxonmobil/doctors-and-hospitals</a> . If your provider is not in the network, you may nominate them to join the BCBSTX network on this same site.
3. Give up on finding a mental health provider if you or your dependent could use help.	Take your first step based on the urgency of your or your family's need. <ul style="list-style-type: none"> <li>• In a <b>crisis</b>, call 911 or go to the ER.</li> <li>• For <b>urgent, phone</b> help 24/7: <ul style="list-style-type: none"> <li>○ Call the Employee Assistance Program (EAP) at <b>888-226-1420</b> or find providers at <a href="https://guidanceresources.com">guidanceresources.com</a>.</li> <li>○ Call the number on the back of your medical plan ID card to get access to a nurseline for both medical and mental health assistance.</li> </ul> </li> <li>• For <b>urgent, in-person</b> help, go to an in-network urgent care facility.</li> <li>• If your need is <b>less urgent</b>, schedule an appointment with your primary care physician (PCP) or a mental health provider.</li> </ul>
4. Go the ER when it's not a true emergency.	When you need health care, choose the right level of care you need at the moment. For example, only go to the ER when you have a true emergency or it's the only option in your area. For many daily illnesses and injuries, you can go to an urgent care facility or use telemedicine (MDLIVE) and get the care you need faster and a lot less costly than the ER.
5. Forget to schedule your free annual physical.	Regular check-ups give you the opportunity to discuss any health concerns you have. In addition, they can help identify issues before they become more serious and harder to treat. Schedule your annual physical by calling your PCP.



# Health Plan Contacts

Vendor	Description	Contact
<b>Benefits administrator</b>		
<b>Alight</b>	<b>Your Total Rewards</b> portal	<b>833-776-9966</b> <a href="https://digital.alight.com/exxonmobil">digital.alight.com/exxonmobil</a>
<b>Medical plan</b>		
<b>Blue Cross and Blue Shield of Texas (BCBSTX)</b>	<ul style="list-style-type: none"> <li>Medical and behavioral health benefits</li> <li>Health Advocate Program</li> <li>24-Hour Nurse Line</li> <li>Chronic condition and cancer care support</li> </ul>	<b>877-278-5214</b> <a href="https://bcbstx.com/exxonmobil">bcbstx.com/exxonmobil</a>
<b>Express Scripts</b>	Prescription drug benefits	<b>800-695-4116</b> <a href="https://Express-scripts.com/exxonmobil">Express-scripts.com/exxonmobil</a>
<b>Telemedicine</b>		
<b>MDLIVE</b>	24/7 access to board-certified doctors via video chat or phone (general medicine, urgent care and behavioral health)	<b>888-680-8646</b> <a href="https://bcbstx.com">bcbstx.com</a>
<b>Dental plan</b>		
<b>Delta Dental</b>	Dental benefits administered by Delta Dental Insurance Company, including Delta Dental PPO and Delta Dental Premier networks	<b>833-459-1169</b> <a href="https://www1.deltadentalins.com/group-sites/exxonmobil.html">www1.deltadentalins.com/group-sites/exxonmobil.html</a>
<b>Vision plan</b>		
<b>MetLife Superior</b>	Vision benefits	<b>833-EYE-LIFE</b> <a href="https://metlife.com/info/exxonmobil/">metlife.com/info/exxonmobil/</a>
<b>Pre-Tax Spending plan</b>		
<b>MetLife</b>	Health Care and Dependent Care Flexible Spending Accounts	<b>833-675-2831</b> <a href="https://healthsavingsandspending.metlife.com">healthsavingsandspending.metlife.com</a>
<b>Programs</b>		
<b>ComPsych</b>	Employee Assistance Program (EAP)	<b>888-226-1420</b> <a href="https://guidanceresources.com">guidanceresources.com</a> (Organization Web ID: ExxonMobil) Mobile App: GuidanceNow
<b>My Medical Ally</b>	Second Opinion Services	<b>888-361-3944</b> <a href="https://MyMedicalAlly.alight.com">MyMedicalAlly.alight.com</a>
<b>Omada</b>	Prevention, Diabetes, Hypertension	<b>888-987-8337</b> <a href="https://omadahealth.com/exxonmobil">omadahealth.com/exxonmobil</a>
<b>Hinge Health</b>	Physical therapy, support and education for ongoing musculoskeletal issues	<b>855-902-2777</b> <a href="https://hingehealth.com/for/exxonmobil">hingehealth.com/for/exxonmobil</a>
<b>Progyny</b>	Fertility services, 1:1 support and patient advocacy, Progyny Rx	<b>833-851-2229</b> <a href="https://progyny.com">progyny.com</a>
<b>Rally</b>	Culture of health program	<a href="https://goto/rally">goto/rally</a> or <a href="https://werally.com/client/exxonmobil/register">werally.com/client/exxonmobil/register</a>
<b>Well onTarget</b>	Digital wellness coaching	<b>877-806-9380</b> <a href="https://wellontarget.com">wellontarget.com</a>

# Important Notices

The notices and Summaries of Benefits and Coverage (SBCs) that ExxonMobil is required to provide on an annual basis are part of your Annual Enrollment materials. A copy of these notices and SBCs can be found at [exxonmobilfamily.com](https://exxonmobilfamily.com).

## Plan Documents

The benefits described herein are governed under law by formal Plan documents. If there is any discrepancy between the information provided in this guide and the formal Plan documents, the Plan documents control. ExxonMobil Corporation reserves the right to amend, suspend or terminate any or all of its benefit plans and programs at any time.

## Affordable Care Act

Please review your/your covered dependents personal information on the **Your Total Rewards** portal and notify the EMBSC if any corrections are needed. The Affordable Care Act requires insurers and employers to report to the IRS the Social Security number (SSN) and legal name of all employees and dependents with minimum essential coverage. The IRS compares this information against what is on file with the Social Security Administration to ensure the data provided matches.

## Medicaid and the Children's Health Insurance Program (CHIP)

If you are eligible for health coverage and cannot afford the monthly premiums, you may qualify for a premium assistance program offered through state Medicaid or CHIP programs. For more information, please refer to the Medicaid and the Children's Health Insurance Program (CHIP) notice on [exxonmobilfamily.com](https://exxonmobilfamily.com).

## Medicare Part D Creditable Coverage Notice

For plan participants who are Medicare-eligible, the prescription drug coverage offered under the plan is considered to be "creditable" or "as good as" Medicare Part D coverage. For more information, a Creditable Coverage Notice is available on [exxonmobilfamily.com](https://exxonmobilfamily.com).

## Nondiscrimination Notice

The ExxonMobil Medical Plan and its administrators comply with applicable Federal civil rights laws and do not discriminate on the basis of race, national origin, age, disability or sex. To see the full notice of nondiscrimination, visit [exxonmobilfamily.com](https://exxonmobilfamily.com).

## Notice of HIPAA Privacy Practices

The The ExxonMobil health plans are required to give you a link to the HIPAA Privacy Notice. Access the HIPAA Privacy notice on ExxonMobil Family at [exxonmobilfamily.com](https://exxonmobilfamily.com).

## Required Notice of Grandfathered Plan Intent

All options under the ExxonMobil Medical Plan (EMMP) meet the requirements of the Patient Protection and Affordable Care Act (PPACA) and are no longer grandfathered.

## Women's Health and Cancer Rights Act of 1998 Notice

The plan provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). For more information, call BCBSTX at **877-278-5214** Monday - Friday, 7 am - 6 pm CST, for Medicare Primary Option, call Option **833-595-1012 (TTY: 711)**.

## Your Rights and Protections Against Surprise Medical Bills

The plan provides protection from surprise billing or balance billing when you get emergency care or are treated by a non-network provider at an in-network hospital or ambulatory surgical center. For more information, please refer to the Your Rights and Protections Against Surprise Medical Bills notice on [exxonmobilfamily.com](https://exxonmobilfamily.com).