



# Retiree Annual Enrollment Guide

## What's New for 2025

The "What's New" section describes ExxonMobil retiree health plan changes and relevant information for the following year. It is a supplement to the Summary Plan Descriptions (SPDs) for the ExxonMobil Retiree Medical Plan (EMRMP), ExxonMobil Dental Plan, and ExxonMobil Vision Plan available on [exxonmobilfamily.com](https://www.exxonmobilfamily.com). This is a summary of all benefit changes that are effective January 1, 2025, and should be retained with your SPDs.\*

**Important:** Annual Enrollment (AE) will take place from October 16 until November 1, 2024.

- Make your AE elections in the Your Total Rewards portal ([digital.alight.com/exxonmobil](https://digital.alight.com/exxonmobil)).
- Please make sure your residential address, email, and phone number are up to date.
- If you have any questions, please contact the ExxonMobil Benefits Service Center at 833-776-9966.

The following administrative updates of **health plan carriers** will take place effective **January 1, 2025**:

- **Medical (Pre-65 retirees):** Blue Cross and Blue Shield of Texas (BCBSTX) will replace pre-65 medical carriers Aetna and Cigna. BCBSTX will be the single carrier for all pre-65 options of the ExxonMobil Retiree Medical Plan. Express Scripts will continue to provide prescription drug benefits.
- **Dental:** Delta Dental will replace Aetna.
- **Vision:** MetLife Vision - Superior will replace UnitedHealthcare (UHC).

\* You may request a hard copy of the SPD by contacting the ExxonMobil Benefits Service Center.



### Medical (Post-65 retirees)

For post-65 retirees, there will be no changes to the Medicare Primary Option (MPO) carriers. This means that medical coverage through Aetna and prescription drugs coverage through Express Scripts will remain the same.

## Pre-65 options of the ExxonMobil Retiree Medical Plan (EMRMP)

Changes effective January 1, 2025

### Medical Rates

Participant contributions will increase between \$0 and \$15 per month.

### Medical Benefits

The pre-65 retiree medical plan options will be renamed as follows:

Aetna POS II A	▶ Preferred Provider Organization (PPO) A
Aetna POS II B	▶ PPO B
Aetna Select and Cigna OAPIN	▶ Exclusive Provider Organization (EPO)

**Important:** If you do not enroll, you and any dependents currently enrolled will be automatically defaulted into the above health coverage for 2025. For instance, if you are currently enrolled in Aetna POS II A and you do not enroll during AE, you will be automatically defaulted to PPO A for the 2025 plan year.

**Please note:** The PPO A and PPO B plans will offer both in-network and non-network coverage, however, the EPO plan will only offer in-network coverage.

### 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 partial hospitalization and intensive outpatient services

To ensure proper care management and monitoring, you will need prior authorization before receiving partial hospitalization and intensive outpatient services.

### Chiropractic care

The 20-visit-per-year maximum will stay the same, and your coverage will no longer be capped at a \$1,000 annual maximum.

### 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 on Target** ([wellontarget.com](http://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.

### 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. The 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)/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.

### Processing of claims outside the U.S. for pre-65 retirees enrolled in PPO A or B \*

The plan will cover non-emergent claims at non-network cost share for claims incurred outside the U.S.; it will continue to cover emergent claims outside the U.S. at the in-network cost share. Separate out-of-pocket maximums for in-network and non-network claims will apply, consistent with how claims within the U.S. are processed.

### 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).

### Retirements 65+ and age-ins

For employees who retire at age 65 or older or retirees enrolled in a pre-65 option who turn 65, the pre-65 plan option will continue to pay first and Medicare will pay secondary up until the earlier of the following: the retiree is fully enrolled in Medicare (has an MBI in place), or three months have passed since retirement month or the month they turn 65.

### Second opinion services

You will have access to second opinion services through My Medical Ally.

### 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 these immunizations.

### Vision therapy

The 12-visit maximum per year 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.

#### For More Information

Call **BCBSTX** at **877-278-5214**. They are available from 7 a.m. to 6 p.m. CST, Monday to Friday.

You can also visit the BCBSTX website at [bcbstx.com/exxonmobil](https://bcbstx.com/exxonmobil).

\* If you retired from the Company on or after January 1, 2023, your coverage will be limited to emergent care at the applicable cost share when received outside of the U.S.. For care received in the U.S., both emergent and non-emergent care will be covered at the applicable cost-share.

Pre-65 options of the EMRMP – continued

**Prescription Drug Benefits**

**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.

**Specialty drugs**

These will have a separate tiering structure. See chart below. Out-of-pocket maximums will remain as is and apply to all prescription drugs (non-specialty and specialty drugs).

**Questions?**

Call Express Scripts at 800-695-4116. They are available 24 hours a day, 7 days a week.

<b>Prescription drug tiering structure for pre-65 options of the EMRMP (updates in bold)</b>						
	<b>PPO A</b>		<b>PPO B</b>		<b>EPO</b>	
<b>Non-Specialty Drugs</b>	<b>Retail</b>	<b>Home Delivery</b>	<b>Retail</b>	<b>Home Delivery</b>	<b>Retail</b>	<b>Home Delivery</b>
Generic	30% \$60 max	25% \$120 max	30% \$50 max	25% \$100 max	\$15 copay	\$30 copay
Preferred brand	30% \$130 max	25% \$260 max	30% \$125 max	25% \$250 max	30% \$125 max	25% \$200 max
Non-preferred brand	50% \$200 max	50% \$400 max	50% \$200 max	50% \$400 max	50% \$200 max	50% \$400 max
<b>Specialty Drugs</b>	<b>Retail</b>	<b>Home Delivery</b>	<b>Retail</b>	<b>Home Delivery</b>	<b>Retail</b>	<b>Home Delivery</b>
Generic	30% <b>\$120 max</b>	25% <b>\$240 max</b>	30% <b>\$100 max</b>	25% <b>\$200 max</b>	30% <b>\$120 max</b>	25% <b>\$240 max</b>
Preferred brand	30% <b>\$260 max</b>	25% <b>\$520 max</b>	30% <b>\$250 max</b>	25% <b>\$500 max</b>	30% <b>\$250 max</b>	25% <b>\$500 max</b>
Non-preferred brand	50% <b>\$400 max</b>	50% <b>\$800 max</b>	50% <b>\$400 max</b>	50% <b>\$800 max</b>	50% <b>\$400 max</b>	50% <b>\$800 max</b>
<b>Annual prescription drug out-of-pocket maximum</b>						
Individual	\$2,500		\$2,500		Included in the medical out-of-pocket maximum	
Family	\$5,000		\$5,000			

## Post-65 Medicare-eligible retirees: Medicare Primary Option (MPO)

Changes effective January 1, 2025

### Medical Rates

Participant contributions for MPO coverage will not change.

### Additional Documents

Those enrolled in the MPO will receive additional documents in the mail from Aetna and Express Scripts on the benefits changes and updates.

As a reminder, in order to enroll in the MPO, you must:

- Be an eligible retiree or eligible family member;
- Be enrolled in Medicare Parts A and B, and continue to pay any required premiums;
- Provide a Medicare Beneficiary Identifier (MBI) located on your Medicare card to the ExxonMobil Benefits Service Center (EMBSC);
- Have a residential U.S. street address on file with CMS;
- Not be enrolled in another group or individual Medicare Advantage plan (Part C); and
- Not be enrolled in an individual Medicare Part D prescription drug plan in the open market (Part D).



#### For More Information

For medical related questions, call **Aetna** at **833-595-1012** (TTY: 711) from 7 a.m. to 8 p.m. CST, Monday to Friday.

For questions regarding Express Scripts Medicare, call **Express Scripts** at **866-557-8211**, 24 hours a day, 7 days a week.

## ExxonMobil Dental Plan (EMDP)

Changes effective January 1, 2025

If you are currently enrolled in dental coverage, you will be automatically enrolled for 2025. No action is required on your end if you would like to maintain your dental coverage.

### Dental Rates

Participant contributions for the EMDP will not change.

### Fluoride

In alignment with the American Dental Association and Delta Dental standard coverage, the age limit for fluoride coverage is now age 18 instead of age 16.

### Questions?

Call **Delta Dental** at **833-459-1169** from 7 a.m. to 7 p.m. CST, Monday to Friday. You can also visit the Delta Dental website at [www1.deltadentalins.com/group-sites/exxonmobil.html](http://www1.deltadentalins.com/group-sites/exxonmobil.html).



## ExxonMobil Vision Plan (EMVP)

Changes effective January 1, 2025

If you are currently enrolled in vision coverage, you will be automatically enrolled for 2025. No action is required on your end if you would like to maintain your vision coverage.

### Vision Rates

Participant premiums will decrease between \$1.50 and \$4.20.

#### 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 (check if your provider participates in Superior Vision Discounts) in addition to regular in-network and non-network coverage.

#### 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 for 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 them 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.

### Questions?

For vision-related questions, call **MetLife Superior** at **833-EYE-LIFE (393-5433)** from 7 a.m. to 7 p.m. CST, Monday to Friday. You can also visit the MetLife Superior website at [metlife.com/info/exxonmobil](https://www.metlife.com/info/exxonmobil).

#### Submit your beneficiary designations online through the Your Total Rewards portal

To make changes on your beneficiary designations for pension, life insurance, and accidental death and dismemberment plans, click on the avatar on the top right side of the Your Total Rewards portal home page, and select "Beneficiaries." From there you may follow the prompts to add or update your beneficiaries. For more information or guidance on how to add or update beneficiary designations, you may contact a benefit representative at the ExxonMobil Benefits Service Center at **833-776-9966** from 8 a.m. to 4 p.m. CST, Monday through Friday.

## 2025 Retiree Health Plan Rates

ExxonMobil Retiree Medical Plan Monthly Pre-Medicare-Eligible Retiree Contributions				
	Participant Only	Participant + Spouse	Participant + Child(ren)	Family
<b>PPO A</b>	\$222	\$476	\$466	\$699
<b>PPO B</b>	\$304	\$650	\$637	\$955
<b>EPO</b>	\$319	\$683	\$669	\$1,003

ExxonMobil Retiree Medical Plan Monthly Medicare-Eligible Retiree Contributions*		
	Participant Only	Participant + Spouse
<b>Medicare Primary Option</b>	\$74	\$148

\* Each participant (retiree and spouse) needs to be enrolled individually in the MPO. The monthly rate of \$74 is per participant.

ExxonMobil Dental Plan Monthly Retiree Contributions				
	Participant Only	Participant + Spouse	Participant + Child(ren)	Family
<b>Retiree Contribution</b>	\$43	\$86	\$86	\$129

ExxonMobil Vision Plan Monthly Retiree Premiums				
	Participant Only	Participant + Spouse	Participant + Child(ren)	Family
<b>Retiree Premium</b>	\$8.64	\$17.42	\$15.81	\$26.86

You can also review the **2025 U.S. Health Plan Carrier Changes ▪ Retirees FAQs** available on [exxonmobilfamily.com/en/resources/exxonmobil-retirees](https://exxonmobilfamily.com/en/resources/exxonmobil-retirees).

## Transition to the New Carriers

**To all retirees:** Beginning January 1, 2025, dental services will be provided by Delta Dental and vision services will be available through MetLife Vision - Superior.

### To retirees enrolled in the pre-65 options of the ExxonMobil Retiree

**Medical Plan:** 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.

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

#### Look for your ID cards

Before the end of the year, 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 ([digital.alight.com/exxonmobil](https://digital.alight.com/exxonmobil)), so please ensure your contact information is updated. 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 the 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.

### Contacts

#### 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 a.m. - 6 p.m. CST\*

(Starting in 2025, you can call 24/7)

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

\*Except certain holidays.

#### 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](https://www1.deltadentalins.com), click **log in** and then **create an account**.

**833-459-1169** • Monday - Friday, 7 a.m. - 7 p.m. CST\*

#### 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.

**833-EYE-LIFE (393-5433)** • Monday - Friday, 7 a.m. - 8 p.m. CST\*



## Medical and Behavioral Health Transition of Care (TOC)

TOC care 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 ends, you must transfer to an in-network provider to continue to receive coverage at the in-network benefit level.

### 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 or your covered dependent is undergoing a course of treatment for a serious and complex condition.
- You or your covered dependent is scheduled for nonelective surgery, including receipt of postoperative care.
- You or your covered dependent is pregnant and undergoing a course of treatment for the pregnancy.
- You or your covered dependent is or was determined to be terminally ill and is receiving treatment for such illness.

### How to apply for TOC benefits

1. Call Member 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 **TOC form** (found at [bcbstx.com/docs/forms/provider/tx/transitional-care-request-tx.pdf](https://www.bcbstx.com/docs/forms/provider/tx/transitional-care-request-tx.pdf)), then submit it to BCBSTX. Contact BCBSTX to request this form.
3. If approved, BCBSTX will authorize ongoing services for up to 90 days at the in-network benefit 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 requires precertification or 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 the new plan from 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

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).

## Medical and Behavioral Health TOC – continued



### For More Information

Apply for TOC or ask any questions by calling Customer Service at **877-278-5214** on weekdays from 7 a.m. to 6 p.m. 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, or to request a TOC form, 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 January 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.

**Please note:** if you are currently enrolled in a pre-65 Aetna option (POS II A, POS II B, or Aetna Select) of the EMRMP, your prescription drug authorizations will automatically transfer, so there is nothing you need to do.



## Important Notices

### Summary of Material Modifications (SMM)

The “What’s New” section of this document describes ExxonMobil retiree health plan changes for the following year. It is a supplement to the Summary Plan Descriptions for the ExxonMobil Retiree Medical Plan, ExxonMobil Dental Plan, and ExxonMobil Vision Plan available on [exxonmobilfamily.com](https://www.exxonmobilfamily.com). This is a summary of all material modifications and should be retained with your Summary Plan Descriptions.

### 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.

### A Note Regarding the ExxonMobil Retiree Medical Plan

The ExxonMobil Retiree Medical Plan (EMRMP) is a retiree-only plan. As a retiree-only health plan, the EMRMP is exempt from HIPAA portability and PPACA insurance mandates, including consumer protections available under other health plans.

### Important Notice About Becoming Medicare-Eligible

Retirees or covered family members of a retiree who become Medicare-eligible, either due to age or Social Security disability status, are no longer eligible to participate in the ExxonMobil Retiree Medical Plan PPO options or EPO option. Medicare-eligible participants must change their Company-provided coverage to the ExxonMobil Medicare Primary Option (MPO), enroll in Medicare Part A and Part B, have a U.S. residential address, and provide their MBI (Medicare Beneficiary Identifier) to the ExxonMobil Business Service Center

(EMBSC). In order to be enrolled in the MPO, Medicare-eligible participants cannot enroll in an individual Medicare Part D nor in another Medicare Part C plan. Medicare-eligible participants may only be enrolled in a group Medicare Part D plan, also referred to as an Employer Group Waiver Plan (EGWP) Part D plan, if a former employer enrolls them.

### 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, please refer to the attached Creditable Coverage Notice or the notice located on [exxonmobilfamily.com](https://www.exxonmobilfamily.com).

### 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 attached Medicaid and the Children’s Health Insurance Program (CHIP) notice or the notice located on [exxonmobilfamily.com](https://www.exxonmobilfamily.com).

### Notice of HIPAA Privacy Practices

The plan is committed to the privacy and security of your protected health information. For information about the permissible uses and disclosures of your protected health information and your individual rights, you can access the plan’s HIPAA Privacy notice on [exxonmobilfamily.com](https://www.exxonmobilfamily.com).

### Nondiscrimination Notice

The ExxonMobil Retiree 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://www.exxonmobilfamily.com).

### Women’s Health and Cancer Rights Act Notice (WHCRA)

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). If you are enrolled in the PPO A, PPO B, or EPO option, call BCBSTX Member Services at 877-278-5214 for more information; for the Medicare Primary Option, call 833-595-1012, Option 1 (TTY: 711).