



# Your Guide to 2024 Health Benefits

Wellbeing at Work and Beyond | Find Your Balance

Your Action Checklist

How to Use  
the New Portal

Learn What's New  
with Your Benefits

Compare Your Plan Options

Annual Enrollment  
October 25–November 10, 2023

**ExxonMobil**



# Annual Enrollment October 25 – November 10

ExxonMobil strives to develop the most talented workforce to take on the world’s toughest energy challenges. We’re committed to supporting our employees throughout their whole careers. That means competitive total rewards, teammates who support and inspire, and the flexibility to explore multiple challenges and roles.

We have a wide range of offerings designed to support you personally and professionally at every stage of life during your career. Many times, your benefits will fuel you to be at your best. Other times, they will give you the resilience to face challenges as they arise. All the time, they will be there as you balance life day to day.

## Your Action Checklist

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

Your Action	More Information
✓ Know how and when to enroll in the new <b>Your Total Rewards</b> portal - <a href="https://digital.alight.com/exxonmobil">digital.alight.com/exxonmobil</a>	Page 3
✓ Understand the <b>changes</b> for 2024 and how they might impact you. Most of your benefits will stay the same.	Pages 4 – 9
✓ Get the <b>facts</b> you need to choose your health benefits coverage and use it wisely throughout the year.	Page 10 – 16
✓ Find and compare health care <b>costs</b> between medical plan options now and compare providers and facilities anytime, anywhere.	<p><b>For Aetna</b></p> <ul style="list-style-type: none"> <li>✓ Log on to <a href="https://goto/aetna">goto/Aetna</a> from a company device (log on without reentering your password) or <a href="https://aetna.com">aetna.com</a> (enter your password).</li> <li>✓ Click on “Find Care &amp; Pricing” on the home page.</li> </ul> <p><b>For Cigna</b></p> <ul style="list-style-type: none"> <li>✓ Log on to <a href="https://goto/cigna">goto/Cigna</a> from a company device (log on without reentering your password) or <a href="https://mycigna.com">mycigna.com</a> (enter your password).</li> <li>✓ Click on “Find Care &amp; Costs” on the home page.</li> </ul>
✓ <b>Enroll</b> during the Annual Enrollment (AE) period, October 25 – November 10, 2023.	Page 3

**Remember:** Annual Enrollment is the only time you can enroll in or make changes to your health care benefits for the 2024 plan year, unless you experience a change in status during the year.



Go to [exxonmobilfamily.com/en/annual-enrollment](https://exxonmobilfamily.com/en/annual-enrollment) for more information!

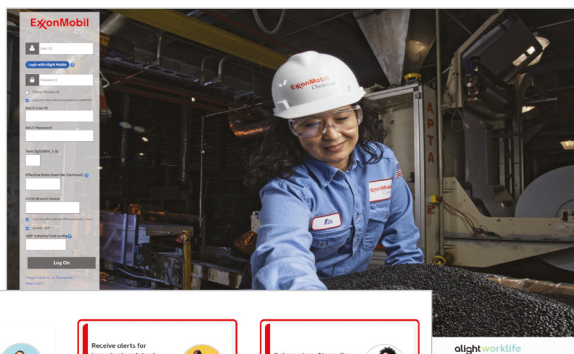
*This enrollment guide is a supplement to the Summary Plan Descriptions (SPDs) for the ExxonMobil Medical Plan, ExxonMobil Dental Plan, ExxonMobil Vision Plan, and the ExxonMobil Pre-Tax Spending Plan. It is a summary of all material modifications that are effective January 1, 2024, and should be retained with your SPDs.*

# New Benefits Portal – Your Total Rewards

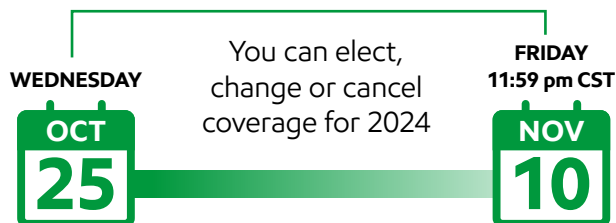
**IMPORTANT: Registration will be available starting on October 25, 2023**

Annual Enrollment is your once-per-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.

We're excited to introduce a new benefits portal called **Your Total Rewards** through Alight, where you will complete all of your Annual Enrollment activities with an improved participant experience.



## Annual Enrollment Period



**Haven't registered in the new Your Total Rewards portal yet?**  
Read the tutorial in the Enroll in Benefits section at [exxonmobilfamily.com/en/annual-enrollment](https://exxonmobilfamily.com/en/annual-enrollment).

## 2 Steps to Enroll:

To review and make your health plan elections, you must take these two steps during the Annual Enrollment period.

- 1 REGISTER.** Access **Your Total Rewards** portal through EMConnect (on a company device) or directly at [digital.alight.com/exxonmobil](https://digital.alight.com/exxonmobil) from any device (computer, tablet or mobile phone). You will need to register the first time you visit the site. Follow the **Your Total Rewards** registration tutorial found at [exxonmobilfamily.com/en/annual-enrollment](https://exxonmobilfamily.com/en/annual-enrollment) under the "Enroll in Benefits" section.
- 2 ENROLL.** Review your current coverage and make any election changes for 2024. Click on the "It's time to make your benefits choices" tile on the home page and follow the instructions in the enrollment instruction guide found at [exxonmobilfamily.com/en/annual-enrollment](https://exxonmobilfamily.com/en/annual-enrollment) under the "Enroll in Benefits" section. Keep the confirmation for your records.

**Note:** Make sure all your personal information is up to date on the **Your Total Rewards** portal, including your home address and contact information.

**Tip:** You can also log in using the Alight Mobile app (available through Apple App Store or Google Play).



## Answers to 3 Common Questions

### Do I Need to Enroll?

It depends. **If you want to contribute to a new or existing Health Care and/or Dependent Care Flexible Spending Account (FSA), you must make an active election.** 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 2024.

### Can I Enroll by Phone?

Yes. First, we encourage you to try to enroll online as most employees do—through your computer, tablet or mobile phone.

If, for some reason, you cannot enroll through one of those online methods, you can enroll by phone in medical, dental or vision coverage or Health Care or Dependent Care Flexible Spending Accounts (FSAs). The phone number is **833-776-9966**.

### What If I Need Help?

If you have questions about Annual Enrollment, contact a benefits representative at **833-776-9966**, starting October 25, 2023, from Monday through Friday 8 a.m. to 4 p.m. CST. If you need further assistance, send an email to [hr.health.welfare@exxonmobil.com](mailto:hr.health.welfare@exxonmobil.com).



# What's New for 2024

**Good news!** For 2024, most of your benefits will stay the same. Here's a summary of the adjustments we're making.

## Medical Plan and Prescription Drugs

### All medical plan options (Aetna POS II A/B, Aetna Select and Cigna OAPIN)

- **Coverage Levels:** There will be increases to some copays, coinsurance and deductibles. See details on pages 12 - 13.
- **Your Contributions:** Your monthly medical contributions will change up to \$38 a month, depending on the plan option you enroll in and who you cover. See the updated amounts on page 13.
- **Hearing Aids:** The cost of physician-prescribed hearing aids will be covered up to \$2,500 every 3 years. If you're in the Aetna POS II A or B option, you first need to meet the deductible, and you'll be eligible for this benefit every 3 years instead of 5. If you're in Aetna Select or Cigna OAPIN, this coverage is new for you.
- **Habilitative Services & Autism Therapy:** Habilitative services and autism physical therapy (PT), occupational therapy (OT) and speech therapy (ST) will have a coinsurance cost share regardless of where you receive care.
- **Travel and Lodging:** Consistent with IRS standards, the plan will cover \$50 a day for one person (or \$100 a day for two people) for your existing travel and lodging benefit. To receive this benefit, you must go to approved facilities more than 100 miles from your home. This coverage also applies to living donor expenses (\$50 per person per day, from time of travel up to 30 days past discharge if complications arise).
- **Fertility:** Egg and sperm freezing and storage will continue to be covered. However, going forward, it must be considered medically necessary. As a reminder, dependent children are not eligible for fertility treatment services.

### Why We Review Our Benefits Each Year

Each year we review our benefits and make adjustments 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 a long-term 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.

## Only Aetna POS II A/ B and Aetna Select options

- **No-Cost Virtual Visits:** If you use a CVS MinuteClinic for a virtual visit, there will be no cost. This change gives you one more affordable, convenient way to receive care.
- **Chiropractic Visits:** The plan will cover up to 20 visits or \$1,000 of chiropractic visit services, whichever you reach first.
- **Non-Network Care (only for Aetna POS II A/B options):** There will be another reason for you to use network providers as often as you can. To follow market standards, the plan will reimburse facilities and providers at a lower rate if you voluntarily receive care at a non-network facility or from a non-network provider. As a result, you might be asked to pay the extra cost that's not reimbursed by the plan. The reimbursement for these voluntary, non-network claims will be updated to 170% (for facility claims) and 150% (for professional claims) of the Medicare Fee Schedule (MFS) amount (which is the basis for how your reimbursement is calculated).
- **Vision Therapy (only for Aetna POS II A/B options):** The plan will cover up to 12 medically necessary orthoptic vision therapy visits each calendar year to treat convergence insufficiency in accordance with Aetna's Clinical Policy Bulletin. If you need more therapy, you can request more visits and your request will go through a medical review. If you're currently receiving this type of therapy, contact Aetna for more details.
- **Sexual Dysfunction Treatment (only for Aetna Select option):** Sexual dysfunction drugs will no longer be covered, consistent with other plan options.
- **Gene Therapy Benefit:** Specific approved therapies will be covered only at certain Aetna in-network facilities, subject to medical necessity review and prior authorization.
- **Specialty Medication:** For any specialty medication you're prescribed on January 1, 2024, or later, there will be a new review process—called the Specialty Adherence Program through Express Scripts—to make sure the medication is right for you and that these high-cost drugs are managed consistently and effectively. If you meet clinical requirements and continue to need the medication, you can fill the prescription every 90 days.
- **Standard Concurrency Rules:** We will adopt standard code concurrency rules. If you go to network providers, you will not be impacted. However, you may pay more for a second service during the same visit if you go to a non-network provider as the plan will cover 50% of the allowed amount for that second (non-preventive) service.
- **Surgical Services (only for Aetna POS II A/B options):** We will apply deductible and coinsurance for all surgical services regardless of where those services are received (in a facility or a physician's office). Copays will no longer apply.
- **Claims Filing Within 12 Months (only for Aetna Select option):** You will have 12 months from date of service to file claims for eligible services, consistent with Aetna POS II A/B options.



## Only Cigna OAPIN

- **Chiropractic Visits & Other Therapies:** You currently have a 60-visit limit for chiropractic care and other therapies. Starting in 2024, the visit limits will be by therapy: chiropractic visits (20), cardiac visits (36), cognitive/pulmonary visits (60) and physical/occupational visits (60).
- **Specialty Drug Infusion Location:** If you receive infusions of certain specialty prescription drugs, you will need to receive them at a facility designated within Cigna's Pathwell Specialty Rx program (instead of at any in-network facility). This change helps manage these high-cost drugs consistently and effectively.
- **Gene Therapy Benefit:** Specific approved therapies will be covered only at certain Cigna in-network facilities, subject to medical necessity review and prior authorization.

## Employee Assistance Program

When life is challenging, the Employee Assistance Program (EAP) can be a major resource for you and your family. We partner with **ComPsych**, a globally recognized EAP vendor.

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.

**COMPSYCH**<sup>®</sup>  
— The GuidanceResources Company<sup>®</sup> —

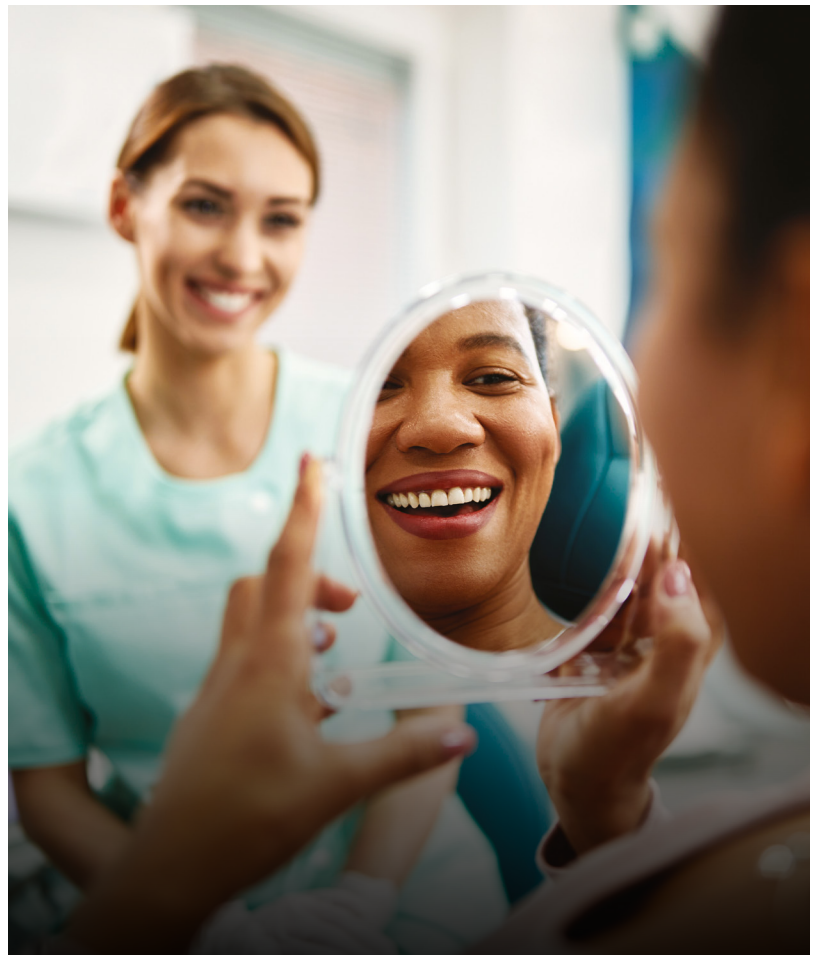
**Phone:** 888-226-1420  
(available 24/7)

**Web:**  
[guidanceresources.com](https://guidanceresources.com)  
(Organization Web ID: ExxonMobil)

**Mobile App:**  
GuidanceNow<sup>SM</sup>

## Dental Plan

- **Your Contributions:** Your monthly dental contributions will increase between \$2 and \$6 a month, based on which class of coverage you choose. See the updated amounts on page 14.
- **Fluoride:** Following American Dental Association recommendations, up to 2 fluoride treatments per calendar year will be covered for dependent children up to age 16 only. Adults will no longer be covered for this treatment.
- **Debridement:** This service will only be offered once per lifetime, in alignment with market, as it is expected to bring the patient back to a healthy dental status.
- **Claims Filing Within 12 Months:** You will have 12 months from date of service to file claims for eligible services.







## Pre-Tax Spending Plan

- **Administrator Name Change:** The current FSA administrator, PayFlex/Millennium Trust, will be re-branded to Inspira Financial in 2024. They will continue to provide the same services to support your Flexible Spending Accounts (FSAs) and contact info (email address and phone numbers) will remain as is until further notice.
- **Unused Funds:** If you have money left in your Health Care FSA at the end of 2023, you may roll over up to \$610 into 2024. Any unused funds in your Dependent Care FSA at the end of 2023 will not roll over to the 2024 plan year.
- **Contribution Limits:** You can elect to contribute up to \$3,050 into your Health Care FSA for 2024. The annual maximum for the Dependent Care FSA is \$5,000 (unless you are married and file separate tax returns, and then the maximum is \$2,500).
- **November and December:** Starting on November 1, 2023, during the months of November and December of a given calendar year, you will not be permitted to elect or increase coverage in Health Care and Dependent Care FSAs for the remainder of that calendar year.

## New Administrative Features

**Your Total Rewards** portal will have many of the same features of our current one. In addition, it will give us the opportunity to transition to market best practices including:

- **More Coverage Tiers:** For medical, dental and vision coverage, you will be able to choose from four levels instead of three: participant only, participant + spouse, participant + child/ren or family.
- **Digital ID Cards:** Instead of receiving printed ID cards for the medical, dental and vision plans in the mail, they will be available on each plan's website and apps so you can view them on your phone. You can download them and easily save, share, print or email them directly to providers. You can also request a physical version any time via customer service, as well as through the Aetna, Cigna, Express Scripts or UHC Vision app or member website.
- **Wolverine Employee Access:** You will have access to the new **Your Total Rewards** portal.
- **Premium Deductions:** Health plan premiums will be deducted in every paycheck based on your payroll frequency (in lieu of paying your health plans premiums in the first 2 paychecks of each month).
- **Leave of Absence Contributions:** If you take a leave of absence (LOA), you will pay your health plan contributions post-tax through direct debit (automatically taken from bank account) or direct bill (to be paid by check or credit card). That's because you will not be receiving your regular paychecks while you're on a leave. On the first day of the pay period available after you return to work, you will start paying your contributions through pre-tax deductions once more. If your health plan coverage was cancelled during your LOA because you did not pay the contributions, you can make new benefit elections after you return to work—whether you return in the same or the following calendar year.
- **Returning Expat Coverage:** If you're an expat returning from expatriate assignment, you will have the opportunity to make benefits elections. If you do not actively enroll, you will automatically be enrolled in the Aetna POS II A medical plan option, the dental plan if you were enrolled in the dental coverage of the ExxonMobil International Medical and Dental Plan and the FSA contribution amounts you elected. You will need to actively enroll in the vision plan. If you return in a different calendar year than when your expat assignment started, you can start contributing or increase your Health Care FSA contributions.

# Changes in Status

- How Long You Have to Make Changes:** If you have a change in status, the current window for making any benefits changes (like adding your baby to your coverage) is 60 days. Starting in 2024 the window will be within:
  - 30 days** for most changes in status—e.g., if you are a new hire; get married; add a child through birth, adoption or placement for adoption; gain or lose coverage through another employer (or your covered dependent does); change your worksite or residence that affects your eligibility for the medical plan option you're in; lose Medicare eligibility; retire; or have a change in your dependent care arrangement (it's also 30 days if your dependent dies).
  - 60 days** (no change) if you get a divorce; or if you, your spouse or your covered dependent gains or loses eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage.
- Starting January 1, 2024** your health plan changes will take effect on the day of the event. However, your dependent children will stay on your health plans coverage through the end of the month they turn age 26, and your coverage will be through the end of the month in case your employment with the company ends (either through resignation, retirement or termination). Deductions will be updated in the pay period following or coincident with the event date.

**Important!** If you experience certain changes in status in your life in 2023—such as getting married or having a baby—during the periods described in the chart below, please review the steps you need to take to ensure your changes are appropriately updated.

## If you have a change in status in 2023

How to make changes to health coverage for 2023 and 2024		
If you submit your change at this time	<b>Before and During AE</b> 	<b>After AE</b> 
<b>Take these actions</b>	<ol style="list-style-type: none"> <li>Enter the change in status and make 2023 changes in the current <b>ExxonMobil Benefits</b> portal.</li> <li>Enter the change in status and make 2024 elections in the new <b>Your Total Rewards</b> portal.</li> </ol> <p><b>Important Note:</b> You should ensure that you make updates in <b>both</b> the <b>ExxonMobil Benefits</b> portal <b>AND</b> the new <b>Your Total Rewards</b> portal.</p>	<ol style="list-style-type: none"> <li>Contact a benefits representative at 833-776-9966 to enter your change in status and update your 2024 elections in the new <b>Your Total Rewards</b> portal.</li> </ol> <p><b>Important Note:</b> You should ensure that you make updates in <b>both</b> the <b>ExxonMobil Benefits</b> portal <b>AND</b> by contacting a benefits representative at (833-776-9966).</p>
<b>Example</b>	You add your new baby to your coverage through the ExxonMobil Benefits portal on 10/2 (before AE) or on 11/3 (during AE). You must add your child to your 2024 coverage during the Annual Enrollment window in the <b>Your Total Rewards</b> portal.	You add your new baby to your coverage through the ExxonMobil Benefits portal on 11/20 (after AE). You must call a benefits representative (833-776-9966) to add your child to your 2024 coverage within the allowed change in status window.
Changes in status submitted before September 18 will be automatically reflected in the new <b>Your Total Rewards</b> portal.		



# 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 2024, 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 Reminder

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 notify about a family member who is no longer eligible (for example, a former spouse) can result in your loss of eligibility for the health plans, 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.

- There are 3 ways to get help:
  - Contact a benefit representative at **833-776-9966**.
  - In the **Your Total Rewards** portal, go to "Contact Us," "General Information," and select "Chat With Us" to initiate a web chat (during customer care hours).
  - Schedule an appointment by selecting the Annual Enrollment tile from the home page and clicking "Need help with benefit choices?"



# Enrolling in Benefits That Matter

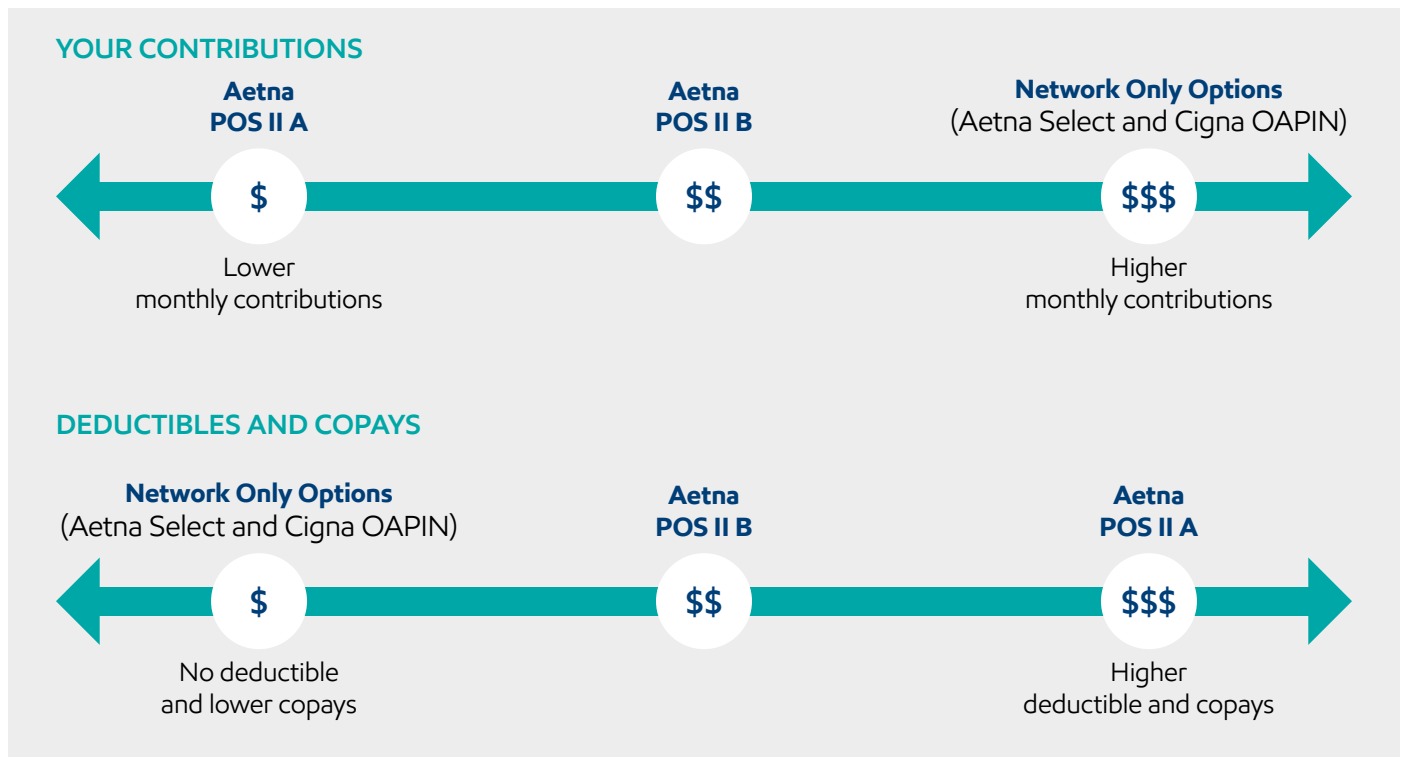


Which medical plan option should you choose? It depends on your health care needs and your personal preferences. There are a few things to think about as you decide. You can also compare up to 3 medical plan options at a time in the **Your Total Rewards** portal when making your Annual Enrollment elections.

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

If you prefer to pay less when you need care, consider 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.

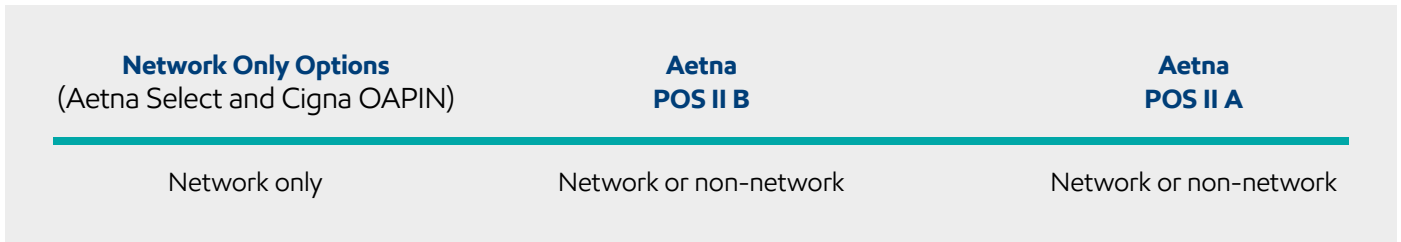
If you prefer to pay lower contributions from your paycheck, you should consider the Aetna POS II options. These options offer lower monthly contributions, but the deductibles and copays are higher, which means you will pay more when you get care.





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

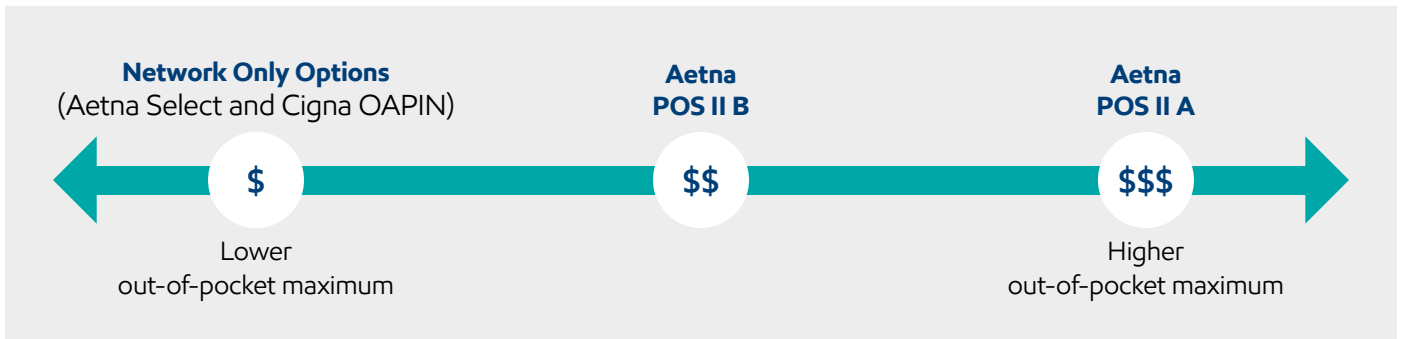
Two plan options — Aetna Select and Cigna OAPIN — require you to use only network providers for care. Both options have extensive networks of providers and facilities, so if you see a non-network doctor or use a non-network facility, you will pay 100% of the cost. We strongly recommend you work with a primary care physician to coordinate your care.



## ? 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 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/en/annual-enrollment/legal-notices](https://exxonmobilfamily.com/en/annual-enrollment/legal-notices).



# ExxonMobil Medical Plan

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

## Network vs. 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.

**Aetna 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.

	Aetna POS II A		Aetna 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
<b>Annual deductible</b>						
▪ Individual	\$600	\$800	\$400	\$500	\$0	\$0
▪ Family	\$1,200	\$1,600	\$800	\$1,000		
<b>Preventive care</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>Office visit</b>						
▪ PCP	\$40 copay	45%	\$25 copay	40%	\$25 copay	\$25 copay
▪ Specialist	\$60 copay	45%	\$45 copay	40%	\$45 copay	\$45 copay
<b>Telemedicine</b>	\$40 copay	Not applicable	\$25 copay	Not applicable	\$25 copay	\$25 copay
<b>Urgent care</b>	\$60 copay	45%	\$45 copay	40%	\$60 copay	\$60 copay
<b>ER</b>	\$150 copay + 25%	\$150 copay + 25%	\$150 copay + 20%	\$150 copay + 20%	\$150 copay + 10%	\$150 copay + 10%
<b>Ambulance</b>	25%	25%	20%	20%	10%	10%
<b>Inpatient care</b>	\$300 deductible + 25%	\$600 deductible + 45%	\$200 deductible + 20%	\$400 deductible + 40%	10%	10%
<b>Outpatient care</b>	25% after deductible	45% after deductible	20% after deductible	40% after deductible	10%	10%
<b>Annual medical out-of-pocket maximum</b>					(includes Rx)	(includes Rx)
▪ Individual	\$4,500	\$18,000	\$3,000	\$15,000	\$3,000	\$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

	Aetna POS II A	Aetna POS II B	Aetna Select	Cigna OAPIN
<b>Up to 34-day fills</b> (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)
<b>90-day fills</b> (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)
<b>Annual prescription drug out-of-pocket maximum</b>				
▪ Individual	\$2,500	\$2,500	Included in medical out-of-pocket maximum	
▪ Family	\$5,000	\$5,000		

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

## 2024 Medical Plan Contributions

Coverage tiers	Aetna POS II A	Aetna POS II B	Aetna Select*	Cigna OAPIN*
	Monthly contribution	Monthly contribution	Monthly contribution	Monthly contribution
<b>Participant only</b>	\$101	\$177	\$187	\$187
<b>Participant + spouse</b>	\$268	\$390	\$412	\$412
<b>Participant + child(ren)</b>	\$268	\$390	\$412	\$412
<b>Family</b>	\$408	\$637	\$674	\$674

\* These network-only options are available in some geographic locations.

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





# 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, visit [goto/Aetna](https://goto.aetna.com) from a company device or [aetna.com](https://aetna.com).

## Summary of Coverage

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

\* Applies to general and major services only

Covered services	You pay**
<b>Preventive services***</b> Diagnostic exams and cleanings, diagnostic X-rays, fluoride treatment for dependents up to age 16, and sealants	\$0
<b>General services</b> Tooth extractions, root canals and fillings, and debridement once per lifetime	20%
<b>Major services</b> Dentures, fixed bridges or implants, and permanent crowns	50%
<b>Orthodontic services</b> Orthodontia lifetime maximum benefit is \$2,000 per covered person	50%

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

\*\*\* 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](https://exxonmobilfamily.com).

## 2024 Dental Plan Contributions

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



### For More Information

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







# ExxonMobil Vision Plan

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.

## Summary of Coverage

Services shown are limited to once per calendar year.

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

\* If contact lenses that are not on the Formulary are prescribed, the member will be responsible for the contact lens fitting and evaluation. Some retailers may not participate.

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

## 2024 Vision Plan Premiums

Coverage tiers	Monthly contributions
<b>Participant only</b>	\$10.15
<b>Participant + spouse</b>	\$19.71
<b>Participant + child(ren)</b>	\$19.71
<b>Family</b>	\$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 \$3,050 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 2024.**
  - 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 \$610 in unused funds from 2023 into 2024. Any amount greater than \$610 in unused funds will be forfeited.
- **Dependent Care FSA:** No unused funds in your FSA will be allowed to carry over from 2023 into 2024. Review your FSA(s) so you can plan your contributions accordingly.

## How Much Should You Contribute?

The FSA calculator can help you determine how to estimate your expenses and tax savings. Go to [payflex.com/en/individuals.html](https://payflex.com/en/individuals.html). Once you log in, go to Help & Support, choose Resource Center and then select Planning Tools.

**Note:** Since Payflex is not exclusive to ExxonMobil, please refer to the **ExxonMobil Pre-Tax Spending Plan Summary Plan Description** at [exxonmobilfamily.com](https://exxonmobilfamily.com) for a list of covered expenses under the Health Care and Dependent Care FSAs.

### Questions?

- Visit [goto/Aetna](https://goto/Aetna) from a company device or [aetna.com](https://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).





## 5 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 5 common mistakes to avoid as you use your health benefits.

Mistake	Instead
1. Not reach out for guidance when you you're not sure what to do—like if your claim is denied or you need prior authorization before getting care.	Go to <b>Vendor Information</b> quick link under the Annual Enrollment tab on <a href="https://exxonmobilfamily.com">exxonmobilfamily.com</a> , or type <a href="https://goto.healthplans">goto/healthplans</a> from a company device and click on Health Plan Vendors Contact Information.
2. Use providers and facilities that are out of your medical plan's network—and pay more if you're in one of the Aetna POS II A/B options or the full cost if you're in Aetna Select or Cigna OAPIN.	Before you use providers and facilities, check to make sure they are in-network. <b>For Aetna</b> <ul style="list-style-type: none"><li>• Visit <a href="https://goto/Aetna">goto/Aetna</a> from a company device or <a href="https://aetna.com">aetna.com</a>, and click on the "Find Care &amp; Pricing" tab on the home page.</li></ul> <b>For Cigna</b> <ul style="list-style-type: none"><li>• Visit <a href="https://goto/Cigna">goto/Cigna</a> from a company device or <a href="https://mycigna.com">mycigna.com</a>, and click on the "Find Care &amp; Costs" on the home page.</li></ul>
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"><li>• In a <b>crisis</b>, call 911 or go to the ER.</li><li>• For <b>urgent, phone</b> help 24/7:<ul style="list-style-type: none"><li>○ Call the employee assistance program (EAP) at 888-226-1420 or find providers at <a href="https://guidanceresources.com">guidanceresources.com</a>.</li><li>○ Call the number on the back of your medical plan ID card to get access to a nurseline for both medical and mental health assistance.</li></ul></li><li>• For <b>urgent, in-person</b> help, go to an in-network urgent care facility.</li><li>• If your need is <b>less urgent</b>, schedule an appointment with your primary care physician (PCP) or a mental health provider.</li></ul>
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 (Teladoc or 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.





# Health Plan Contacts

Vendor	Description	Contact
<b>Benefits administrator</b>		
<b>Alight</b>	Annual Enrollment activities through <b>Your Total Rewards</b> portal	<b>833-776-9966</b> <a href="https://digital.alight.com/exxonmobil">digital.alight.com/exxonmobil</a>
<b>Medical plan</b>		
<b>Aetna</b>	Aetna POS II A and B and Aetna Select, including: <ul style="list-style-type: none"> <li>▪ Medical, behavioral health</li> <li>▪ Health Advocate Program</li> <li>▪ 24-Hour Nurse Line</li> <li>▪ Pre-tax Spending Plan</li> <li>▪ Chronic condition and cancer care support</li> </ul>	<b>800-255-2386</b> <a href="#">goto/Aetna</a> from a company device or <a href="https://aetna.com">aetna.com</a> Aetna mobile app
<b>Cigna</b>	Cigna OAPIN, including: <ul style="list-style-type: none"> <li>▪ Medical, behavioral health</li> <li>▪ Health Advocate Program</li> <li>▪ 24-Hour Nurse Line</li> <li>▪ Prescription drug benefits</li> <li>▪ Chronic condition and cancer care support</li> </ul>	<b>800-818-9440</b> <a href="#">goto/Cigna</a> from a company device or <a href="https://mycigna.com">mycigna.com</a> myCigna mobile app
<b>Express Scripts</b>	Prescription drug benefits for Aetna participants	<b>800-695-4116</b> <a href="https://Express-scripts.com/exxonmobil">Express-scripts.com/exxonmobil</a>
<b>Telemedicine</b>		
<b>Teladoc®</b> (Aetna)	24/7 access to board-certified doctors via video chat or phone	<b>855-Teladoc</b> (855-835-2362) <a href="https://Teladoc.com/Aetna">Teladoc.com/Aetna</a>
<b>MDLIVE</b> (Cigna)	24/7 access to board-certified doctors via video chat or phone	<b>888-726-3171</b> <a href="https://MDLIVEforCigna.com">MDLIVEforCigna.com</a>
<b>Dental plan</b>		
<b>Aetna</b>		<b>800-255-2386</b> <a href="#">goto/Aetna</a> from a company device or <a href="https://aetna.com">aetna.com</a>
<b>Vision plan</b>		
<b>UnitedHealthcare Vision</b>		<b>866-487-9306</b> <a href="https://exxonmobilvision.com">exxonmobilvision.com</a>
<b>Programs</b>		
<b>ComPsych</b>	Employee Assistance Program	<b>888-226-1420</b> <a href="https://guidanceresources.com">guidanceresources.com</a> (Organization Web ID: exxonmobil) Mobile App: GuidanceNow
<b>2nd MD</b> (Aetna)	Second Opinion Services	<b>866-410-8649</b> <a href="https://2nd.md/Aetna">2nd.md/Aetna</a>
<b>Cleveland Clinic MyConsult</b> (Cigna)	Second Opinion Services	<b>800-223-2273</b> , ext. 43223 <a href="#">goto/Cigna</a> from a company device (click on the MyConsult link)
<b>Omada</b> (Aetna & Cigna)	Prevention, Diabetes, Hypertention	For Cigna participants: <a href="https://omadahealth.com/exxonmobil">omadahealth.com/exxonmobil</a> <b>888-987-8337</b>
<b>Hinge Health</b> (Aetna & Cigna)	Physical therapy, support and education for ongoing musculoskeletal issues	<b>855-902-2777</b> <a href="https://hingehealth.com/exxonmobil">hingehealth.com/exxonmobil</a>
<b>Progyny</b> (Aetna & Cigna)	Fertility services, 1:1 support and patient advocacy, Progyny Rx	<b>833-851-2229</b> <a href="https://progyny.com">progyny.com</a>

# 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](https://www.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.

## 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](https://www.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](https://www.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](https://www.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](https://www.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](https://www.exxonmobilfamily.com).

**ExxonMobil**