

THIS JOINT NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED OR DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

HIPAA Joint Privacy Notice

Overview of HIPAA Joint Privacy Notice

This Joint HIPAA Notice describes how your protected health information or PHI may be used or disclosed under the privacy and security rules of the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”). This Joint Privacy Notice applies to the following group health plans:

- ExxonMobil Health and Welfare Plan
- ExxonMobil Retiree Medical Plan
- Monterey Coal Company Employee Benefit Plan for UMWA Represented Employees

The Plans form part of an organized health care arrangement, which may share protected health information with each other, as necessary to carry out treatment, payment, or health care operations related to the organized health care arrangement.

If you are covered by a group health plan other than the plans listed above, a privacy notice applicable to that plan should be provided directly to you by the plan.

Uses & Disclosures of Your Information

The Plans may use or disclose your protected health information (“PHI”) for purposes of routine treatment, payment, or health care operations related to the Plans. For example, the Plans may use your PHI for management activities related to the Plans, including auditing, fraud and abuse detection, and customer service. The Plans also may use or disclose your PHI in order to pay your claims for benefits. For example, the Plans may use your information to make eligibility determinations and for billing and claims management purposes.

Genetic Information Nondiscrimination Act (“GINA”)

GINA prohibits using PHI that is genetic information for underwriting purposes.

Substance Use Disorder (“SUD”) Patient Records

If the Plans receive or maintain any information about you from a SUD treatment program that is covered by 42 CFR Part 2 (a “Part 2 Program”) through a general consent you provide to the Part 2 Program to use and disclose the Part 2 Program record for purposes of treatment, payment or health care operations, we may use and disclose your Part 2 Program record for treatment, payment and health care operations purposes as described in this Joint Privacy Notice. If we receive or maintain your Part 2 Program record through specific written consent you provide to us or another third party, we will use and disclose your Part 2 Program record only as expressly permitted by you in your consent as provided to us.

SUD treatment records received from a Part 2 Program, or testimony relaying the content of such records, may not be used or disclosed in civil, criminal, administrative, or legislative proceedings

against you unless: (1) you provide written consent; or (2) the Plans receive a court order accompanied by a subpoena or other legal requirement compelling disclosure and you, or the holder of your SUD treatment records, are provided notice and an opportunity to be heard.

Plan Sponsor

In addition, the Plans may disclose your PHI to the Plan Sponsor so that the Plan Sponsor can perform administrative functions on behalf of the Plans, such as facilitating claims or appeals.

Exceptions

The Plans also may use or disclose your PHI where required or permitted by law. Federal law, under HIPAA, generally permits health plans to use or disclose PHI for the following purposes without your written authorization:

- where required by law;
- for public health activities;
- to report child or domestic abuse;
- for governmental oversight activities;
- pursuant to judicial or administrative proceedings;
- for certain law enforcement purposes;
- for a coroner, medical examiner, or funeral director to obtain information about a deceased individual;
- for organ, eye, or tissue donation purposes;
- for certain government-approved research activities;
- to avert a serious threat to an individual's or the public's health or safety;
- for certain government functions, such as related to military service or national security; or
- to comply with Workers' Compensation laws;
- to a family member or close friend that you have identified and who is directly involved in your care or payment for your care; or
- to notify a family member or other individual involved in your care of your location, general condition, or death or to a public or private entity authorized by law or its charter to assist in disaster relief efforts to make such notifications.

Authorization

For any other uses and disclosures of your PHI, the Plans will obtain your written authorization.

Marketing/Sale of PHI and/or Psychotherapy Notes

The Plans will obtain your written authorization to use or disclose PHI for marketing purposes where the Plans receives financial remuneration, for the sale of PHI, or with respect to psychotherapy notes, except for limited health care operations purposes.

Revoke

You may revoke this authorization in writing at any time, provided the Plans has not yet taken action in reliance on your authorization.

Other Privacy Laws

Under HIPAA, the Plans may be required to comply with more stringent state and federal laws that require greater limits on disclosure of your PHI, such as 42 CFR Part 2 related to SUD treatment records. The Plans maintain a policy to ensure compliance with these laws.

Your Rights With Respect To Your Health Information

You have several rights with respect to your PHI, which are described below. Please call the privacy contact listed below if you have questions about your rights.

- You have the right to request restrictions on how your PHI may be used or disclosed. The Plans are generally not required to agree to your requested restriction, except in limited circumstances.
- You have the right to receive your PHI confidentially, such as at a location other than your home, if you state in writing that disclosing the information through normal means could endanger you.
- You have the right to inspect and copy your PHI that is maintained by the Plans in a designated record set or to request an electronic copy. The Plans may charge a reasonable, cost-based fee for such copies.
- You have the right to request an amendment to your PHI that the Plans maintain in a designated record set. The Plans may deny your request for an amendment if it believes your information is accurate and complete, or if the information was created by a party other than the Plans.
- You have a right to request an accounting of disclosures the Plans have made of your PHI for the six years prior to your request, except for disclosures you have authorized or disclosures for routine treatment, payment, or health care operations of the Plans.
- You have a right to request a paper copy of this Joint Privacy Notice, even if you have agreed to receive this Notice electronically.

Our Duties With Respect To Your Individually Identifiable Health Information

The Plans are required by law to maintain the privacy of your PHI and to provide you with a notice of their legal duties and privacy practices with respect to your PHI. The Plans are required to abide by the terms of this notice.

The Plans are required to notify you if there is a breach of your unsecured PHI.

The Plans reserve the right to change the terms of the Joint Privacy Notice and to make the new notice provisions effective for all PHI that it maintains. If there is a material change to any provisions of this notice, the Plans will distribute a revised privacy notice.

Questions?

Contact

If you have questions or would like more information about this Joint Notice Privacy Notice or the Plans' privacy policies, you may contact HIPAA Privacy and Security Contact, ExxonMobil Benefits Service Center - Phone: 833-776-9966, Hours: 8am – 4pm CST, Monday through Friday, except certain holidays.

In addition, you may contact the Plans' Privacy Contact in writing at:

HIPAA Privacy and Security Contact
ExxonMobil Benefits Service Center Dept 02694, P.O. Box 64116
The Woodlands, TX, 77387-4116

You must identify yourself and provide a return address in order to receive a response.

Complaints

If you believe your privacy rights have been violated, you may file a complaint with the Plans or the Secretary of the U.S. Department of Health and Human Services. You cannot be retaliated against for filing such a complaint.

Effective Date of Notice: This Notice was revised effective January 1, 2026.