



Attachment F

Health Care Flexible Spending Account ("HCFSA")

Benefit Booklet as of January 2026

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Introduction

This Benefit Booklet describes the ExxonMobil Health Care Flexible Spending Account ("HCFSA"). The HCFSA is offered under the ExxonMobil Pre-Tax Spending Plan, which permits Eligible Employees to choose to pay for certain benefits on a pre-tax basis. The HCFSA is a component of the ExxonMobil Health and Welfare Plan ("EMHWP") and is governed by the Employee Retirement Income Security Act of 1974 ("ERISA"). MetLife Consumer Services, LLC is the Claims Administrator for the HCFSA.

The purpose of this Benefit Booklet is to summarize the HCFSA and provide you with general information about how the HCFSA works, qualified and non-qualified expenses, claims and your rights as a participant in the Plan.

For information regarding key or defined terms used in this Benefit Booklet, see the "Glossary" included in the EMHWP SPD.

Information Sources

Your Total Rewards portal (digital.alight.com/exxonmobil)

Alight Mobile app (available through Apple App Store or Google Play)

Phone: 833-776-9966

Address: Dept 02694, PO Box 64116, The Woodlands, TX, 77387-4116

ExxonMobil sponsored sites –Provides employees and their family members access to plan-related information.

- **EM Connect, the Human Resources Intranet Site** — Can be accessed at work by current employees.
- **ExxonMobil Family, the Human Resources Internet Site** — Can be accessed from home by everyone at www.exxonmobilfamily.com.

MetLife

Health Care and Dependent Care Flexible Spending Accounts

Phone: 833-675-2831

Monday - Friday, 7 am–7 pm CST (except certain holidays)

healthsavingsandspending.metlife.com (goto/metlifefsa with a company device)

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

Overview

The HCFSAs let you set aside a portion of your pay on a pre-tax basis to reimburse yourself for certain qualified health care expenses that are incurred during the year, such as deductibles, co-payments, office visits, hospital bills, prescriptions, over-the-counter medicine and drugs, qualified dental and vision care, diagnostic items such as diabetic testing supplies, and more. The HCFSAs are regulated by the Internal Revenue Service ("IRS"). Below are some key highlights of the HCFSAs which are described in more detail in EMHWP SPD:

- **Tax Savings** – When you participate in the HCFSAs, you save money in taxes because your contributions are deducted from your pay on a pre-tax basis and then credited to a spending account established for you. This reduces your gross income for federal income tax purposes and the amount of federal and, in many cases, state taxes you pay. However, any amount you contribute may also reduce your Social Security Wage Base ("SSWB"), which is used in determining your Social Security benefit. For employees below the SSWB, the amount of Social Security tax paid is also reduced. See the [Tax Advantages](#) of the HCFSAs section.
- **Qualified Expenses** – Your HCFSAs funds can be used for a range of out-of-pocket expenses. These include copays, coinsurance, and deductibles. To learn more about other qualified expenses, please refer to the Qualified Expenses section.
- **Convenience and Ease of Use** – Pre-tax contributions are deducted from your paycheck each pay period. You will also be provided with a single, multi-purpose debit card for ease of paying for qualified expenses and have access to a participant portal and mobile app where you can manage your HCFSAs 24/7/365.
- **Plan carefully** – Estimating your eligible out-of-pocket health care expenses for the coming year is a critical component when determining how much you want to contribute to your HCFSAs. A good place to start is looking at what you spent last year on out-of-pocket health care costs. The amount you decide to contribute is critical, because due to IRS regulations, any contributions in your HCFSAs that are not used during the plan year or carried over will be forfeited.

Eligible Employees

Exxon Mobil Corporation ("Corporation") determines eligibility in its sole and exclusive discretion. More information regarding eligibility for the HCFSAs can be found in the Welfare Programs and Eligibility section of the EMHWP SPD.

Eligible Dependents

You may claim reimbursement of eligible health care expenses for your family members even if they are not covered under the EMHWP. Your dependents for the purposes of the HCFSAs include:

- Your spouse.
- Anyone whom you can claim as a dependent for income tax purposes.
- A child who would otherwise qualify but you cannot claim as a dependent for income tax purposes because you do not have custody.

Enrollment

As a newly hired employee, you will receive enrollment materials from the ExxonMobil Benefits Service Center. If you wish to enroll in the HCFSA, you have 60 days to do so after your start date for your coverage to begin on the first day of employment. You must enroll again each year to participate in the HCFSA. Enrollment each year is not required to participate in the rollover for the HCFSA. The carryover applies to any unused funds in your HCFSA at the end of the plan year, as long as you are an employee as of January 1 of the following plan year.

Your election to participate in the HCFSA is irrevocable as of the close of the annual enrollment period, and you may not change your election for the following year except for a qualifying mid-year change in status event or for a mistake. More information regarding enrollment can be found in the Enrollment and Participation section of the EMHWP SPD.

How the HCFSA Works

- Estimate next year's qualified out-of-pocket health care expenses that are not reimbursed elsewhere.
- Decide how much to set aside for qualified expenses, up to the maximum allowed by the HCFSA.
- Pre-tax deductions will be taken out of your paycheck in equal installments through the year.
- Full-year amount of elected contributions is made available on Day 1. (This is true even before you have not made any contributions).
- After you incur eligible health care expenses, you submit proof of treatment, services, or purchases and their costs.
- Get reimbursed with pre-tax dollars from your HCFSA.

Contribution Amount

The contribution maximum for 2026 is \$3,300 for individual or household. 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.

Importance of Determining Your Contribution Amount

Funds in excess of \$660 not used to cover qualified expenses by the end of the calendar year will be forfeited, however you are permitted to carry over funds up to the \$660 HCFSA contribution limit.

Money remaining in your account after all qualified expenses for the year have been reimbursed will be forfeited. If you use all the money in your HCFSA before the end of the plan year, you cannot increase the original amount you elected to contribute.

When determining how much to contribute to the HCFSA you should:

- Estimate the amount 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.
- Review what your out-of-pocket health care expenses were over the past couple of years.

- Account for any one-time qualified expenses you expect to incur during the coming year.

Contribution Changes

Your HCFSA annual election remains in effect for the entire calendar year and cannot be changed unless you experience a qualifying mid-year change in status event.

Mid-Year Change in Status Events

If you experience a qualifying mid-year change in status event during the plan year, you may be able to prospectively begin, increase, cancel, or reduce coverage in the HCFSA. Changes in your elections must be consistent with the changes in status, and the change generally must be made within 60 days of the event. Your adjusted spending account election is generally effective the first of the month following your election. Any change in election affecting annual contributions to the HCFSA will only change the amount available for reimbursement from the respective account for the portion of the plan year remaining following the effective date of the change. Any increase in the amount available for reimbursement under the HCFSA after such an election change may not be used to reimburse expenses incurred prior to the effective date of such change. You may only reduce your election for the remainder of the year to an amount greater than or equal to the amount already contributed. If you cancel your election (reduce to zero), you may only file claims for eligible expenses incurred before you changed your election.

If your election is not made through the Your Total Rewards portal or by calling the ExxonMobil Benefits Service Center within 30 days of the change in status, you may not make a new DCFS election or change your current HCFSA election until you have another change in status or until the next annual enrollment period. For more information regarding qualifying mid-year change in status events for the HCFSA, see the Changes to your Health Care FSA section in the EMHWP SPD.

Qualified and Non-Qualified Expenses

Qualified Expenses

You can use FSA funds for a range of **out-of-pocket expenses**. These include copays, coinsurance and deductibles, office visits, hospital bills, prescriptions, over-the-counter medicine and drugs, qualified dental and vision care, diagnostic items such as diabetic testing supplies and more.

Examples of Qualified Expenses allowed by your FSA and the IRS include, but are not limited to:

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limb
- Birth control pills
- Blood pressure monitoring device
- Breast pumps and related supplies
- Chiropractic care
- Contact lenses and related materials
- Dental treatment
- Dentures
- Diagnostic Services
- Drug addiction treatment
- Eye examination, eyeglasses and reading glasses
- Family planning items
- Fertility treatment
- Flu Shot
- Hearing aids
- Hospital services
- Immunization
- Insulin and diabetic supplies
- Laboratory fees
- Laser eye surgery
- Medical testing devices
- Nursing services
- Obstetrical expenses
- Orthodontia (not for cosmetic reasons)
- Over the counter (OTC) medicine and drugs
- Oxygen
- Physical exam
- Physical therapy
- Prescription drugs
- Psychiatric care
- Smoking cessation program and medications
- Surgery
- Sunscreen & sun block (SPF 15+ broad spectrum)
- Transportation for medical care
- Weight loss program necessary to treat a specific medical condition
- Wheelchair, walkers, crutches and canes

See IRS publication 502 available at <http://www.irs.gov/pub/irs-pdf/p502.pdf> for a full and update-to-date list of qualified expenses.

Non-Qualified Expenses

The IRS does not allow the following expenses to be reimbursed under the FSA. Expenses to promote general health are not qualified expenses unless prescribed by a physician for a specific medical ailment. This list is not meant to be all-inclusive:

- | | | | |
|-------------------------------|------------------------|--------------------------------------|------------------------------------|
| ▪ Aromatherapy | ▪ Dental floss | ▪ Illegal Operation or Treatment | ▪ Rogaine |
| ▪ Baby bottles & cups | ▪ Deodorants | ▪ Insurance premium interest charge | ▪ Student Health Fee |
| ▪ Baby wipes | ▪ Diaper service | ▪ Insurance premiums | ▪ Swimming lessons |
| ▪ Canceled appointment fees | ▪ Discounts/write-offs | ▪ Low calorie foods | ▪ Teeth whitening/bleaching |
| ▪ Contact lens insurance | ▪ Electrolysis | ▪ Maternity clothes | ▪ Vision discount program premiums |
| ▪ Cosmetic Surgery/Procedures | ▪ Exercise equipment | ▪ Mouthwash | ▪ Vitamins (for general health) |
| ▪ Cotton Swabs | ▪ Eyeglass Insurance | ▪ Nutritional Supplements | |
| ▪ Dancing/Exercise Programs | ▪ Fitness Programs | ▪ Personal trainer | |
| | ▪ Hair Loss Medication | ▪ Prescription drug discount program | |
| | ▪ Hair Transplant | | |
| | ▪ Health Club Dues | | |
| | ▪ Humidifier | | |

Filing claims and payment / reimbursement options

How to File Claims?

Expenses are “incurred” when the service is provided, not when the expense is actually paid. You will have until March 31 to submit claims for expenses incurred during the prior plan year. The HCFSa will not reimburse you for claims received after that date unless you have proof that the claims were to be delivered by March 31st. For example, if a facsimile, the facsimile confirmation to the correct telephone number must be before midnight March 31st. If mailed using a mail or delivery service, the delivery receipt must indicate a guaranteed date by March 31st. Claims submitted late will not be reimbursed.

You will receive reimbursement from your HCFSa for the total amount of qualified expenses you are submitting for reimbursement, up to the amount you have chosen to contribute for the plan year.

- **Debit card transactions:** When you pay for products and services using your card, transaction amounts are loaded immediately as pre-authorizations to update the available HCFSa balance and become “claims” once those transactions have settled. If a receipt is required to substantiate the claim, you will receive notifications outlining action needed. All notifications are written to be clear and include detailed instructions and links to help you work through receipt submission.
- **Online:** The online claim flow asks for a few simple details to submit a claim and validates expense eligibility and available balance for the HCFSa. You may upload receipts online during claim entry, or submit them later using fax, mail, or your mobile device.

- **Mobile App:** You can submit a claim and upload a receipt using receipts from the Receipt Organizer, take a snapshot of a new receipt, or use an existing receipt snapshot from the camera roll.
- **Manual/Paper Claims:** You can submit paper claim reimbursement requests by fax or mail, including requests for recurring claim payments for items like orthodontia.
- **Claims Exchange:** Carriers send the patient responsibility portion of the eligible expenses on “auto claims” or “crossover claims.” Claims are validated for reimbursement and may be:
 - Reimbursed directly from your account, based on employer plan stacking rules, participant eligibility, and available account balances;
 - Held in a claims queue until you elect to make a payment from your benefit accounts. The claims queue can be accessed from either the Participant Portal or the mobile app for iOS and Android devices.

How to Pay Using Your HCFSA or Reimbursing Yourself

There are four primary methods of payment/reimbursement from your HCFSA:

- 1 – **Using your debit card to swipe** at a merchant/retailer, pharmacy, or your healthcare provider (doctor or dentist).
- 2 – **Using your debit card online** to pay via your healthcare provider’s online web portal.
- 3 – **Direct payment to a provider** via the participant portal. Once you enter in your provider’s information on the portal, we send them payment in the form of a check.
- 4 – **Reimbursement made** directly to you whenever you use your personal credit card, cash, or check to pay for a qualified expense.

You can set a frequency (once, weekly, monthly) and when reimbursing yourself, you can have the funds direct deposited into a bank account on file or paid to you by check.

HCFSA Carryover

Your employer allows you to roll over up to \$660. If you have any unused funds at the end of the plan year, you can roll over up to \$660. All other unused funds will be forfeited.

Appeals

The Right to Appeal

You have the right to appeal our decision regarding any denied claim(s) for benefits, and you must file your request for review within 180 days of the date you receive your denial letter from MetLife. Please contact MetLife Customer Service at 1-833-675-2831 with your claim details for review.

Appeal Review Process

Consumers have the right to appeal a denied claim if the following conditions are met:

1. The claim has not been previously appealed
2. The claim being appealed was submitted with documentation prior to the final filing date
3. The appeal is within 180 days of the claim denial

To appeal a claim, you need to contact MetLife Customer Service at 1-833-675-2831 to receive a claim appeal form. Once you receive the claim appeal form, you need to complete and submit the form along with additional documentation within the appeal eligibility period back to MetLife Customer Service. The form can be submitted via fax, mail, or email. All returned documentation is then reviewed by a claim adjudicator who did not process the original claim, and they decide to uphold the denial or approve the claim.

Other provisions

Tax Advantages of the HCFSA

Contributions to your HCFSA are deducted from your pay before federal income tax and social security tax, and in most cases, state and local taxes are deducted. By being reimbursed for qualified expenses through your HCFSA, you can save on taxes and make your money go further.

Below is an example of the potential tax savings for an individual whose gross annual salary is \$55,000 and is taxed at an estimated tax rate of 22%. You can see that since you're not paying taxes on money you contribute, you end up with more money to use for qualified expenses.

Health Flexible Spending Account - HCFSA			
Without HCFSA		With HCFSA	
Annual Income	\$55,000	Annual Income	\$55,000
Pre-Tax HCFSA Contribution	\$0	Pre-Tax HCFSA Contribution	\$2,750
Taxable Income	\$55,000	Taxable Income	\$52,250
Estimated Taxes (22%)	\$12,100	Estimated Taxes (22%)	\$11,495
Available Funds	\$42,900	Available Funds	\$43,505
Tax Savings \$605			

Please note that the savings shown in the example above are based on an estimated Federal tax rate of 22% and does not take into consideration state or local taxes, tax deductions, or tax credits. The amount participants can save in taxes will vary depending on various factors, such as the amount they set aside in the accounts, their annual earnings, whether or not they pay Social Security taxes, the deductions they claim on their tax returns, their tax brackets, and their state and local tax regulations. Participants should check with their own tax advisors for information on how their participation will affect their tax savings.

The Federal Tax Deduction and HCFSA

The IRS allows you to deduct some health care expenses on your federal income tax return when such expenses exceed 7.5% of your adjusted gross income. However, if you are reimbursed for an expense through an HCFSA, you may not claim that expense as a deduction or credit on your tax return.

Impact on Social Security

Contributions to an HCFSA may lower your income for Social Security purposes. Over time, having a lower income could reduce the Social Security benefits you eventually receive, particularly if you contribute the maximum to the HCFSA accounts over many years. However, typically the benefit reductions are very small. You should consult with your tax advisor on what makes sense for you.

Notices from MetLife

Most of your HCFSA notifications are sent through email. However, if we do not have an email for you on file, all critical notices requiring action will be mailed. All your HCFSA notices can be found on the Participant Portal in the Message Center. Once you set up your account and log into the Participant Portal, you can set up how you would like to receive your notifications (online or paper) and how you would like to be alerted that they are waiting for you (email or text).

You may also review your account via the MetLife HS&SA Mobile App. To download, search for **HS&SA** on the Apple or Android app store on your mobile device. Our secure mobile application makes managing your account easy through quick access and intuitive navigation to all your important account information while you are on the go. This app is designed for your Apple device (including iPhone® and iPad®) or Android device.

Assignment of Benefits

Assignment of Benefits is not allowed with the HCFSA. You cannot assign any amount in your accounts to your creditors, and your creditors cannot claim any amounts in your account.

Leave of Absence (“LOA”)

Please contact the ExxonMobil Benefits Service Center about your rights and responsibilities during your leave and your return to work.

Participation When Your Employment Ends

When you leave ExxonMobil, your coverage under the HCFSA (pre-tax contributions) will end on the last day of the month in which your termination or retirement date occurs. Reimbursement from the HCFSA for expenses you incur after your termination or retirement is not permitted unless you are offered and elect COBRA coverage for the HCFSA. For more information regarding your rights under COBRA, see the COBRA Continuation Coverage of the EMHWP SPD.

Health care expenses you incur prior to termination or retirement will be reimbursed up to the amount of your projected election for the year.

If you die as a participating employee, your surviving spouse, the executor or administrator of your estate or a court-appointed party may file claims for eligible expenses incurred before your death.

Your Privacy Rights

The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") Privacy Rule creates national standards to protect your medical records and other Protected Health Information ("PHI"). It gives you more control over your health information and sets boundaries on the use and release of health records. For more information regarding your rights under HIPAA, please refer to the HIPAA Privacy Notice included in the EMHWP SPD.

HCFSA Termination

If the HCFSA terminates, no benefits will be paid for events or incidents occurring after the date of termination.

Your Responsibility as a Participant in the HCFSA

You have the responsibility to periodically check the contributions being made on your behalf and validate the accuracy of the deductions from your pay and/or your direct billing premiums and notify the Administrator – Benefits within a reasonable period of any errors. If you fail to bring any errors to the attention of the Administrator – Benefits within a reasonable time, you will be considered to have agreed to the amounts being deducted.

Your COBRA Continuation Coverage Rights and Responsibilities

The Consolidated Omnibus Budget Reconciliation Act ("COBRA") provides for continuation of certain benefits for "qualified beneficiaries" who lose their coverage due to a "qualifying event." Under COBRA, you may be entitled to continue coverage in the HCFSA for the remainder of the year and to receive reimbursement for eligible expenses incurred following termination or retirement. You will be allowed to elect COBRA coverage only if the maximum amount available to you from the HCFSA for the remainder of the year is greater than or equal to your required contribution for the remainder of the year. During the period of COBRA coverage, you continue your contributions to the HCFSA for the amount of your current election for the HCFSA plus a two percent administrative fee. Because you would no longer be receiving taxable pay from which your elected amount can be deducted, your contributions would be made on an after-tax basis. For more information regarding your rights under COBRA, please refer to the COBRA Continuation of Coverage section included in the EMHWP SPD.

HCFSA Special COBRA Rules

- All HCFSA COBRA contributions are deducted on a post-tax basis
- COBRA continuation coverage is not available to participants who do not have account balances in the HCFSA at the time of the qualifying event.
- The total remaining HCFSA COBRA amount is the difference between the amount you initially elected, and the total amount reimbursed as of the date of the qualifying event.

- COBRA continuation coverage extends participation in the HCFSA through the earlier of (1) the end of the plan year (December 31) in which the qualifying event occurred or (2) the period during which contributions continue to be paid.
- All HCFSA COBRA contributions must be the same per pay period amount that was in effect immediately preceding the qualifying event.