



Your Guide to 2023 Health Benefits

Wellbeing at Work and Beyond | Benefits That Matter

Why Annual Enrollment
Matters to You

How to Enroll
in the New System

Learn What's New
with Your Benefits

Compare Your Plan Options

Annual Enrollment
October 17–November 4, 2022

ExxonMobil

Annual Enrollment October 17–November 4

We can't think of anything more important than your wellbeing...at work and beyond.

ExxonMobil's benefits are designed to support every bit of your wellbeing — physically, emotionally, financially and mentally — with benefits that matter in every stage of life.

We follow a rigorous process to regularly review our benefits, focusing on enhancing our existing programs, improving accessibility to care and broadening coverage to offer you valuable and competitive benefits that meet your needs.

Take time to review your benefit coverage during Annual Enrollment, learn about changes for next year and continue to take an active role in your health care decisions.

Tools and Tips to Learn More

- Know the steps to enroll and the deadline on [page 3](#).
- Understand the changes for 2023 and how they might impact you on [pages 4–6](#).
- Get the facts you need to choose a medical plan option and understand how to use your medical plan benefits on [pages 8–11](#).
- Find and compare health care costs anytime, anywhere, at [goto/Cigna](#) or [cigna.com](#) or [goto/Aetna](#) or [aetna.com](#).

Remember: Annual Enrollment is the only time you can enroll in or make changes to your health care benefits for the 2023 plan year, unless you experience a change in status during the year.



Go to exxonmobilfamily.com/en/annual-enrollment
for more information!

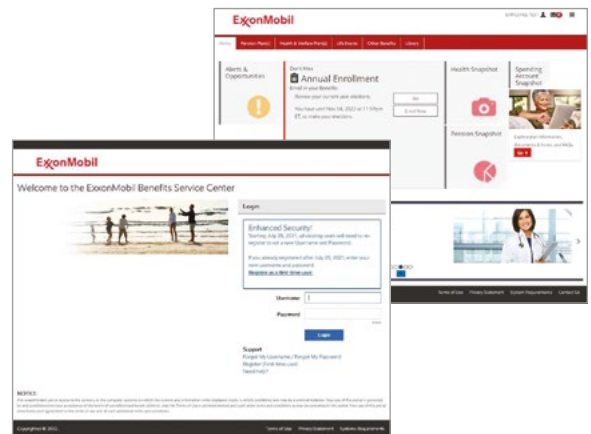
This enrollment guide is a supplement to the Summary Plan Descriptions (SPDs) for the ExxonMobil Medical Plan, ExxonMobil Dental Plan, ExxonMobil Vision Plan, and the ExxonMobil Pre-Tax Spending Plan. It is a summary of all material modifications that are effective January 1, 2023, and should be retained with your SPDs.

New Benefits Enrollment System

We have a new enrollment system — the ExxonMobil Benefits portal — since last Annual Enrollment. Follow these three steps to complete your Annual Enrollment elections:

- 1 Access the portal at exxonmobil.com/benefits from any device (computer, tablet or mobile phone). If you have never visited the portal, you will need to register first.
- 2 Check your current elections by clicking on the “Go” button on the home page and follow the on-screen instructions. If you need help learning how to use the new system, review the tutorial located on the Enroll in Benefits page at exxonmobilfamily.com/en/annual-enrollment.
- 3 Make your elections for 2023 coverage. Click on “Enroll Now” on the home page and follow the instructions. Be sure to save your elections throughout the process and submit when you are finished. **Important:** Keep the confirmation for your records.

You must enroll starting October 17 and no later than 10:59 p.m. CST, November 4, 2022. During this period, you can elect, change or cancel your coverage for 2023.



Haven't registered in the new EM Benefits portal yet? Read the tutorial in the Enroll in Benefits section at exxonmobilfamily.com/en/annual-enrollment.

Important Enrollment Information

Annual Enrollment is your once-a-year opportunity to review your benefits coverage, learn about changes for next year and continue to play an active role in your health care and wellbeing decisions to find coverage that best fits your needs.

Also, make sure all of your personal information is updated on the ExxonMobil Benefits portal, including your home address and contact information.

If you want to contribute to a new or existing Healthcare and/or Dependent Care Flexible Spending Account (FSA) for 2023, you must make an active selection.

You do not have to go through the enrollment process if you want to continue with your current medical, dental and vision plan selections. They will be automatically carried over to 2023.

Can I Enroll by Phone?

The ExxonMobil Benefits Service Center has multiple methods of enrolling: computer, tablet or mobile phone.

If, for some reason, you cannot enroll through one of those methods, you can enroll by phone in medical, dental or vision coverage or Health Care or Dependent Care Flexible Spending Accounts (FSA). The phone number is **800-682-2847**.

For More Information

If you have questions about Annual Enrollment, call the ExxonMobil Benefits Service Center (EMBSC) at **800-682-2847** from Monday through Friday 8 a.m. to 6 p.m. EST. If you need further assistance after contacting EMBSC, send an email to hr.health.welfare@exxonmobil.com.

What's New for 2023

Health Care Changes

Medical

Aetna

- Beginning in 2023, Aetna enrollees can get preventive and primary care at no cost at a walk-in CVS MinuteClinic. MinuteClinics are open seven days a week and located in select CVS pharmacies and Target stores. Visit [cvs.com/minuteclinic/clinic-locator](https://www.cvs.com/minuteclinic/clinic-locator).
- Behavioral health services will move from Magellan to Aetna. This change allows members to access a larger network of providers and facilities and improves care from a holistic standpoint.
- If you are enrolled in the Aetna Select option, you will no longer be required to get a specialist referral from your primary care physician. We encourage you to maintain a strong relationship with your primary care doctor, but this should make scheduling with specialists more convenient for you.
- If you are enrolled in the POS II A or B option, non-emergent medical care outside the U.S. will no longer be covered by the Plan. Emergency/urgent care will continue to be covered at the applicable cost share.
- Addition of coverage for chelation therapy; medical necessity requirement for in-home physical, occupational, speech therapies; limitation of acupuncture visits to 10 per calendar year; and alignment of oral-motor therapy to Aetna Clinical Policy Bulletins.
- If you are enrolled in the POS II A or B option, the limit to file non-network claims (claims originating January 1, 2023 or after) will be moved from 24 to 12 months.

How is my care affected if I currently see a Magellan provider?

If your provider is **NOT** in the Aetna network and you are undergoing treatment as of December 1, 2022, sign up for Transition of Care (TOC). You or your provider must submit a TOC Form to Aetna no later than April 1, 2023. For assistance, call Aetna at **800-255-2386**.

Cigna

Weight management medications will be available as part of your pharmacy coverage, if you are eligible. This coverage is subject to prior authorization and medical necessity review.

Prescription Drugs

Some coinsurance percentages and coverage maximums will change. Most of the changes will be in the formulary brand and non-formulary brand prescription drug categories in the Aetna Select and Cigna OAPIN options. See the updated coverage amounts on [page 11](#).

Changes in Medical Contributions

Monthly medical contributions will increase between \$0 to \$24 per month, depending on the plan option you enroll in and who you cover. See the 2023 rates on [page 11](#).

Update to Coordination of Benefits Provisions

Effective January 1, 2023, the coordination of benefits provisions for the ExxonMobil Medical Plan (EMMP) and ExxonMobil Dental Plan (EMDP) will be:

- When EMMP/EMDP is your primary plan, EMMP/EMDP will pay your medical/dental claims first, as if there is no other coverage.
- When EMMP/EMDP is your secondary plan, EMMP/EMDP will pay benefits after the primary plan, and that payment amount will be the lesser of:
 - What EMMP/EMDP would have paid if it had been primary, or
 - What EMMP/EMDP would have paid less the primary plan's payment.



Dental

Contributions for dental coverage are increasing by either \$1 or \$2 monthly in 2023. See [page 12](#) for details. No other changes are occurring in your coverage.



Vision

Good News: Your premiums for vision coverage are not increasing in 2023.

Spectera is rebranding to UnitedHealthcare Vision. If you are enrolled or plan to enroll in vision coverage, you will receive a new UHC Vision ID card in the coming months. There are no changes to your current coverage.



Leaves of Absence

For any approved leave of absence (except military and health/dependent care), if you elect to maintain health coverage, the company will continue its contributions for up to 12 months. You may elect COBRA coverage upon the end of the 12 months of subsidized health coverage.

Employee Assistance

When life is challenging, the Employee Assistance Program (EAP) can be a major resource for you and your family. We are excited to partner with [ComPsych](#), a globally recognized EAP vendor, starting in January 2023.

You can receive up to eight in-person sessions per topic per year at no cost, or you can connect to an EAP counselor by phone or video. It is confidential and can help with parenting, professional growth, work-life balance, stress and anxiety, and more.

It also provides insightful coaching and guidance on legal and financial matters as well as work/life support and services for family care and personal convenience matters. Online resources and the mobile platform are available 24/7, including with digital well-being tools and wellness information.

Important: The Employee Health Advisory Program (EHAP) is now the Employee Assistance Program (EAP). There is no need to enroll; coverage is automatic.

Note: If you started EAP counseling sessions with Magellan during Q4 2022, your allotted sessions will be available with your assigned counselor to assist you on your topic through the end of January 2023.

COMPSYCH[®]
GuidanceResources[®] Worldwide

Phone: 888-226-1420
(available 24/7)

Web:
guidanceresources.com
(Organization Web ID:
exxonmobil)

Mobile App:
GuidanceNowSM

Flexible Spending Account (FSA) Updates

The special COVID-19 rollover amounts won't apply to next calendar year. Here is a quick recap:

- **Health Care Flexible Spending Account** — You can roll over a maximum of \$570 in unused funds from 2022 to 2023. Your maximum contribution in 2023 can be \$2,850.
- **Dependent Care Flexible Spending Account** — Any unused funds in your account at the end of 2022 will not roll over to the 2023 plan year.

Read more about FSAs on [page 14](#).



Enhancements and Program Updates



Resources for Chronic Conditions

If you struggle with your weight and/or blood pressure, or you're at risk for diabetes or heart disease, we encourage you to try one of the programs available through Omada.

Omada Health creates a personalized plan to meet your unique needs and achieve long-term health goals. You will receive real-time tips, health care equipment and support from care team coaches and specialists.

If you meet eligibility requirements, the program is 100% free for medical plan participants, and it can help you feel better, manage your medication and reduce your out-of-pocket health care costs.

Omada for Diabetes

- Type 1 and Type 2 Diabetes
- Diabetes and Hypertension

Omada for Prevention

- Prediabetes
- Weight Management
- Cardiometabolic Risk

Omada for Hypertension

- Hypertension
- Hypertension and Diabetes

Note: If you are enrolled in an Aetna medical plan option and are receiving support through Livongo, you will be transitioned to Omada as of January 1, 2023.



Fertility Benefits

ExxonMobil offers comprehensive fertility benefits for medical plan participants through [Progyny](#). We are excited to expand our offerings in 2023 to include:

- 3 + 1 Smart Cycles, which allows an additional Smart Cycle if your first three do not result in a successful pregnancy
- Prescription drug coverage through Progyny Rx, including a seamless authorization process, overnight delivery of medications, and access to pharmacy clinicians to answer questions
- Coverage for donor tissue purchase services

These services may result in tax implications and will be described in further detail prior to implementation in 2023. Please note that dependent children are not eligible for fertility services effective 1/1/2023. (Updated May 2023)

If you are interested in beginning fertility treatments or you are in the middle of a fertility treatment, please reach out to your dedicated Patient Care Advocate, or PCA, at **833-851-2229** to learn more about your Progyny fertility benefit and how these enhancements may impact you.



Updated Help With Musculoskeletal Pain

If you have neck, back, shoulder, knee or ankle pain, or pelvic floor disorder, try [Hinge Health](#). Here are three things to know about Hinge Health:

- 1 Personalized physical therapy lessons with wearable sensors help you determine where you need help and what kind.
- 2 In-home therapy means you don't have to drive across town for an appointment (that saves you time and gas).
- 3 It's 100% free to you if you are enrolled in the ExxonMobil Medical Plan.



Oncology Support

If you currently receive support from an Optum oncology nurse, you will transition to advocacy nurses with the Aetna Care Management team or Cigna Oncology Case Management team, depending on your plan enrollment. If you have questions, call Aetna at **800-255-2386** or Cigna at **800-818-9440**.



Phone: 888-987-8337

Web: omadahealth.com



Phone: 855-902-2777

Web:

hingehealth.com/exxonmobil

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 2023, provided they are:

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

You may be asked to confirm your family member's eligibility status on a periodic basis.

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; and
- Meet the definition of a dependent by the Internal Revenue Service; and
- 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

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 the ExxonMobil Benefits Service Center.

- Failure to notify the ExxonMobil Benefits Service Center about a family member who is no longer eligible (for example, a former spouse) can result in your loss of eligibility for the health care plans, and you will be required to reimburse the Plans 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.
- If you are changing medical options in the **ExxonMobil Benefits portal**, check the box in front of each family member you wish to cover.
- If you experience a change in status, such as a marriage or the birth of a child during the year, you may be eligible to make changes to your benefit elections. You will have 60 days from the date of the event to make your change.
- For questions, use the "Contact Us" ticket from the ExxonMobil Benefits portal or call the ExxonMobil Benefits Service Center at **800-682-2847**.



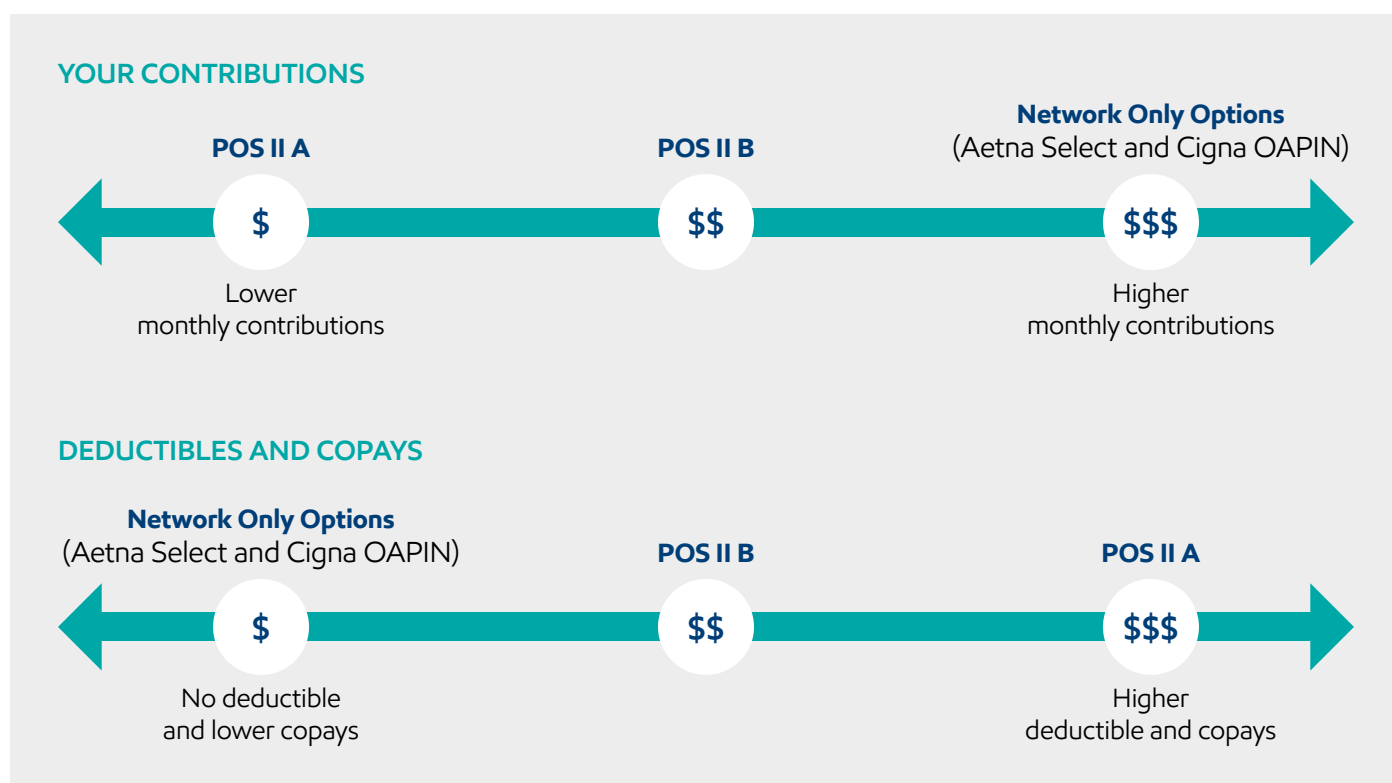
Enrolling in Benefits That Matter

Which medical plan option should you choose? It depends on your health care needs and your personal preferences. There are a few things to think about as you decide.

? Would you rather pay more in contributions OR more when you need care?

If you prefer to pay less when you need care, consider options with no deductible and lower copays. Keep in mind, you'll pay higher contributions out of your paycheck for these options. If you don't have many health care needs, these plans may end up costing you more.

If you prefer to pay lower contributions from your paycheck, you should consider the POS II options. These options offer lower monthly contributions, but the deductibles and copays are higher, which means you will pay more when you get care.



? Are you comfortable getting all of your care from network providers?

Two plan options — Aetna Select and Cigna OAPIN — require you to use only network providers for care. Both options have extensive networks 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. We strongly recommend you work with a primary care physician to coordinate your care.

Network Only Options (Aetna Select and Cigna OAPIN)	POS II B	POS II A
Network only	Network or non-network	Network or non-network

? Have you reached your annual out-of-pocket maximum during the last two years?

The annual out-of-pocket is an important consideration if you've had extensive health care claims the last two years or expect high claims in the future. The ExxonMobil Medical Plan pays for 100% of eligible health care expenses after you reach the out-of-pocket maximum in a plan year.

The Network Only options have lower out-of-pocket maximums than the POS II options.



Protection From Surprise Billing

When you get emergency care or get treated by a non-network provider at a network hospital or facility, 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 on [exxonmobilfamily.com](https://www.exxonmobilfamily.com).



ExxonMobil Medical Plan

Explaining Network and Non-Network Providers

Aetna and Cigna both negotiate with doctors, hospitals and other providers to charge less for their networks. When you choose a provider who is “in network”, it means you will pay less out of pocket.

POS II A & 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).

Aetna Select and Cigna OAPIN: You will pay the full cost for non-network services.

Compare coverage for services under the four medical plan options available.

	POS II A		POS II B		Aetna Select	Cigna OAPIN
	In network you pay*	Non-network you pay	In network you pay*	Non-network you pay	Network only	Network only
Annual deductible						
▪ Individual	\$500	\$700	\$300	\$400	\$0	\$0
▪ Family	\$1,000	\$1,400	\$600	\$800		
Preventive care	\$0	\$0	\$0	\$0	\$0	\$0
Office visit						
▪ PCP	\$40 copay	45%	\$25 copay	40%	\$25 copay	\$25 copay
▪ Specialist	\$60 copay	45%	\$40 copay	40%	\$40 copay	\$40 copay
Telemedicine	\$40 copay	—	\$25 copay	—	\$25 copay	\$25 copay
Urgent care	\$60 copay	45%	\$40 copay	40%	\$60 copay	\$60 copay
Emergency care	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 20%	\$100 copay + 20%	\$150 copay	\$150 copay
Inpatient care	\$300 deductible + 25%	\$600 deductible + 45%	\$200 deductible + 20%	\$400 deductible + 40%	10%	10%
Outpatient care	25% after deductible	45% after deductible	20% after deductible	40% after deductible	10%	10%
Annual medical out-of-pocket maximum						
▪ Individual	\$4,500	\$18,000	\$3,000	\$15,000	(includes Rx) \$3,000	(includes Rx) \$3,000
▪ Family	\$9,000	\$36,000	\$6,000	\$30,000	\$6,000	\$6,000

* In-network charges apply if you live in a remote location that is considered “out of area.” If you are not able to find an in-network provider, contact Aetna Member Services for information on the Plan’s alternate network deficiency benefit. If Aetna 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

	POS II A	POS II B	Aetna Select	Cigna OAPIN
Up to 34-day fills (from participating retail locations)				
▪ Generic	30% (\$60 max)	30% (\$50 max)	\$15 copay	\$15 copay
▪ Formulary brand	30% (\$130 max)	30% (\$125 max)	30% (\$125 max)	30% (\$125 max)
▪ Non-formulary brand	50% (\$200 max)	50% (\$200 max)	50% (\$200 max)	50% (\$200 max)
90-day fills (mail order or participating retail locations)				
▪ Generic	25% (\$120 max)	25% (\$100 max)	\$30 copay	\$30 copay
▪ Formulary brand	25% (\$260 max)	25% (\$250 max)	25% (\$200 max)	25% (\$200 max)
▪ Non-formulary brand	50% (\$400 max)	50% (\$400 max)	50% (\$400 max)	50% (\$400 max)
Annual prescription drug out-of-pocket maximum				
▪ Individual	\$2,500	\$2,500	Included in medical out-of-pocket maximum	
▪ Family	\$5,000	\$5,000		

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

2023 Medical Plan Contributions

Class of coverage	POS II A	POS II B	Aetna Select	Cigna OAPIN
	Monthly contribution	Monthly contribution	Monthly contribution	Monthly contribution
Participant only	\$103	\$167	\$177	\$177
Participant + spouse or Participant + child(ren)	\$253	\$367	\$389	\$389
Family	\$385	\$601	\$636	\$636

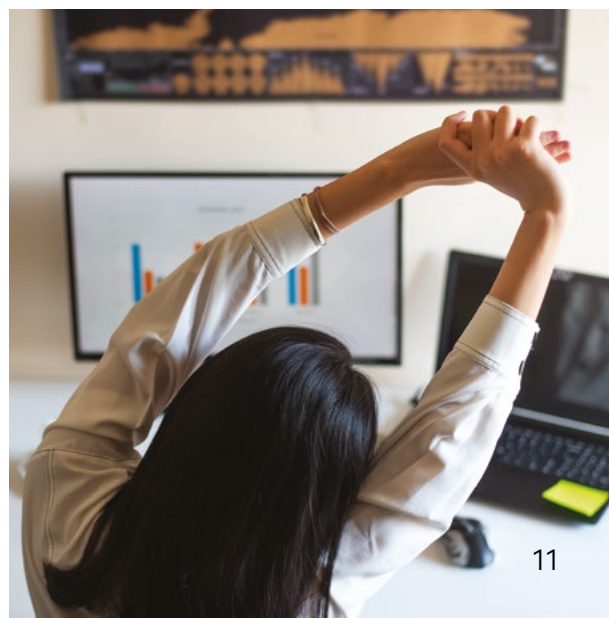
Note: The contributions shown do not reflect the Culture of Health (CoH) rate. See below for CoH savings you can achieve.

Important Savings Reminder

If you earn the Culture of Health rate by fulfilling the requirements every year, you can reduce your monthly contributions for the next calendar year by:

- \$30/month for participant only coverage
- \$60/month for participant + spouse or children coverage
- \$90/month for family coverage

Note: Starting in 2023, new hires who join before the end of the CoH rate period will get the CoH rate in their hire year and will have at least 30 days (even if it extends past the CoH deadline) to qualify for the CoH rate for the following year. New hires who join after the CoH rate period ends will be automatically given the CoH rate in their hire year and in the following year.





ExxonMobil Dental Plan

With the ExxonMobil Dental Plan, you get comprehensive coverage, plus the plan covers preventive care at no cost to you. You can visit any dentist for your care, but choosing a dentist in the Aetna Dental PPO network will save you money.

To find a provider near you, [goto/Aetna](#) or visit [aetna.com](#).

Summary of Coverage

Aetna network	Dental PPO/PDN with PPO II Network
Annual dental maximum*	\$2,000 per covered person
Annual deductible*	\$50 individual/\$150 family

* Applies to general and major services only

Covered services	You pay
Preventive services** Diagnostic exams and cleanings, diagnostic X-rays, fluoride treatment and sealants	\$0
General services Tooth extractions, root canals and fillings	20%
Major services Dentures, fixed bridges or implants, and permanent crowns	50%
Orthodontic services Orthodontia lifetime maximum benefit is \$2,000 per covered person	50%

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

For more detailed plan information, please refer to the Dental Plan Summary Plan Description at [exxonmobilfamily.com](#).

2023 Dental Plan Contributions

Class of coverage	Monthly contributions
Participant only	\$28
Participant + 1	\$56
Participant + 2 or more	\$83



For More Information

Download the Aetna mobile app to find a doctor, dentist or the nearest network facility. You can also visit [goto/Aetna](#) or call **800-255-2386**.





The ExxonMobil Vision Plan covers one comprehensive eye exam as well as one pair of lenses and frames or contact lenses each calendar year. (Two comprehensive exams are covered each calendar year for children under 13 and expectant or breastfeeding mothers.) The plan also provides discounts on additional glasses or contact lenses, prescription sunglasses, and laser eye surgery.

New for 2023! Spectera is rebranding to UnitedHealthcare Vision, so expect new ID cards to be sent your way. There will be no impact to the provider network or your current coverage.

Summary of Coverage

Services shown are limited to once per calendar year.

Covered services	In network you pay	Non-network you pay
Comprehensive exam	\$0	Anything over \$40
Retinal screening photography	\$0	100%
Materials (Frames, lenses or contact lenses)	\$35 copay	Copay not applicable
Frames (private practice provider or retail chain provider)	Anything over \$150	Anything over \$45
Eyeglass lenses <ul style="list-style-type: none"> ▪ Single Vision ▪ Bifocals ▪ Trifocals ▪ Lenticular 	\$0	Anything over: \$40 \$60 \$80 \$80
Lens options <ul style="list-style-type: none"> ▪ Standard scratch resistant coating ▪ Polycarbonate lenses ▪ Progressive Tier 1 through 4 ▪ Anti-Reflective Tier 1 through 4 	\$0	100%
Contact lenses (in lieu of eyeglasses) <ul style="list-style-type: none"> ▪ Covered-in-full elective contact lenses ▪ Medically necessary contact lenses ▪ All other elective contact lenses 	\$0 \$0 Anything over \$200	100% Anything over \$210 Anything over \$200

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

2023 Vision Plan Premiums

Class of coverage	Monthly premiums
Participant only	\$10.15
Participant + spouse or Participant + child(ren)	\$19.71
Family	\$31.05



ExxonMobil Pre-Tax Spending Plan

Flexible Spending Accounts (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 \$2,850 for a Health Care FSA, and the annual maximum for the Dependent Care FSA is \$5,000. (If you are single, or married and file separate tax returns, the maximum for the Dependent Care FSA is \$2,500.)
- 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 account(s).
- 3 You can then use the funds to pay for eligible expenses in 2023.**
 - Eligible health care expenses include your medical plan deductible, copays and coinsurance, prescription drugs, dental care and more.

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.

FSA Tips

Keep in mind the rollover maximums as you consider your annual contribution for your FSAs.

- **Health Care FSA:** You can carry over a maximum of \$570 in unused funds from 2022 into 2023. Any amount greater than \$570 in unused funds will be forfeited. (This is an IRA rule, not an ExxonMobil rule.)
- **Dependent Care FSA:** No unused funds in your FSA will be allowed to carry over from 2022 into 2023. The ability to carry over last year was a COVID-19 provision that has expired.
- Review your flexible spending account(s) with Payflex so you can plan your contributions accordingly.

How Much Should You Contribute?

The Payflex interactive adviser can help you determine how to estimate your expenses and tax savings. Go to payflex.com/en/individuals.html to access the tool. **Note:** Since Payflex is not exclusive to ExxonMobil, you will need to refer to the **ExxonMobil Pre-Tax Spending Plan Summary Plan Description** for a list of covered expenses under the Health Care and Dependent Care FSAs. Find at exxonmobilfamily.com > **Summary Plan Descriptions**.

Questions?

- Visit **goto/HealthPlans** under Pre-Tax Spending Plan and Flexible Spending Accounts.
- Visit **goto/Aetna** or aetna.com and click "Access Your Account," then "Contact Us," or call **800-255-2386**, Monday–Friday, 8 a.m.– 6 p.m. CST (except certain holidays).



Health Plan Contacts

Vendor	Description	Contact
Medical plan		
Aetna	Aetna POS II A and B and Aetna Select, including: <ul style="list-style-type: none"> ▪ Medical, behavioral health ▪ Health Advocate Program ▪ 24-Hour Nurse Line ▪ Pre-tax Spending Plan ▪ Chronic condition and cancer care support 	800-255-2386 goto/Aetna or aetna.com Aetna mobile app
Cigna	Cigna OAPIN, including: <ul style="list-style-type: none"> ▪ Medical, behavioral health ▪ Health Advocate Program ▪ 24-Hour Nurse Line ▪ Prescription drug benefits ▪ Chronic condition and cancer care support 	800-818-9440 goto/Cigna or cigna.com myCigna mobile app
Express Scripts	Prescription drug benefits for Aetna participants	800-695-4116 Express-scripts.com/exxonmobil
Telemedicine		
Teladoc® (Aetna)	24/7 access to board-certified doctors via video chat or phone	855-Teladoc (835-2362) Teladoc.com/Aetna
MDLIVE (Cigna)	24/7 access to board-certified doctors via video chat or phone	888-726-3171 MDLIVEforCigna.com
Dental plan		
Aetna		800-255-2386 goto/Aetna or aetna.com
Vision plan		
UnitedHealthcare Vision		866-487-9306 exxonmobilvision.com
Programs		
ComPsych	Employee Assistance Program	888-226-1420 guidanceresources.com (Organization Web ID: exxonmobil) Mobile App: GuidanceNow
2nd MD (Aetna)	Second Opinion Services	866-410-8649 2nd.md/Aetna
Cleveland Clinic MyConsult (Cigna)	Second Opinion Services	800-223-2273, ext. 43223 goto/Cigna (click on the MyConsult link)
Omada (Aetna & Cigna)	<ul style="list-style-type: none"> ▪ Prevention ▪ Diabetes ▪ Hypertension For new programs effective January 1, 2023, additional information on how to apply coming soon!	For Cigna participants: omadahealth.com/exxonmobil 888-987-8337
Hinge Health (Aetna & Cigna)	Physical therapy, support and education for ongoing musculoskeletal issues	855-902-2777 hingehealth.com/exxonmobil
Progyny (Aetna & Cigna)	<ul style="list-style-type: none"> ▪ Fertility services ▪ 1:1 support and patient advocacy ▪ Progyny Rx 	833-851-2229 progyny.com

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.

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. Exxon Mobil Corporation reserves the right to amend, suspend or terminate any or all of its benefit plans and programs at any time.

Required Notice of Grandfathered Plan Intent

All options under the ExxonMobil Medical Plan (EMMP) meet the requirements of the Patient Protection and Affordable Care Act (PPACA) and are no longer grandfathered.

PPACA Highlights

ExxonMobil is continuing to monitor the changes associated with PPACA to assess how it affects the Company and our employees. Keep in mind, you can choose how you obtain your health coverage. You can get it through the ExxonMobil Medical Plan, a family member's employer or through the health insurance marketplace available in your state.

Notice of HIPAA Privacy Practices

The ExxonMobil Medical Plan and the ExxonMobil Dental Plan are required to give you a link to the HIPAA Privacy Notice. Access the HIPAA Privacy notice on ExxonMobil Family at exxonmobilfamily.com.

Nondiscrimination Notice

The ExxonMobil Medical Plan and its administrators comply with applicable Federal civil rights laws and do not discriminate on the basis of race, national origin, age, disability or sex. To see the full notice of nondiscrimination, visit exxonmobilfamily.com.

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.

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.

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). If you are enrolled in POS A, POS B, or Aetna Select, call Aetna Member Services for more information at **800-255-2386** and for Medicare Primary Option, call Option **833-595-1012 (TTY: 711)**. If you are enrolled in CIGNA OAPIN, call CIGNA at **800-818-9440** for more information.

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 an out-of-network provider at an in-network hospital or ambulatory surgical center. For more information, please refer to the Your Rights and Protections Against Surprise Medical Bills notice on exxonmobilfamily.com.