

Prescription Drug Coverage

Non-Specialty Drugs	PPO A	PPO B	EPO*
Up to 34-day fills (from participating retail locations)			
▪ Generic	30% (\$75 max)	30% (\$75 max)	\$15 copay
▪ Preferred brand	30% (\$150 max)	30% (\$150 max)	30% (\$150 max)
▪ Non-preferred brand	50% (\$225 max)	50% (\$225 max)	50% (\$225 max)
90-day fills (mail order or participating retail locations)			
▪ Generic	25% (\$150 max)	25% (\$150 max)	\$30 copay
▪ Preferred brand	25% (\$300 max)	25% (\$300 max)	25% (\$300 max)
▪ Non-preferred brand	50% (\$450 max)	50% (\$450 max)	50% (\$450 max)
Specialty Drugs	PPO A	PPO B	EPO
Up to 34-day fills (from participating retail locations)			
▪ Generic	30% (\$150 max)	30% (\$150 max)	30% (\$150 max)
▪ Preferred brand	30% (\$300 max)	30% (\$300 max)	30% (\$300 max)
▪ Non-preferred brand	50% (\$450 max)	50% (\$450 max)	50% (\$450 max)
Up to 90-day fills (from mail order or participating retail locations)			
▪ Generic	25% (\$300 max)	25% (\$300 max)	25% (\$300 max)
▪ Preferred brand	25% (\$600 max)	25% (\$600 max)	25% (\$600 max)
▪ Non-preferred brand	50% (\$900 max)	50% (\$900 max)	50% (\$900 max)
Annual prescription drug out-of-pocket maximum			
▪ Individual	\$2,500	\$2,500	Included in medical
▪ Family	\$5,000	\$5,000	out-of-pocket maximum

2026 Medical Participant Contributions

Coverage tiers	PPO A	PPO B	EPO*
	Monthly contributions	Monthly contributions	Monthly contributions
Participant only	\$110	\$193	\$205
Participant + spouse	\$294	\$427	\$452
Participant + child(ren)	\$291	\$410	\$433
Family	\$447	\$693	\$731

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

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

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