

2025 monthly employee contribution rates

Important Note: Health plan premiums will be deducted in every paycheck based on your payroll frequency (monthly amount multiplied by 12 and divided by the total number of your paychecks in the year).

Medical Plan**				
	Participant only	Participant + child(ren)	Participant + spouse	Family
PPO A	\$105	\$277	\$280	\$426
PPO B	\$184	\$390	\$407	\$660
EPO (Network Only)*	\$195	\$412	\$430	\$696

*Network only options availability will vary depending on plan and geographic location.

**If you earn the Culture of Health rate by fulfilling the requirements every year, you can reduce your monthly contributions for the following year by \$30/month for participant only coverage, \$60/month for participant + spouse coverage, \$60/month for participant + child(ren) coverage, or \$90/month for family coverage

Dental Plan				
	Participant only	Participant + child(ren)	Participant + spouse	Family
Contribution	\$30	\$60	\$60	\$89

Vision Plan				
	Participant only	Participant + child(ren)	Participant + spouse	Family
Premium	\$8.64	\$15.81	\$17.42	\$26.86

ExxonMobil International Medical and Dental Plan				
	Participant only	Participant + child(ren)	Participant + spouse	Family
Medical US Inbounds/ US Outbounds (includes vision)	\$81	\$195	\$203	\$310
Dental US Inbounds/ US Outbounds	\$29	\$59	\$59	\$88

Basic and supplemental life and AD&D insurance			
Type of insurance	Your cost	Coverage	Enrollment
Basic life insurance	None	2x annual pay	Automatic
Basic accidental death and dismemberment (AD&D)	None	2x annual pay*	Automatic
Group universal life (GUL)	Premiums based on age and elected coverage	Up to 8x annual pay	Optional
Voluntary AD&D	Premiums based on elected coverage	Up to 8x annual pay	Optional

*If you die in a work-related accident, your beneficiary receives an additional \$500,000

Information on rates can be found in the [Summary Plan Description](#).