

## **IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE PRESCRIPTION DRUG COVERAGE**

*Please read this notice carefully. Keep it where you can find it. It contains information about prescription drug coverage under the ExxonMobil Medical Plan (EMMP) and your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. You are responsible for providing a copy of this notice to your Medicare eligible family members. Note there is a separate Notice for those participating in the ExxonMobil Retiree Medical Plan.*

Medicare prescription drug coverage (Medicare Part D) is available to everyone enrolled in Medicare. You can get this coverage either by joining a Medicare Part D Plan or a Medicare Advantage Plan that offers prescription drug coverage. (Medicare Advantage Plans are similar to a PPO or HMO, and are also called Medicare Part C.) All Medicare prescription drug plans will provide at least a standard level of coverage set by Medicare. Some Medicare Part D and Medicare Advantage plans may also offer more coverage for a higher monthly premium.

If you are a regular employee, and become Medicare eligible, you remain eligible to participate in the EMMP whether or not you enroll in Medicare. While you are working as a regular employee, the EMMP remains primary for you and most of your eligible family members. There is no expectation that you enroll in Medicare Parts A and B until after you are no longer a regular employee.

Prescription drug coverage offered by the EMMP, on average for all plan participants, is expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. If you participate in the EMMP, your coverage is Creditable Coverage and you can keep this coverage and not pay a higher Medicare premium (a penalty) if you later decide to join a Medicare drug plan.

Read this notice carefully. It explains options you have for Medicare prescription drug coverage once you are eligible for Medicare. It can help you decide whether you want to enroll in Medicare prescription drug coverage.

### **When Can You Join A Medicare Drug Plan?**

You can enroll in a Medicare drug plan when you first become eligible for Medicare, and each year thereafter, from **October 15 to December 7**. However, if you lose EMMP prescription drug coverage, through no fault of your own, you will be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

## **What Happens to Coverage if You Decide to Enroll in a Medicare Drug Plan while you are actively employed?**

There is no impact on your EMMP benefits if you enroll in a Medicare drug plan so long as you are a regular employee.

## **When Will You Pay a Higher Medicare Premium (Penalty) to Join a Medicare Drug Plan?**

You should also know that if you do not join a Medicare drug plan within 63 continuous days of losing coverage under the EMMP, ExxonMobil Retiree Medical Plan (EMRMP) or any other prescription drug coverage that is at least as good as Medicare's prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen (19) months without coverage, your Medicare premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher Medicare premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll, since you did not enroll during the Special Enrollment Period (SEP).

### **For More Information about This Notice or Your Current Prescription Drug Coverage**

Contact a Service Center Representative at ExxonMobil Benefits Service Center (EMBSC) by calling (800) 682-2847, Monday through Friday, 8:00 a.m. to 6:00 p.m. Eastern Time, except on certain holidays. For TDD communication services for the hearing impaired, call toll-free (800) TDD-TDD4 (833-8334).

**NOTE:** You will get this notice during the twelve months before you can next enroll in a Medicare drug plan, or if the drug coverage under the EMMP or EMRMP changes so that it is not expected to pay out as much as standard Medicare prescription drug coverage pays. You may also request a copy of this notice at any time.

### **For More Information about Your Options for Medicare Prescription Drug Coverage**

More detailed information about Medicare plans that offer prescription drug coverage can be found in the "Medicare & You" handbook. You should get a copy of this handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. You can get more information about Medicare prescription drug plans by:

Visiting [www.medicare.gov](http://www.medicare.gov)

Calling your State Health Insurance Assistance Program (see your copy of the "Medicare & You" handbook for their telephone number) for personalized help

Calling 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

Extra help in paying for a Medicare prescription drug plan is available for people with limited income or resources. For more information about this extra help, visit Social

Security on the Website at [www.socialsecurity.gov](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. A copy may also be printed from the [www.exxonmobilfamily.com](http://www.exxonmobilfamily.com) Web site. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice to show whether or not you have maintained creditable coverage, and therefore, whether or not you are required to pay a higher Medicare premium (a penalty).**

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ExxonMobil Medical Plan, Service Center Representative / ExxonMobil Benefits Service  
Center - P.O. Box 18025 – Norfolk, VA 23501-1867 / (800) 682-2847