

What's New and Important Notices

What's New

The "What's New" section describes ExxonMobil retiree health plan changes and relevant information for the following year. It is a supplement to the Summary Plan Descriptions (SPDs) for the ExxonMobil Retiree Medical Plan (EMRMP), ExxonMobil Dental Plan and ExxonMobil Vision Plan available on www.exxonmobilfamily.com. This is a summary of all material modifications that are **effective January 1, 2023** and should be retained with your Summary Plan Descriptions.

★ **Don't miss out on future important communications. Please make sure you update your address, email, and phone number by calling the EMBSC at (800) 682-2847 or through the ExxonMobil Benefits Service Center Web www.exxonmobil.com/benefits**

ExxonMobil Retiree Medical Plan

Pre-65 options: POS II A and B and Aetna Select options, changes effective January 1, 2023

- For the 2023 plan year, participants' contributions will increase between \$4 and \$26 per month. Refer to the [SPDs](#) for more information.
- Behavioral Health services will transition from Magellan to Aetna, creating a more holistic and integrated approach to care. New ID cards will be mailed to you prior to January 2023. What do you need to do?
 - Confirm if your behavioral health provider is in the Aetna network by visiting aetna.com. Click on Find a Doctor and then click "Plan from an employer". Do not log in, instead "Continue as a guest", enter your location and select either Aetna Choice POS II (Open Access) or Aetna Select (Open Access). If they are included in the Aetna network, no action is needed on your end.
 - If your provider is not in the Aetna network and you are undergoing treatment as of December 1, 2022, sign up for Transition of Care (TOC). How? You or your provider must submit a TOC Form to Aetna no later than April 1, 2023. For assistance, call Aetna at (800) 255-2386 or visit www.aetna.com.
- Important changes to the EMRMP relating to waiving coverage will begin January 1, 2023 for new participants in the plan as well as those currently enrolled that become covered by other employer sponsored medical plan. Please see additional details below.
- New digital coaching programs through Omada will be available to support Diabetes Prevention/Weight Management, Diabetes Remote Monitoring/Management and Hypertension Remote Monitoring/Management. These tools can help you improve or manage your health at no cost to you. More information coming soon on how to get started.
- Copay and coinsurance levels under the prescription drug program will be updated to encourage utilization of generic and preferred medications versus non-preferred medications. See full details below.
- Effective January 1, 2023, the coordination of benefits provisions for the ExxonMobil Retiree Medical Plan (EMRMP) and ExxonMobil Dental Plan (EMDP) will be as follows:
 - When EMRMP/EMDP is your primary plan, EMRMP/EMDP will pay your medical/dental claims first as if there is no other coverage.
 - When EMRMP/EMDP is your secondary plan, EMRMP/EMDP will pay benefits after the primary plan and that payment amount will be the lesser of:
 - what EMRMP/EMDP would have paid if it had been primary, or
 - what EMRMP/EMDP would have paid less the primary plan's payment.
- You will be able to access no-cost preventive and primary care visits at a walk-in CVS Minute Clinic. Minute Clinics are open seven days a week and located in select CVS pharmacies and Target stores. To find a location near you, visit <https://www.cvs.com/minuteclinic/clinic-locator/>
- If you are enrolled in the Aetna Select plan option, you will no longer require a Primary Care Physician (PCP) referral, which will ease your access to specialist care.
- The following provisions will be added/updated: coverage for chelation therapy; medical necessity requirement for physical, occupational, speech therapies; limit acupuncture visits up to 10 per calendar year; and alignment of oral-motor therapy to Aetna Clinical Policy Bulletins.
- Non-emergent care coverage outside the US will not be covered for new participants enrolling on or after January 1, 2023. Participants enrolled in POS II A and B plan options by December 31, 2022 will be grandfathered and thus allowed to process non-emergent claims outside the US. Emergency care will continue to be provided to participants as per current cost-share levels.

- Out of network claims must be filed within 12 months from the date of service. Claims submitted after 12 months will not be accepted/reimbursed
- For medical related questions, call Aetna at (800) 255-2386. They are available from 8 a.m. to 6 p.m. (CT), Monday to Friday.
- For prescription drug related questions, call Express Scripts at (800) 695-4116. They are available 24 hours per day, 7 days per week.

Pre-65 option: Cigna OAPIN option, changes effective January 1, 2023

- For the 2023 plan year, participants' contributions will increase between \$9 and \$27 per month. Refer to the [SPDs](#) for more information.
- Important changes to the EMRMP relating to waiving coverage will begin January 1, 2023 for new participants in the plan as well as those currently enrolled that become covered by other employer sponsored medical plan. Please see additional details below.
- New digital coaching programs through Omada will be available to support Diabetes Prevention/Weight Management, Diabetes Remote Monitoring/Management and Hypertension Remote Monitoring/Management. These tools can help you improve or manage your health at no cost to you. More information coming soon on how to get started
- Copay and coinsurance levels under the prescription drug program will be updated to encourage utilization of generic and preferred medications versus non-preferred medications. See full details below.
- Effective January 1, 2023, the coordination of benefits provisions for the ExxonMobil Retiree Medical Plan (EMRMP) and ExxonMobil Dental Plan (EMDP) will be as follows:
 - When EMRMP/EMDP is your primary plan, EMRMP/EMDP will pay your medical/dental claims first as if there is no other coverage.
 - When EMRMP/EMDP is your secondary plan, EMRMP/EMDP will pay benefits after the primary plan and that payment amount will be the lesser of:
 - what EMRMP/EMDP would have paid if it had been primary, or
 - what EMRMP/EMDP would have paid less the primary plan's payment.
- Addition of weight management pharmacy coverage when eligible (subject to prior authorization and medical necessity review).
- For medical and prescription drug related questions, call Cigna at (800) 818-9440. They are available 24 hours per day, 7 days per week.

Prescription Drug Coverage

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

Post-65 – Medicare eligible retirees: Medicare Primary Option (MPO), changes effective January 1, 2023

- For the 2023 plan year, premiums for MPO coverage will not change.
- Important changes to the EMRMP relating to waiving coverage will begin January 1, 2023 for new participants in the plan as well as those currently enrolled that become covered by other employer sponsored medical plan. Please see additional details below.
- As a reminder, requirements to enroll in the MPO are: be an eligible retiree or eligible family member; be enrolled in Medicare Parts A and B and continue to pay any required premiums; provide a Medicare Beneficiary Identifier (MBI) located on your Medicare card to ExxonMobil Benefits Service Center (EMBSC); have a residential U.S. street address on file with CMS; not be enrolled in another group or individual Medicare Advantage plan (Part C); and not be enrolled in an individual Medicare Part D prescription drug plan in the open market (Part D).
- MPO information is available to you:
 - If you have questions about your benefits, you can visit <https://ExxonMobil.AetnaMedicare.com> for details.
 - MPO participants will receive additional documents in the mail from Aetna on the benefits changes, which summarize changes to the 2023 Evidence of Coverage. These documents are called Annual Notice of Changes (ANOC) and Schedule of Cost Sharing (SOC).
 - For medical related questions, call Aetna at (800) 833-595-1012 (TTY: 711). They are available from 7 a.m. to 8 p.m. (CT), Monday to Friday.
 - For prescription drug related questions, call Express Scripts at (800) 695-4116. They are available 24 hours per day 7 days per week.

ExxonMobil Dental Plan

- Participants' contributions will increase between \$1 and \$4 per month, depending on level of coverage.
- For dental related questions, call Aetna at (800) 255-2386. They are available from 8 a.m. to 6 p.m. (CT), Monday to Friday.

ExxonMobil Vision Plan

- No change to participant premiums for vision coverage for the 2023 plan year.
- Spectera will update its branding to UnitedHealthcare (UHC) Vision, leveraging brand recognition. New ID cards will be mailed to you by UHC while services, network, and coverage will not be impacted.
- For vision related questions, call UHC Vision at (877) 303-2415. They are available from 7 a.m. to 10 p.m. (CT), Monday to Friday.

Waiver process under the EMRMP effective January 1, 2023:

There are important changes to the EMRMP relating to waiving coverage. Please read this section carefully, as there may be an impact on your future coverage. Effective January 1, 2023, a new waiver process is in place to provide retirees and eligible family members with the option to waive coverage under the EMRMP when you or your eligible family members choose to participate in other employer-sponsored coverage. By completing the waiver, you will reserve your right to participate in the EMRMP at a later date upon proof of loss of coverage in the other employer's plan, as long as the EMRMP is still available at that time. See scenarios below and how the waiver and reservation of rights apply:

How to Waive EMRMP Coverage at the Time of Your Retirement

If you have been actively participating in the ExxonMobil Medical Plan or the ExxonMobil International Medical and Dental Plan at the time of your retirement and you have access to other employer-sponsored coverage through either your own active employment or as a dependent of your spouse's active employment, you/your spouse can choose to waive EMRMP coverage and reserve your right to participate upon the loss of such other coverage.

You must waive EMRMP coverage no later than 60 days from your retirement effective date. There are 2 ways to waive: you can contact the EMBSC at 1-800-682-2847 and indicate you want to waive, or you may also waive online in the EM Benefits portal by choosing the qualifying event named "Other Employer Sponsored Coverage".

In order to enroll at a later date, you and/or your spouse will need to provide proof of loss of coverage and meet the following requirements:

1. If you (and/or your spouse) lose other employer-provided coverage and you or your spouse are under 65 years of age, you have 60 days from loss of coverage to enroll in any of the Retiree Medical Plan options (Aetna POS II A or B, Aetna Select, Cigna OAPIN) of the EMRMP.
2. If you (and/or your spouse) lose coverage and are 65 years of age or over, you or your spouse will have 90 days from loss of coverage to enroll in the Medicare Primary Option (MPO) of the EMRMP. Please refer to section of Eligibility

and Enrollment of the Medicare Primary Option for a list of the MPO requirements. You must meet each of the requirements within the 90 days from the loss of coverage.

If you do not meet all requirements to enroll in the applicable option by the deadlines above, you/your spouse will not be eligible to enroll in the EMRMP at a later date.

How to Waive EMRMP Coverage if you Acquire Other Employer-Sponsored Coverage After Retirement

If after you have begun participating in the EMRMP you acquire other employer sponsored health plan coverage through either your own active employment or as a dependent of your spouse's active employment, you/your spouse can notify the EMRMP by contacting the EMBSC of your change in status and waive coverage under the EMRMP. There are 2 ways to waive: you can contact the EMBSC at 1-800-682-2847 and indicate you want to waive, or you may also waive online in the EM Benefits portal by choosing the qualifying event named "Other Employer Sponsored Coverage". You must waive no later than 60 days from loss of coverage from the EMRMP.

You/your spouse can then enroll in the EMRMP at a later date when the other employer sponsored health plan ends, with proof of loss of coverage. As described in subsections 1 and 2, above.

Important note: A waiver form is different from a cancellation form, while the waiver form allows you to preserve your eligibility for future enrollment (if the EMRMP is still an available option at that time), the cancellation form is final and you will no longer be eligible to enroll in any of the EMRMP options at a later date.

Dependent Children/Disabled Dependents

If your dependent child is participating in other-employer sponsored coverage at the time of your retirement or during your retirement and the child is under the age of 26, this children will be eligible upon the proof of loss of coverage to participate in the EMRMP and no waiver form is needed, assuming the child meets eligibility criteria.

No waiver process is available for dependents who were participating the EMMP or EMRMP as a disabled dependent over the age of 26 and who terminate coverage anytime at or after your retirement. Once a disabled dependent's coverage is terminated for loss of eligibility or otherwise, the over age 26 child will not be eligible to participate in the EMRMP at a later date.

Survivor Coverage

If you are a surviving spouse or surviving family member participating in the EMRMP, you are not eligible to waive coverage and reserve your right to participate at a later date when you acquire other employer-sponsored coverage or are hired by ExxonMobil.

How to Avoid Cancellation due to Nonpayment of Premiums

The ExxonMobil Benefits Service Center (EMBSC) offers the convenience of paying your benefits premiums through either direct debit or deduction from your monthly pension payment (if applicable). To set up either payment method, visit www.exxonmobil.com/benefits:

- **Direct Debit:** click on "Health & Welfare," then on "More," and lastly on "Update Premium Payment Information."
- **Monthly Pension Payment Deduction:** click on "Library," then on "Documents & Forms," then on "Forms," and lastly on "Pension Deduction Authorization Form." Return your completed form to the shown address.

For assistance, call the EMBSC at (800) 682-2847.

Multifactor Authentication (MFA) for all EMRMP Participants

To better protect your privacy, there are new security measures on the ExxonMobil Benefits Web. Effective July 28, 2021, when accessing the ExxonMobil Benefits Web (<http://www.exxonmobil.com/benefits>), you will be required to register as a first-time user and follow the online instructions. You will validate your identity using a registration key. The registration key is a randomly assigned code that is generated and sent to you during the registration process. For questions, call the ExxonMobil Benefits Service Center at (800) 682-2847.

Submit your Beneficiary Designations ONLINE through ExxonMobil Benefits Service Center Portal

Beneficiary Designations ONLINE submission for Savings, Pension, and Life Insurance Plans is now available through the ExxonMobil Benefits Service Center Web www.exxonmobil.com/benefits.

You are encouraged to make your online elections to ensure an expedited process for benefits payments, even if you are not making a change to the current designations. For more information or guidance on how submit new designations, please contact EMBSC at (800) 682-2847.

Important Notices

Summary of Material Modifications (SMM)

The “What’s New” section of this document describes ExxonMobil retiree health plan changes for the following year. It is a supplement to the Summary Plan Descriptions for the ExxonMobil Retiree Medical Plan, ExxonMobil Dental Plan, and ExxonMobil Vision Plan available on www.exxonmobilfamily.com. This is a summary of all material modifications and should be retained with your Summary Plan Descriptions.

Plan Documents

The benefits described herein are governed under law by formal plan documents. If there is any discrepancy between the information provided in this guide and the formal plan documents, the plan documents control. Exxon Mobil Corporation reserves the right to amend, suspend or terminate any or all of its benefit plans and programs at any time.

A Note Regarding the ExxonMobil Retiree Medical Plan

The ExxonMobil Retiree Medical Plan (EMRMP) is a retiree-only plan. As a retiree-only health plan, the EMRMP is exempt from HIPAA portability and PPACA insurance mandates, including consumer protections available under other health plans.

Important Notice about becoming Medicare-Eligible

Retirees or covered family members of a retiree who become Medicare-eligible, either due to age or Social Security disability status, are no longer eligible to participate in the ExxonMobil Retiree Medical Plan POS II options, Aetna Select, or Cigna OAPIN options. Medicare-eligible participants must change their Company-provided coverage to the ExxonMobil Medicare Primary Option (MPO), enroll in Medicare Part A and Part B, have a US residential address, and provide their MBI (Medicare Beneficiary Identifier) to ExxonMobil Business Service Center (EMBSC). In order to be enrolled in MPO, Medicare-eligible participants cannot enroll in an individual Medicare Part D nor in another Medicare Part C plan. Medicare-eligible participants may only be enrolled in a group Medicare Part D, also referred to as an Employer Group Waiver Plan (EGWP) Part D plan if a former employer enrolls them.

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, please refer to the attached Creditable Coverage Notice or the notice located on 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 attached Medicaid and the Children’s Health Insurance Program (CHIP) notice or the notice located on www.exxonmobilfamily.com.

Notice of HIPAA Privacy Practices

The plan is committed to the privacy and security of your protected health information. For information about the permissible uses and disclosures of your protected health information and your individual rights, you can access the plan’s HIPAA Privacy notice on www.exxonmobilfamily.com.

Nondiscrimination Notice

The ExxonMobil Retiree 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 www.exxonmobilfamily.com.

Women’s Health and Cancer Rights Act Notice (WHCRA)

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 II A, POS II B, or Aetna Select, call Aetna Member Services at (800) 255-2386 for more information; for the Medicare Primary Option, call Option (1) 833-595-1012 (TTY: 711), and. If you are enrolled in CIGNA OAPIN, call CIGNA at (800) 818-9440 for more information.