

**ExxonMobil**

A smiling man with a beard and curly hair is carrying a young child with curly hair on his shoulders. They are on a sandy beach with waves in the background. The scene is framed by a red rounded rectangle.

# Care that counts

Your guide to 2027 employee health benefits

Annual Enrollment: October 14 - 30, 2026

# Annual Enrollment October 14–30, 2026

ExxonMobil is dedicated to building a talented workforce that is truly in a league of our own. We believe in surrounding our employees with the support they need throughout their entire careers. That's why we offer comprehensive total rewards designed to ensure you are covered, no matter where you are in your career journey.

Annual Enrollment (AE) is the only time you can enroll or make changes to your health benefits for the 2027 plan year, unless you experience a change in status during the year. Because we care about you, we're focused on protecting what matters most – so take a moment to review your options, see what's changing and select coverage that best supports you and your family.

**Reminder:** If you do not make an enrollment election during AE, your current medical, dental and vision coverage will carry over into 2027.



## Your action checklist

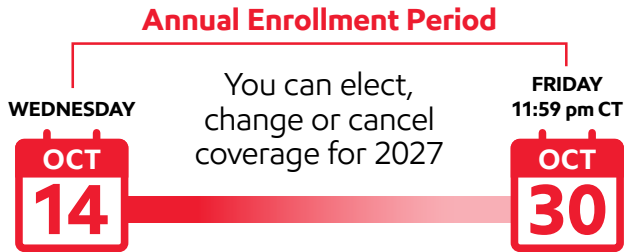
Here's your checklist for taking an active role in choosing your health benefits:

| Your action                                                                          | More information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ✓ <b>Review</b> what's changing for 2027.                                            | Pages 5 - 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| ✓ <b>Learn</b> about your health and wellbeing benefits.                             | Pages 9 - 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| ✓ <b>Compare</b> medical options and costs.                                          | 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 CT).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ✓ <b>Enroll</b> or make changes during AE:<br>October 14-30, 2026 until 11:59 pm CT. | Review your coverage and make any election changes for 2027 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 user guide found at <a href="https://exxonmobilfamily.com/en/annual-enrollment">exxonmobilfamily.com/en/annual-enrollment</a> under the "Enroll in Benefits" section.<br><br><b>Tips:</b> <ul style="list-style-type: none"><li>• Verify your home address, email and mobile phone number are up to date.</li><li>• Use the Alight Mobile app (available through Apple App Store or Google Play).</li><li>• Save your Annual Enrollment email confirmation.</li></ul> |
| ✓ <b>Reach</b> out if you need help.                                                 | For enrollment/eligibility questions, contact a benefits representative at <b>833-776-9966</b> (Monday – Friday, 8 am – 4 pm CT).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

*This enrollment guide is a supplement to the ExxonMobil Health and Welfare Plan Summary Plan Description (SPD). This is a summary of all material modifications that are effective January 1, 2027, and should be retained with your SPD.*

# Do I need to enroll?

We encourage you to review your current coverage and confirm any election changes for 2027. If you do not enroll, you and any dependents currently enrolled will have your current health coverage selection carried over for 2027.



## Beneficiaries

Please make sure the beneficiaries you've designated for your benefits 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 Pension Plan and Disability Program beneficiaries.
- **Voya portal ([xomsavings.voya.com](https://xomsavings.voya.com))** to review your Savings Plan beneficiaries.

## Why we review our benefits

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 their 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 2027, provided they are:

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

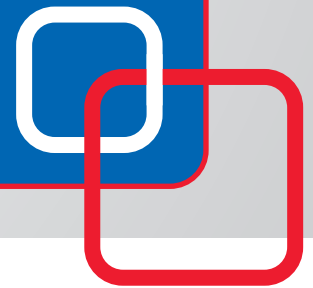
You will be asked to confirm your family member's eligibility status upon initial enrollment.

## 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 termination of your coverage under the plan, 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 in certain cases involving fraud and rescission of coverage.

- There are three ways to get help:



Call a benefits representative at **833-776-9966**  
(Monday – Friday, 8 am – 4 pm CT)



Chat online: Go to the **Your Total Rewards** portal, select "Contact Us" > "General Information" > "Chat With Us"  
(Monday – Friday, 8 am – 4 pm CT)



Schedule an appointment: From the home page, click the Annual Enrollment tile and select "Need help with benefit choices?"

- If you experience a change in status event, you have 60 days from the date of the event to make eligible changes to your benefits elections. This 60-day window applies to all qualifying events, including: new hire, marriage, birth or adoption of a child, divorce, gain or loss of eligibility for Medicaid or the Children's Health Insurance Program (CHIP).

# What's new for 2027

As part of our commitment to providing competitive and valuable benefits for 2027, the following updates are designed to strengthen your coverage and ensure you continue to have access to affordable, high-quality care.

## Medical

- **Participant contributions.** Your monthly contributions will increase moderately in 2027.
- **Preventative skin exam.** One annual preventative dermatology visit will be covered at 100% to support early detection and prevention of skin cancer.
- **Expanded EPO access.** The Exclusive Provider Organization (EPO) option will be available to employees in all U.S. locations.
- **Updated EPO out-of-pocket maximums.** The EPO option will have separate out-of-pocket maximum limits for medical and prescription drugs expenses.

## Dental

- **Participant contributions.** Your coverage and monthly contributions will remain unchanged for 2027.

## Vision

- **Participant contributions.** Your coverage and monthly contributions will remain unchanged for 2027.

## Flexible Spending Accounts (FSAs)

- **Higher Health Care FSA limits.** The following changes apply if you contribute to this account in 2027:
  - The annual contribution limit will increase to \$3,400.
  - The carryover maximum will increase to \$680.
- **FSA platform upgrade.** The FSA experience will be enhanced through a platform upgrade, including a new website, mobile app, and debit card. Employees will need to register for a new account and download the updated app. One debit card will be issued per family, with additional cards available upon request. The upgraded platform will provide a more streamlined experience, including fewer receipt submission requirements.

# Did you know?

ExxonMobil offers a wide range of benefits designed to meet your needs at every stage of life. The following programs are intended to enhance your overall experience, and we encourage you to take full advantage of them as part of your comprehensive benefits package.

## Virtual care services with MDLIVE

MDLIVE gives you convenient, 24/7 access to board-certified doctors and behavioral health providers from home or on the go. As part of your medical benefits with BCBSTX, you can use MDLIVE for many non-emergency needs, such as colds and flu, minor infections, urgent care concerns, and many behavioral health issues, without having to visit a clinic. MDLIVE services include urgent care and behavioral health services.

**How to get care:** Log in to the MDLIVE portal or app and choose the visit type (Urgent Care, Therapy, or Psychiatry) to schedule an appointment.

## Affordable medical imaging through Onelming

Onelming is a voluntary imaging program that connects you with high-quality imaging centers and expert care at lower costs. It can help you save significantly—often 60–80% compared to traditional rates—on services like MRIs, CT scans, ultrasounds, mammograms, and X-rays, while also simplifying scheduling and guiding you through each step of the process.

**How to get care:** Visit [onemaging.com/exxonmobil](https://onemaging.com/exxonmobil), to activate your benefit and follow the prompts to schedule your imaging appointment. Call **833-619-0837** anytime from 6 am – 9 pm CT or email [help@oneimaging.com](mailto:help@oneimaging.com).

## Personalized support with BCBSTX Health Advocates

BCBSTX Health Advocates offer one-on-one support to help you make the most of your medical benefits. They can answer questions about coverage, explain bills, help you find in-network doctors and specialists, compare costs and assist with claims or next steps in your care. Dedicated clinical advocates are also available to talk through symptoms and treatment options at no cost to you.

**How to get support:** Go to [bcbstx.com/exxonmobil](https://bcbstx.com/exxonmobil) (live chat is available) or call **877-278-5214**.



## Comprehensive cancer support services with AccessHope

As a BCBSTX member, you have access to comprehensive cancer support services at no extra cost, including expert guidance from AccessHope. The Cancer Services and Support program provides a personalized hub with benefits information, resources and care options for you and your family throughout your cancer journey. AccessHope connects you with specialists from National Cancer Institute (NCI) Designated Comprehensive Cancer Centers to ensure you receive the most current and appropriate treatment plan. Experienced oncology nurses are also available to answer questions, provide support and guide you through treatment, empowering you with advanced expertise and resources to improve your cancer care every step of the way.

**How to get support:** To access cancer support services, call BCBSTX at **877-278-5214**.

## Empower your health decisions through My Medical Ally's second opinion program

As part of your medical benefits, you can use My Medical Ally for personalized second opinions when you're facing a serious diagnosis or weighing treatment options. An expert team of independent doctors, nurses and medical researchers reviews your situation and helps you make more informed decisions about your health and treatment plan.

**How to get support:** Visit [mymedicalally.alight.com](https://mymedicalally.alight.com) or call My Medical Ally at **888-361-3944** (Monday – Friday, 8 am – 8 pm CT) and create an account using "ExxonMobil" as your company code.

## Dedicated phone line through MD Anderson

Employees and eligible family members enrolled in medical benefits of the ExxonMobil Health and Welfare Plan have access to an exclusive concierge phone line for scheduling certain cancer-related services at MD Anderson Cancer Center. This service is designed to provide personalized support and faster access to cancer care.

**How to get support:** Call **713-563-7998** or email [patientaffairs@mdanderson.org](mailto:patientaffairs@mdanderson.org) (Monday – Friday 8 am – 5 pm CT).



# Care that counts

Which medical option should you choose? It depends on your health care needs and your personal preferences. No matter what you're looking for, we've got you covered with a range of options to fit your situation. As you decide, consider what matters most to you. You can also compare all three of your medical 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 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.

### Your contributions



### Deductibles and copays



## ? 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 if you select the EPO option. We strongly recommend you work with a primary care physician (PCP) to coordinate your care.

If you live in a rural area with limited in-network access, you may contact BCBSTX to validate that your preferred providers are in the network. If you are not able to find an in-network provider within 30 miles of your home zip code, BCBSTX may authorize care with a non-network provider at the in-network cost share.



## ? 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 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 or receive non-network air ambulance services, 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](https://www.exxonmobilfamily.com).

# Medical and prescription drug benefits

## 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. Three medical options are available nationally.

## 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 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>                                   | \$200 copay + 25% after deductible | \$200 copay + 25% after deductible | \$200 copay + 20% after deductible | \$200 copay + 20% after deductible | \$200 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> |                                    |                                    |                                    |                                    |                       |
| ▪ Individual                                | \$4,500                            | \$18,000                           | \$3,000                            | \$15,000                           | \$2,000               |
| ▪ Family                                    | \$9,000                            | \$36,000                           | \$6,000                            | \$30,000                           | \$4,000               |

\* 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% (\$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) |
| <b>90-day fills</b> (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             |
| <b>Up to 34-day fills</b> (from specialty pharmacy)                |                 |                 |                 |
| ▪ 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) |
| <b>90-day fills</b> (from specialty pharmacy)                      |                 |                 |                 |
| ▪ 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         | \$1,000         |
| ▪ Family                                                           | \$5,000         | \$5,000         | \$2,000         |

## 2027 medical participant contributions

| Coverage tiers                  | PPO A                 | PPO B                 | EPO*                  |
|---------------------------------|-----------------------|-----------------------|-----------------------|
|                                 | Monthly contributions | Monthly contributions | Monthly contributions |
| <b>Participant only</b>         | \$117                 | \$205                 | \$217                 |
| <b>Participant + spouse</b>     | \$312                 | \$453                 | \$479                 |
| <b>Participant + child(ren)</b> | \$308                 | \$435                 | \$459                 |
| <b>Family</b>                   | \$474                 | \$735                 | \$775                 |

**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://exxonmobilfamily.com).



**CULTURE OF HEALTH!**

### Important savings reminder

If you earned the Culture of Health (CoH) rate by fulfilling the requirements in 2026, you will receive a reduction in your monthly medical contributions in 2027:

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

# Dental

With the Dental Program, you receive comprehensive dental coverage, including preventive care at no cost to you. You have the flexibility to visit any licensed dentist for your care. However, choosing a provider within the Delta Dental PPO or the Delta Dental Premier networks can help you save money through negotiated rates and lower out-of-pocket costs.

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

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

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

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

## 2027 dental participant 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 CT).



# Vision

The Vision Program provides coverage for one comprehensive eye exam and one pair of lenses and frames or contact lenses each calendar year. In addition, the program offers discounts on extra pairs of glasses or contact lenses, prescription sunglasses and laser eye surgery, helping participants manage their vision care needs more affordably throughout the year.

## 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<br>Contact lens fitting (premium**): \$50 allowance | 100%                                           |
| <b>Frames</b><br>▪ Private practice and retail chain providers                                                                                                                                                                                                | Anything over \$150                                                                                    | Anything over \$45                             |
| <b>Spectacle lenses</b><br>▪ Single vision<br>▪ Bifocals<br>▪ Trifocals<br>▪ Lenticular                                                                                                                                                                       | \$0                                                                                                    | Anything over:<br>\$40<br>\$60<br>\$80<br>\$80 |
| <b>Lens options</b><br>▪ Progressive (Standard/Premium/Ultra Ultimate)<br>▪ Standard scratch resistant coating<br>▪ Anti-Reflective (Standard/Premium/Ultra/Ulimate)<br>▪ Standard Polycarbonate lenses (adult and dependent child)<br>▪ Blue Light Filtering | \$0                                                                                                    | Anything over \$80<br>100%                     |
| <b>Contact lenses</b>                                                                                                                                                                                                                                         |                                                                                                        |                                                |
| ▪ Medically necessary contact lenses<br>▪ Elective contact lenses (in lieu of eyeglasses)                                                                                                                                                                     | \$0<br>Anything over \$200                                                                             | Anything over \$210<br>Anything over \$200     |

## In-network 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% to 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.

## 2027 vision participant 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          |

\* 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.

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

# Flexible Spending Accounts (FSAs)

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

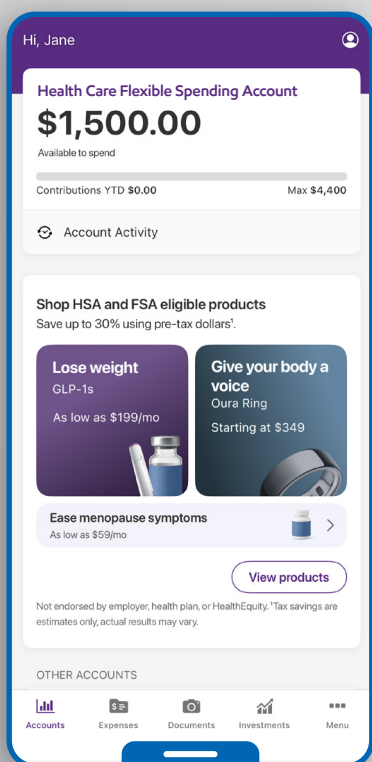
## How it works

- 1 To participate in an FSA, you must elect an annual amount to contribute to your FSA each year.**
  - The annual maximum is \$3,400 for the Health Care FSA and the annual maximum for the Dependent Care FSA is \$7,500. (If you are single, or married and file separate tax returns, the maximum for the Dependent Care FSA is \$3,750.)
- 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 2027.**
  - Eligible health care expenses include your medical deductible, copays and coinsurance, prescription drugs, dental care and more. To track your account balance and submit expenses, visit [my.healthequity.com](https://my.healthequity.com). Starting January 1, 2027, click "Register your account" to create your new username and password.

### 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.



## Introducing your new FSA experience powered by HealthEquity

We're enhancing your Flexible Spending Accounts (FSA) experience with new digital tools and an upgraded debit card beginning in 2027. Here's what you need to know:

- 1** Register your account starting January 1, 2027. Visit [my.healthequity.com](https://my.healthequity.com) and download the HealthEquity mobile app to manage your account on the go.
- 2** Watch for your new debit card. Before the end of 2026, you'll receive a new chip-enabled FSA debit card at your home address. Additional cards are available upon request.
- 3** Keep and upload your receipts. While HealthEquity's enhanced technology will increase automatic claim substantiation, you may still be asked to provide supporting documentation. Documentation requests are generally initiated 30 days after a transaction. Saving receipts in the HealthEquity mobile app allows smart matching technology to automatically verify eligible expenses and simplify the process.

For general questions regarding your health care and dependent care FSAs, please contact MetLife at **833-675-2831** (Monday - Friday, 7 am - 7 pm CT). Starting January 1, 2027, call HealthEquity Member Support at **866-346-5800** (24 hours a day, 7 days a week).

## 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.

- Add your bank account information in the app or website for faster expense reimbursement.
- Save your FSA debit card information with retail or mail order pharmacy for recurring prescriptions.

## Health care FSA

| 2026                                                                                                                                                                                                                                  | 2027                                                                |     |     |     |     |     |     |     |     |     |     |     | 2028 |     |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|-----|
| If you have money left in your account on December 31, 2026, you can <b>carryover</b> up to \$680 to use in 2027. You'll forfeit anything over \$680. Any amount you carryover will be available for you to use starting in May 2027. | Jan                                                                 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan  | Feb | Mar |
|                                                                                                                                                                                                                                       | Contribute up to \$3,300 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

| 2026                                                                                        | 2027                                                                |     |     |     |     |     |     |     |     |     |     |     | 2028 |     |          |           |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|-----|----------|-----------|
| No <b>carryover</b> allowed. Instead, you can <b>incur</b> expenses through March 15, 2027. | Jan                                                                 | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan  | Feb | Mar 1-15 | Mar 16-31 |
|                                                                                             | Contribute up to \$7,500 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

## How much should you contribute?

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 Summary Plan Description at [exxonmobilfamily.com](https://www.exxonmobilfamily.com) for a list of covered expenses under the Health Care and Dependent Care FSAs.

To track your account balance and submit expenses, simply visit [my.healthequity.com](https://my.healthequity.com). For your first-time login, click the "Register your account" link.

## Important information about FSA carryover and grace period

- **2026 health care FSA:** Eligible expenses incurred between January 1 and December 31, 2026 must be submitted by March 31, 2027 through the MetLife Health Savings & Spending Account portal/app ([healthsavingsandspending.metlife.com](https://healthsavingsandspending.metlife.com)).
- **2026 dependent care FSA:** Eligible expenses incurred between January 1, 2026 and March 15, 2027 may be submitted for reimbursement through June 15, 2027 via the MetLife Health Savings & Spending Account portal/app.
- **2026 health care FSA carryover:** Any eligible carryover balance from your 2026 health care FSA will be available in the HealthEquity website/app by May 15, 2027.



#### Who to contact when you need help

- **Alight:** Eligibility, enrollment and your elections
- **BCBSTX:** Medical coverage, in-network providers and medical claims
- **Express Scripts:** Prescription drug coverage, in-network retail pharmacies, mail-order and specialty medications, and prescription drug claims

## Four tips to make the most of your health plan

As you balance your health needs with the time and cost of getting care, small choices can make a big difference. Here are four tips to help you make the most of your health care benefits.

| What to do                                                | Why it helps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Confirm providers and facilities are in-network.</b>   | Before you get care, visit <a href="https://bcbstx.com/exxonmobil">bcbstx.com/exxonmobil</a> to verify your providers and facilities are in-network.<br>Use <a href="https://bcbstx.com/exxonmobil/doctors-and-hospitals">bcbstx.com/exxonmobil/doctors-and-hospitals</a> to search. If a provider isn't in the network, you may nominate them to join the BCBSTX network from the same site. Staying in-network usually means lower out-of-pocket costs.                                                                                                   |
| <b>Take a first step to get mental health support.</b>    | 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 assistance</b>:<ul style="list-style-type: none"><li>○ Call the Employee Assistance Program (EAP) at <b>888-226-1420</b> for 24/7 support or find providers at <a href="https://guidanceresources.com">guidanceresources.com</a>.</li><li>○ Call the BCBSTX 24/7 nurseline for both medical and mental health assistance at <b>800-581-0368</b>.</li></ul></li></ul> |
| <b>Choose the right level of care for your situation.</b> | When you need care, match the setting to the urgency of your condition. <ul style="list-style-type: none"><li>• ER care should be reserved for true emergencies or when it's the only option.</li><li>• For many everyday illnesses and injuries, an urgent care facility or telemedicine (MDLIVE) can treat you faster and at a much lower cost than the ER.</li></ul>                                                                                                                                                                                     |
| <b>Get connected with a Primary Care Provider (PCP).</b>  | Choose an in-network PCP as your first stop for most health questions and non-emergency issues. Your PCP can provide routine care, coordinate referrals to specialists, help you manage your chronic conditions, and complete your free annual physical.                                                                                                                                                                                                                                                                                                    |

# Understanding your benefits ecosystem

Several organizations work together to support your benefits, including plan administration, claims processing, and customer service. Knowing what each organization does can help you quickly connect with the right team when you have questions or need assistance.

## How the benefits support teams work together

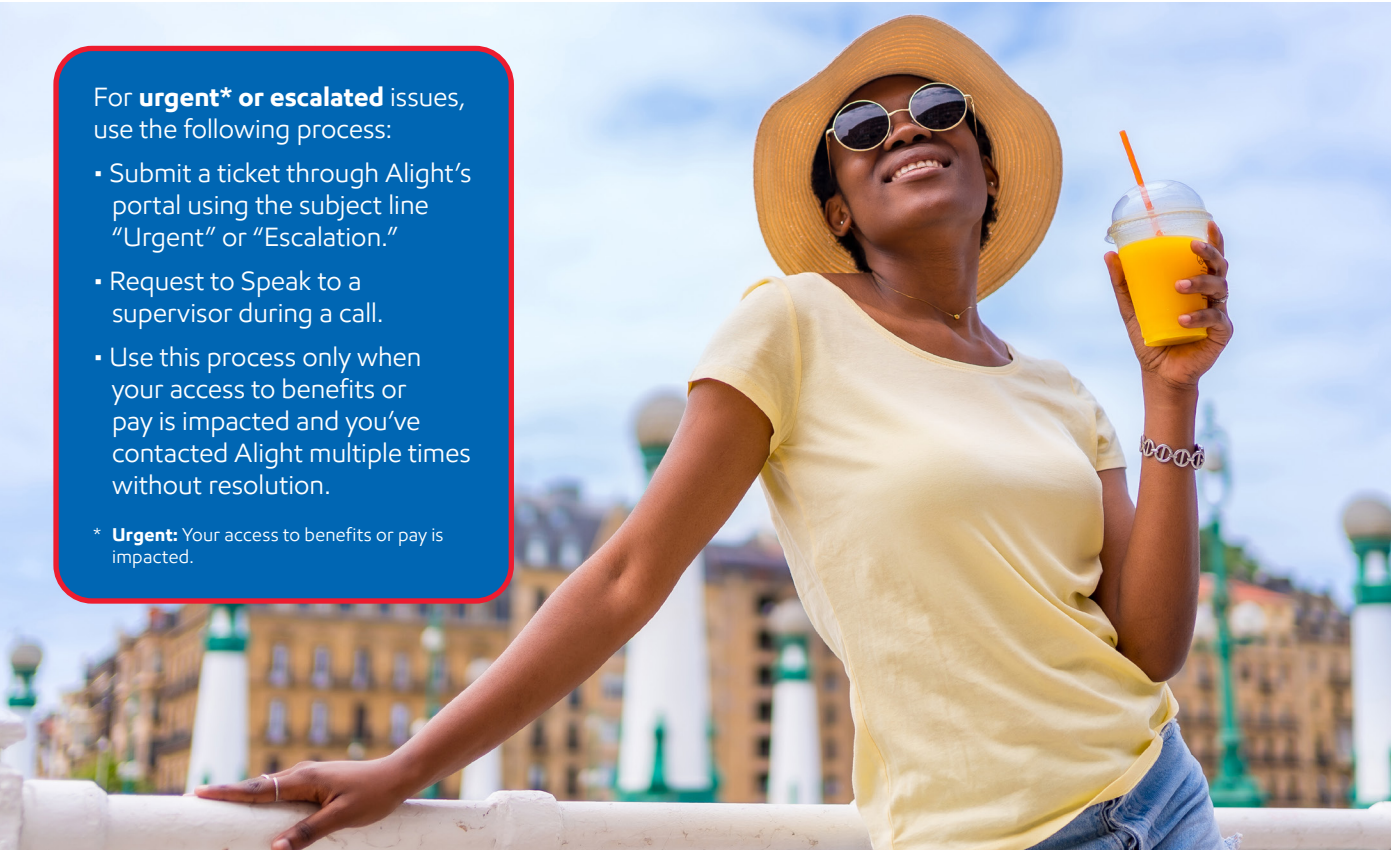
| Organization                                       | Role                                                                                                                | Go here for help with...                                                                                                                          |
|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>ExxonMobil</b><br>Plan Sponsor                  | Designs and funds employee benefit programs and determines the benefits offered to eligible employees and families. | <a href="https://exxonmobilfamily.com/en/annual-enrollment">exxonmobilfamily.com/en/annual-enrollment</a>                                         |
| <b>Alight</b><br>Benefits Administrator            | Manages benefit enrollments, eligibility and administration processes.                                              | Annual enrollment, life event updates and beneficiaries.                                                                                          |
| <b>BCBSTX</b><br>Medical Carrier                   | Administers medical benefits, provider network and medical claims.                                                  | In-network hospitals and doctors, medical coverage, medical claims, prior authorizations, health advocacy and ID cards.                           |
| <b>Express Scripts</b><br>Pharmacy Benefit Manager | Administers prescription drug benefits, pharmacy network, mail order and specialty medications.                     | Prescription drug coverage, in-network pharmacies, mail order, specialty medications, prior authorizations, formulary, drug pricing and ID cards. |
| <b>Delta Dental</b><br>Dental Carrier              | Administers dental benefits, dental provider network and dental claims.                                             | In-network dentists, dental coverage, claims, explanations of benefits, pre-treatment estimates and ID cards.                                     |
| <b>MetLife</b><br>Vision Carrier                   | Manages vision benefits, vision provider network and vision claims.                                                 | Eye exams, glasses or contacts, vision claims and ID cards.                                                                                       |
| <b>MetLife</b><br>FSA Administrator                | Manager health care and dependent care flexible spending accounts administration.                                   | FSA balances, reimbursements, eligible expenses, and debit card questions.                                                                        |

For contact information, please refer to the table on page 18.

For **urgent\*** or **escalated** issues, use the following process:

- Submit a ticket through Alight’s portal using the subject line “Urgent” or “Escalation.”
- Request to Speak to a supervisor during a call.
- Use this process only when your access to benefits or pay is impacted and you’ve contacted Alight multiple times without resolution.

\* **Urgent:** Your access to benefits or pay is impacted.



# Key contacts

| Vendor                                              | Description                                                                                                                                                                                       | Contact                                                                                                                                                  |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Benefits administrator</b>                       |                                                                                                                                                                                                   |                                                                                                                                                          |
| <b>Alight</b>                                       | <b>Your Total Rewards</b> portal                                                                                                                                                                  | <b>833-776-9966</b><br><a href="https://digital.alight.com/exxonmobil">digital.alight.com/exxonmobil</a>                                                 |
| <b>Medical</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 Advocates</li> <li>24-Hour Nurse Line</li> <li>Chronic condition and cancer care support</li> </ul> | <b>877-278-5214</b><br><a href="https://bcbstx.com/exxonmobil">bcbstx.com/exxonmobil</a>                                                                 |
| <b>Express Scripts</b>                              | Prescription drug benefits                                                                                                                                                                        | <b>800-695-4116</b><br><a href="https://express-scripts.com/exxonmobil">express-scripts.com/exxonmobil</a>                                               |
| <b>OneImaging</b>                                   | Access to affordable, high-quality imaging centers nationwide, with personalized concierge scheduling assistance                                                                                  | <b>833-619-0837</b><br><a href="mailto:order@oneimaging.com">order@oneimaging.com</a>                                                                    |
| <b>Telemedicine</b>                                 |                                                                                                                                                                                                   |                                                                                                                                                          |
| <b>MDLIVE</b>                                       | 24/7 access to board-certified doctors via video chat or phone (urgent care and behavioral health)                                                                                                | <b>888-680-8646</b><br><a href="https://bcbstx.com/exxonmobil">bcbstx.com/exxonmobil</a>                                                                 |
| <b>Dental</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><br><a href="https://www1.deltadentalins.com/group-sites/exxonmobil.html">www1.deltadentalins.com/group-sites/exxonmobil.html</a>     |
| <b>Vision</b>                                       |                                                                                                                                                                                                   |                                                                                                                                                          |
| <b>MetLife</b>                                      | Vision benefits with the Superior Vision network, administered by MetLife                                                                                                                         | <b>833-EYE-LIFE</b><br><a href="https://metlife.com/info/exxonmobil">metlife.com/info/exxonmobil</a>                                                     |
| <b>Flexible Spending Accounts</b>                   |                                                                                                                                                                                                   |                                                                                                                                                          |
| <b>MetLife</b>                                      | Health care and dependent care flexible spending accounts administration: view balances, file reimbursement claims and more                                                                       | <b>866-346-5800</b><br><a href="https://my.healthequity.com">my.healthequity.com</a>                                                                     |
| <b>Programs and point solutions</b>                 |                                                                                                                                                                                                   |                                                                                                                                                          |
| <b>ComPsych</b>                                     | Employee Assistance Program (EAP) offers confidential counseling for personal issues, with up to 8 sessions per topic, per year, and clinical referrals for more complex needs                    | <b>888-226-1420</b><br><a href="https://guidanceresources.com">guidanceresources.com</a><br>(Organization Web ID: ExxonMobil)<br>Mobile App: GuidanceNow |
| <b>My Medical Ally</b>                              | Second opinion services to help you understand your diagnosis and treatment options, find the right doctor or hospital, and get an expert second opinion                                          | <b>888-361-3944</b><br><a href="https://mymedicalally.alight.com">mymedicalally.alight.com</a>                                                           |
| <b>Omada</b>                                        | Weight management, diabetes and hypertension support, online tools and education                                                                                                                  | <b>888-987-8337</b><br><a href="https://omadahealth.com/exxonmobil">omadahealth.com/exxonmobil</a>                                                       |
| <b>Hinge Health</b>                                 | Digital physical therapy, online tools and education for ongoing musculoskeletal issues                                                                                                           | <b>855-902-2777</b><br><a href="https://hingehealth.com/for/exxonmobil">hingehealth.com/for/exxonmobil</a>                                               |
| <b>Progyny</b>                                      | Fertility services, personalized support, expert guidance, and patient advocacy                                                                                                                   | <b>833-851-2229</b><br><a href="https://progyny.com">progyny.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 dependent's 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.

## Notice Regarding Form 1095-C Distribution

In accordance with recent changes to IRS regulations, employers are no longer required to furnish Form 1095-C to employees in paper format. Instead, you will be provided with access to an electronic version of the form, which will be available for secure download in PDF format.

If you prefer to receive a paper copy of Form 1095-C, you will need to submit a formal request. Detailed instructions on how to do so will be provided in October. An email notification will be sent during the first week of February once the forms are finalized and available for access.

## 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 Health and Welfare 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 ExxonMobil Health and Welfare Plan is 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).

## 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 CT).

## 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, air ambulance provider 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).

**ExxonMobil**

