



Your Guide to 2026 Health Benefits

We've Got You Covered | Wellbeing at Work and Beyond

[How to Enroll](#)

[What's New with Your Benefits](#)

[Your Plan Options](#)

Annual Enrollment
October 15 - 31, 2025

ExxonMobil

Annual Enrollment

October 15 – 31, 2025

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 2026 plan year, unless you experience a change in status during the year. Take this opportunity to review your health benefits coverage, learn about updates 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.

Your Action Checklist

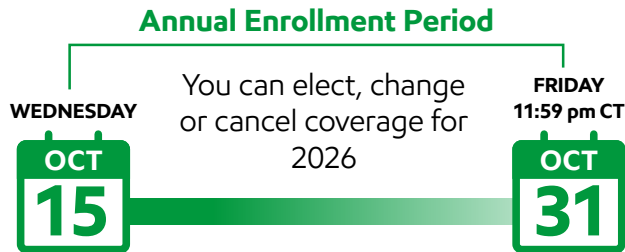
Here's your checklist for taking an active role in choosing your health benefits:

Your Action	More Information
✓ Understand the changes for 2026 and how they might impact you.	Pages 5 – 8
✓ Get the facts you need to choose your health coverage and make the most out of your benefits.	Pages 9 – 19
✓ Find and compare health care costs between medical options now and evaluate providers and facilities anytime, anywhere.	Log on to Blue Cross and Blue Shield of Texas (BCBSTX) (bcbstx.com/exxonmobil) or call 877-278-5214 Monday – Friday, 7 am – 6 pm CT.
✓ Enroll during the AE period, October 15 – 31, 2025 until 11:59 pm CT. ✓ Note: If you do not make an enrollment election during AE, your current medical, dental and vision coverage will carry over into 2026.	Review your coverage and make any election changes for 2026 by clicking on "It's time to make your benefits choices" on the Your Total Rewards portal (digital.alight.com/exxonmobil). You can follow the user guide found at exxonmobilfamily.com/en/annual-enrollment under the "Enroll in Benefits" section. Tips: <ul style="list-style-type: none"> • Check that your contact information — home address, email and mobile phone number — is up to date. • Save the Annual Enrollment confirmation for your records. • You can also log in using the Alight Mobile app (available through Apple App Store or Google Play). • While we encourage you to enroll online, enrollment by phone is also available at 833-776-9966.
✓ Reach out if you need help during the AE period.	For enrollment/eligibility questions, contact a benefits representative at 833-776-9966 (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, 2026, 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 2026. If you do not enroll, you and any dependents currently enrolled will have your current health coverage selection carried over for 2026.



Beneficiaries

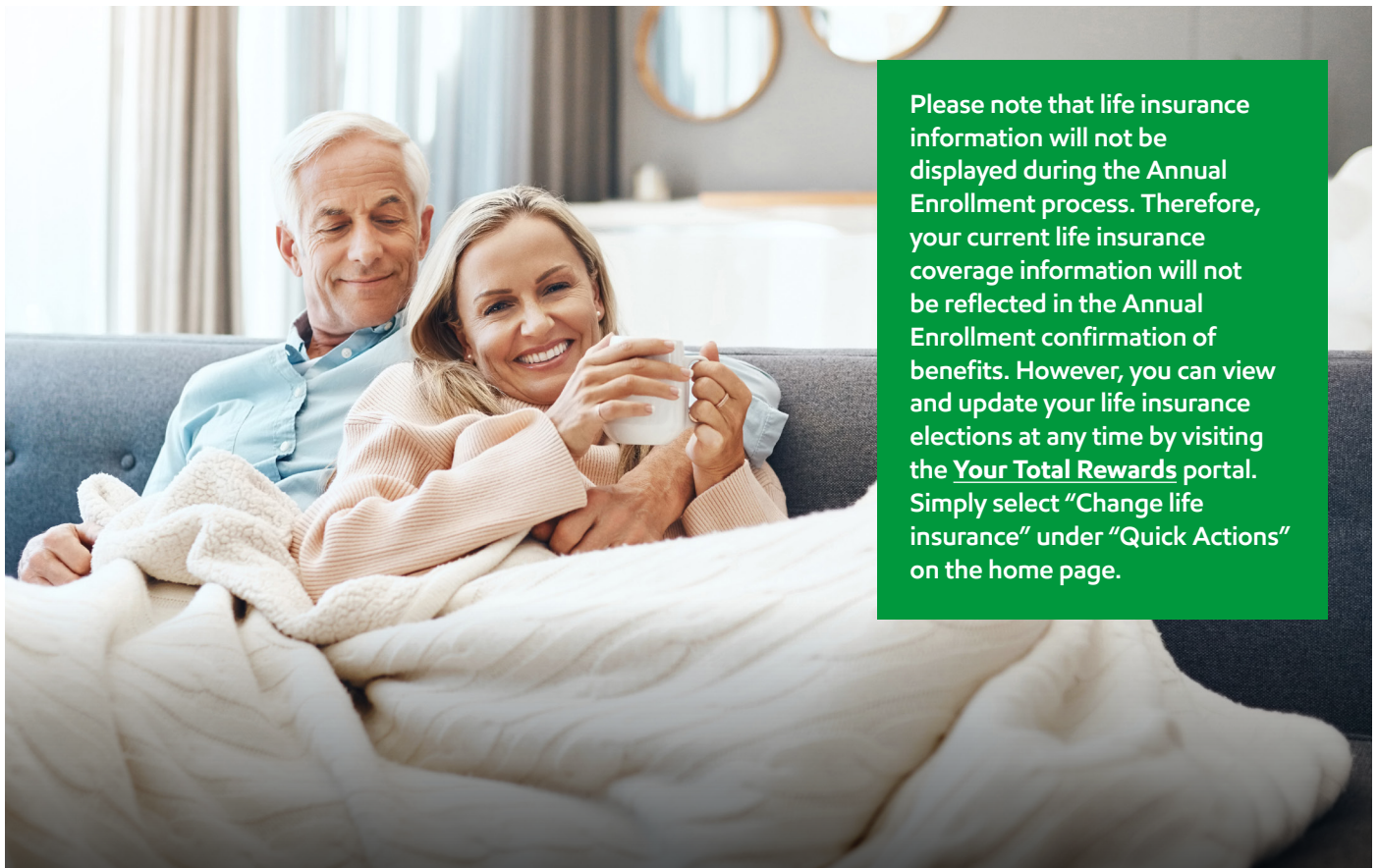
Please make sure the beneficiaries you've designated for your benefits are up to date. When your designations are up to date, the beneficiary payment process goes more smoothly and quickly. Visit the:

- **Your Total Rewards portal** to review your Pension Plan and Disability Welfare Program beneficiaries.
- **Voya portal (xomsavings.voya.com)** to review your Savings Plan beneficiaries.

Why We Review Our Benefits Each Year

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.



Please note that life insurance information will not be displayed during the Annual Enrollment process. Therefore, your current life insurance coverage information will not be reflected in the Annual Enrollment confirmation of benefits. However, you can view and update your life insurance elections at any time by visiting the [Your Total Rewards](#) portal. Simply select "Change life insurance" under "Quick Actions" on the home page.

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 2026, 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:
 - Contact a benefits representative at **833-776-9966**.
 - Visit the **Your Total Rewards** portal, go to "Contact Us," "General Information" and select "Chat With Us" to initiate a web chat (Monday - Friday, 8am - 4pm CT).
 - Schedule an appointment by selecting the Annual Enrollment tile from the home page and clicking "Need help with benefit choices?"
- If you have a change in status, the window for making any benefits changes is 30 days for most events (new hire, birth of child, marriage, etc.). You will have 60 days if you get a divorce, or if you/spouse/covered dependent gain or lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage.

What's New for 2026

To help address rising health care costs, we've made updates to our benefits for 2026. These changes 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 2026.
- **Prescription Drugs.** While prescription drug coinsurance percentages will stay the same, out-of-pocket maximum amounts have been increased for both specialty and non-specialty medications. Please review the chart on page 12 to see how these changes may affect your prescription expenses.
- **Diagnostic Services: Lab Tests, Imaging, Hearing Tests and Sleep Studies.** Diagnostic services that were previously covered at 100% will now require a cost share, aligning with carrier standards and supporting both company cost efficiency and market competitiveness.
- **Emergency Room (ER) Copay.** The ER copay will increase to encourage utilization of lower-cost, clinically appropriate care settings such as urgent care or telemedicine.
- **OnelMaging.** This program, introduced in July 2025, will become mandatory for complex imaging effective January 1, 2026, providing nationwide access to top-tier imaging centers, expert care and significant savings.

Dental

- **Participant contributions.** Your monthly contributions and coverage will remain the same.

Vision

- **Participant contributions.** Your monthly contributions and coverage will remain the same.



Flexible Spending Accounts (FSAs)

- **Health Care FSA.** The following changes apply if you contribute to this account in 2026:
 - The contribution limit will increase to \$3,300.
 - Carryover maximum (from 2025 to 2026) will increase to \$660.
 - You will be able to submit 2026 eligible expenses between January 1, 2026, and March 31, 2027. No late submissions will be allowed.
- **Dependent Care FSA.** The following changes apply if you contribute to this account in 2026:
 - The contribution limit will increase to \$7,500 (\$3,750 if married filing separately).
 - You will be able to incur eligible expenses between January 1, 2026, and March 15, 2027, and use money you contributed in 2026 to pay for those expenses.
 - You will be able to submit eligible expenses between January 1, 2026, and March 31, 2027. No late submissions will be allowed.
- **Debit card.** If you elect to contribute to a Health Care and/or Dependent Care FSA in 2026 and did not contribute in 2025, MetLife will mail you a debit card during December 2025. You can use this one card to pay for eligible expenses directly from your account(s).

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.

Telehealth Services with MDLIVE

ExxonMobil is committed to providing you with accessible, convenient and high-quality care. As part of your medical benefits, BCBSTX partners with MDLIVE to offer telehealth services that bring care directly to your home. MDLIVE provides 24/7 access to board-certified doctors through virtual consultations. You can connect with health care professionals via phone or video chat for general medicine, urgent care and behavioral health services.

To book an appointment, log in to the MDLIVE portal or app and click on Urgent Care.

Medical Imaging Made Easy through Onelming

We believe that health care should be both high-quality and affordable. That's why we've introduced Onelming – an exclusive medical imaging benefit designed with you and your family in mind.

Onelming offers a nationwide solution for your imaging needs, giving you access to top-tier imaging centers and expert care wherever you are. The program delivers significant savings, 60 – 80% lower than traditional rates, making essential imaging services more affordable. Scheduling your exams is simple with Onelming's easy-to-use online platform, and a dedicated concierge team is available to guide you every step of the way, ensuring a seamless experience from start to finish.

Enroll today at oneimaging.com/exxonmobil and follow a few quick steps to set up your account.

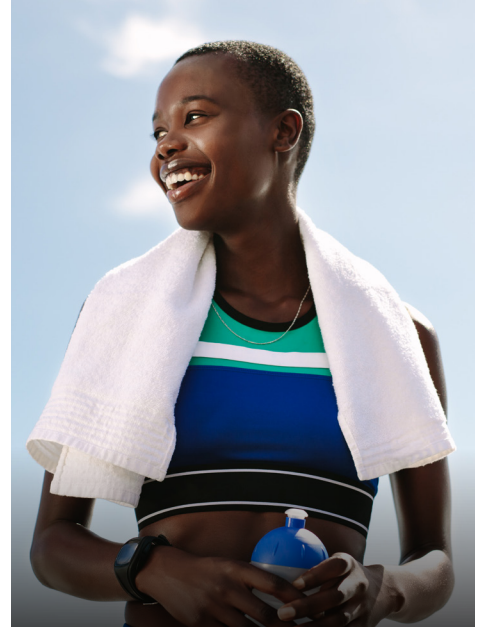
Personalized Support with BCBSTX Health Advocates

We know health care can be confusing. If you are unsure where to start, Health Advocates are here to guide you.

A personal Health Advocate can assist you with medical billing issues, finding in-network doctors and specialists, understanding your health benefits, estimating health care costs, filing claims and more.

Also, dedicated clinical Health Advocates can help you understand symptoms and advise on next steps for care 24/7 at no cost to you.

Learn more at bcbstx.com/exxonmobil (live chat is available) or call 877-278-5214.



**1 in 2 people ages 18 - 64
need imaging each year.**

Whether you need imaging now or want to be prepared, activating your Onelming benefit only takes a minute.



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.

To access cancer support services, call BCBSTX at **877-278-5214**, available 24/7.

Empower Your Health Decisions through My Medical Ally's Second Opinion Program

As part of your medical benefits, you have access to second opinion services through My Medical Ally, for personalized, one-on-one support to help you make more informed decisions through this expert opinion program. If you have been diagnosed with a serious medical condition or are weighing different treatment options, getting a second opinion can lend peace of mind, provide confidence in your care and can lead to a better health outcome. My Medical Ally connects you with a team of highly experienced, independent doctors, nurses and medical researchers who provide expert recommendations and second opinions, including virtual consultations, to help you make informed decisions about your health and discuss options with your doctor.

By providing basic information about yourself and your medical concern, you can get connected with a dedicated registered nurse, who will guide you through the process and coordinate support from physicians. Visit mymedicalally.alight.com or call My Medical Ally at **888-361-3944** (Monday – Friday, 8 am – 8 pm CT). You can create an account using “ExxonMobil” as your company code.

Dedicated Phone Line through MD Anderson

Starting January 1, 2026, employees and their eligible family members enrolled in medical benefits of the ExxonMobil Health and Welfare Plan will be able to access an exclusive concierge phone line for faster support in scheduling appointments for certain cancer-related services at MD Anderson Cancer Center. This service is designed to provide personalized support and streamline access to cancer care at MD Anderson.

Well onTarget®

Personalized Digital Coaching for Better Health with Well onTarget

The **Well onTarget** program offers access to personalized digital coaching to help you stay motivated, accountable and informed. You can set goals to manage stress, quit tobacco, improve nutrition and more. Simply choose a program, set a goal and take small steps toward better health. For more information, visit [Well onTarget](https://WellonTarget.com).



We've Got You Covered

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.

EPO	PPO A & PPO B
Network-only	Network or non-network

? 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.





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. Different options are available to you depending on where you live.

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
Annual deductible					
▪ Individual	\$600	\$800	\$400	\$500	\$0
▪ Family	\$1,200	\$1,600	\$800	\$1,000	
Preventive care	\$0	\$0	\$0	\$0	\$0
Office visit					
▪ 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
Telemedicine	\$40 copay	Not applicable	\$25 copay	Not applicable	\$25 copay
Urgent care	\$60 copay	45% after deductible	\$45 copay	40% after deductible	\$60 copay
ER	\$200 copay + 25% after deductible	\$200 copay + 25% after deductible	\$200 copay + 20% after deductible	\$200 copay + 20% after deductible	\$200 copay + 10%
Ambulance	25% after deductible	25% after deductible	20% after deductible	20% after deductible	10%
Inpatient care	\$300 copay + 25% after deductible	\$600 copay + 45% after deductible	\$200 copay + 20% after deductible	\$400 copay + 40% after deductible	10%
Outpatient care	25% after deductible	45% after deductible	20% after deductible	40% after deductible	10%
Annual medical out-of-pocket maximum					(includes Rx)
▪ Individual	\$4,500	\$18,000	\$3,000	\$15,000	\$3,000
▪ Family	\$9,000	\$36,000	\$6,000	\$30,000	\$6,000

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

2026 Medical Participant Contributions

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

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

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

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



Important Savings Reminder

If you earned the Culture of Health (CoH) rate by fulfilling the requirements in 2025, you will receive a reduction in your monthly medical contributions in 2026:

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



With the Dental Welfare 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.

Summary of Coverage

Delta Dental network	Delta Dental PPO or Delta Dental Premier 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 for dependents up to age 18 and sealants	\$0
General services Tooth extractions, root canals and fillings and debridement once per lifetime	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%

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

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

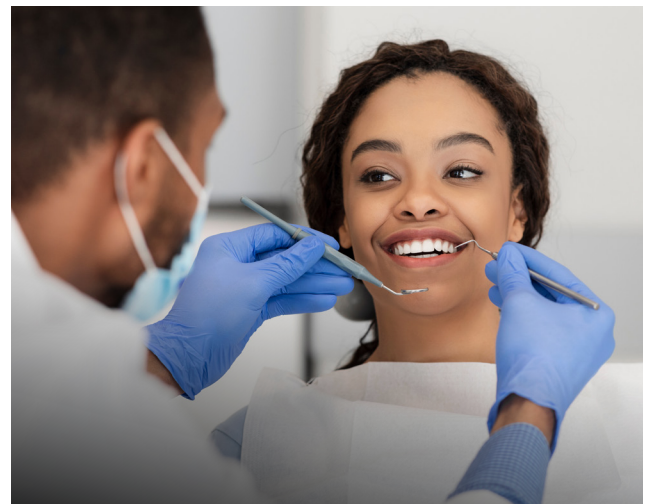
For more detailed information, please refer to the Summary Plan Description at exxonmobilfamily.com.

2026 Dental Participant Contributions

Coverage tiers	Monthly contributions
Participant only	\$30
Participant + spouse	\$60
Participant + child(ren)	\$60
Family	\$89

For More Information

Visit www1.deltadentalins.com/group-sites/exxonmobil.html or call **833-459-1169**
Monday - Friday, 7 am-7 pm CT.





The Vision Welfare 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
Comprehensive exam*	\$0	Anything over \$40
Retinal screening photography	\$0	100%
Materials (frames, lenses)	\$35 copay	Copay not applicable
Materials (contact lenses)	\$0	Copay not applicable
Contact lenses fitting and follow up	Contact lens fitting (standard**): Covered in full Contact lens fitting (premium**): \$50 allowance	100%
Frames ▪ Private practice and retail chain providers	Anything over \$150	Anything over \$45
Spectacle lenses ▪ Single vision ▪ Bifocals ▪ Trifocals ▪ Lenticular	\$0	Anything over: \$40 \$60 \$80 \$80
Lens options ▪ Progressive (Standard/Premium/Ultra Ultimate) ▪ Standard scratch resistant coating ▪ Anti-Reflective (Standard/Premium/Ultra/Ulimate) ▪ Standard Polycarbonate lenses (adult and dependent child) ▪ Blue Light Filtering	\$0	Anything over \$80 100%
Contact lenses		
▪ Medically necessary contact lenses	\$0	Anything over \$210
▪ Elective contact lenses (in lieu of eyeglasses)	Anything over \$200	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.

2026 Vision Participant Premiums

Coverage tiers	Monthly premiums
Participant only	\$8.64
Participant + spouse	\$17.42
Participant + child(ren)	\$15.81
Family	\$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.

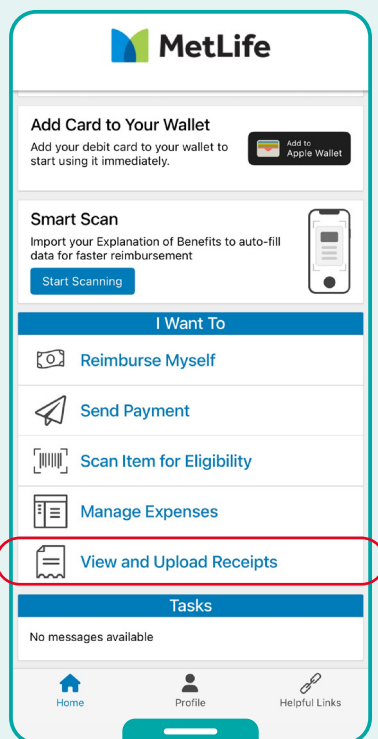
How It Works

- 1 To participate in an FSA, you must elect an annual amount to contribute to your FSA each year.**
 - The annual maximum is \$3,300 for a 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 2026.**
 - 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, simply visit healthsavingsandspending.metlife.com. For your first-time login, click the "Create your new username and password" link.
 - Validate the expenses you pay with your debit card. This brief video shows you [How to Substantiate Your FSA Debit Card Transaction](#).

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.



Reminder: Save your receipts!

There may be times when additional documentation is requested, as the Internal Revenue Service (the "IRS") requires validation confirming your purchases are qualified expenses.

You can quickly store all your receipts in one place using the Receipt Organizer on the MetLife HS&SA Mobile App. Easily access your receipts when filing a claim or uploading documentation for your purchases.

- 1** Log in to the MetLife HS&SA Mobile App.
- 2** Choose "View and Upload Receipts" under the "I Want To" list.
- 3** Click the plus "+" sign in the bottom righthand corner to add your receipts.
- 4** Select the receipt upload method.

For general questions regarding your Health Care FSA and Dependent Care FSA, please contact the MetLife Customer Service Center at 833-675-2831, Monday - Friday, 7 am - 7 pm CT (except certain holidays).

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

2025	2026												2027		
If you have money left in your account on December 31, 2025, you can carryover up to \$660 to use in 2026. You'll forfeit anything over \$660. Any amount you carryover will be available for you to use starting in May 2026.	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

2025	2026												2027			
No carryover allowed. Instead, you can incur 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



To track your account balance and submit expenses, simply visit healthsavingsandspending.metlife.com. For your first-time login, click the “Create your new username and password” link.

How Much Should You Contribute?

The **FSA calculator** can help you determine how to estimate your expenses and tax savings.

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 for a list of covered expenses under the Health Care and Dependent Care FSAs.



Five Mistakes to Avoid

As you balance your health needs with the time it takes to get care and its cost, your day-to-day decisions make a big difference. Here are five common mistakes to avoid as you use your health care benefits.

Mistake	Instead
1. Not reach out for guidance when you aren't sure what to do—like if your claim is denied or you need prior authorization before getting care.	Go to the Vendor Information quick link under the Annual Enrollment tab on exxonmobilfamily.com , or type goto/healthplans from a company device and click on "Health Plan Vendors Contact Information."
2. Use providers and facilities that are out of the carrier's network—and pay more if you're in the PPO A or PPO B option or the full cost if you're in the EPO.	Before you use providers and facilities, visit bcbstx.com/exxonmobil to make sure they are in-network. Visit bcbstx.com/exxonmobil/doctors-and-hospitals . If your provider is not in the network, you may nominate them to join the BCBSTX network on this same site.
3. Give up on finding a mental health provider if you or your dependent could use help.	Take your first step based on the urgency of your or your family's need. <ul style="list-style-type: none"> • In a crisis, call 911 or go to the ER. • For urgent, phone help 24/7: <ul style="list-style-type: none"> ○ Call the Employee Assistance Program (EAP) at 888-226-1420 or find providers at guidanceresources.com. ○ Call the number on the back of your medical ID card to get access to a nurseline for both medical and mental health assistance. • For urgent, in-person help, go to an in-network urgent care facility. • If your need is less urgent, schedule an appointment with your PCP or a mental health provider.
4. Go the ER when it's not a true emergency.	When you need health care, choose the right level of care you need at the moment. For example, only go to the ER when you have a true emergency or it's the only option in your area. For many daily illnesses and injuries, you can go to an urgent care facility or use telemedicine (MDLIVE) and get the care you need faster and a lot less costly than the ER.
5. Forget to schedule your free annual physical.	Regular check-ups give you the opportunity to discuss any health concerns you have. In addition, they can help identify issues before they become more serious and harder to treat. Schedule your annual physical by calling a PCP.



Key Contacts

Vendor	Description	Contact
Benefits administrator		
Alight	Your Total Rewards portal	833-776-9966 digital.alight.com/exxonmobil
Medical		
Blue Cross and Blue Shield of Texas (BCBSTX)	<ul style="list-style-type: none"> Medical and behavioral health benefits Health Advocates 24-Hour Nurse Line Chronic condition and cancer care support 	877-278-5214 bcbstx.com/exxonmobil
Express Scripts	Prescription drug benefits	800-695-4116 express-scripts.com/exxonmobil
OneImaging	Access to top-tier imaging centers nationwide and effortless scheduling through a simple online platform	833-619-0837 order@oneimaging.com
Telemedicine		
MDLIVE	24/7 access to board-certified doctors via video chat or phone (general medicine, urgent care and behavioral health)	888-680-8646 bcbstx.com/exxonmobil
Dental		
Delta Dental	Dental benefits administered by Delta Dental Insurance Company, including Delta Dental PPO and Delta Dental Premier networks	833-459-1169 www1.deltadentalins.com/group-sites/exxonmobil.html
Vision		
MetLife Superior	Vision benefits	833-EYE-LIFE metlife.com/info/exxonmobil
Flexible Spending Accounts		
MetLife	Health Care and Dependent Care Flexible Spending Accounts	833-675-2831 healthsavingsandspending.metlife.com
Programs and Point Solutions		
ComPsych	Employee Assistance Program (EAP)	888-226-1420 guidanceresources.com (Organization Web ID: ExxonMobil) Mobile App: GuidanceNow
My Medical Ally	Second Opinion Services	888-361-3944 mymedicalally.alight.com
Omada	Prevention, Diabetes, Hypertension	888-987-8337 omadahealth.com/exxonmobil
Hinge Health	Physical therapy, support and education for ongoing musculoskeletal issues	855-902-2777 hingehealth.com/for/exxonmobil
Progyny	Fertility services, 1:1 support and patient advocacy, Progyny Rx	833-851-2229 progyny.com
Well onTarget	Digital wellness coaching	877-806-9380 wellontarget.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. 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.

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.

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.

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.

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, for Medicare Primary Option, call Option **833-595-1012 (TTY: 711)**.

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.



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