

## 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](http://www.exxonmobilfamily.com). This is a summary of all material modifications that are effective January 1, 2024, and should be retained with your Summary Plan Descriptions.

★ **Important:** Annual Enrollment (AE) will take place from October 25 until November 10. **Alight** has been contracted to provide administrative services for ExxonMobil benefits. In order to leverage modern technology and improve participant experience, we are introducing a **new benefits portal**, called **Your Total Rewards**. This year's Annual Enrollment activities will be completed in the new Your Total Rewards portal.

- Please make sure your address, email, and phone number are up to date, either by calling a benefit representative at 833-776-9966 or through their website at [digital.alight.com/exxonmobil](http://digital.alight.com/exxonmobil), starting on October 25, 2023.
- As you will be a new user to this portal, you will need to register first. Please take some time to review the registration and enrollment instructions included in this packet.
- Carefully review the "Important notice for payment transition" section to understand the available options to pay your bills with Alight, the new benefits administrator.
- The ExxonMobil Business Service Center (EMBSC) (800-682-2847) will continue to assist you with benefits questions that are not related to AE until the end of 2023.
- Effective January 1, 2024, all calls should be made to 833-776-9966 and the EMBSC mailing address will be updated to the following: Dept 02694, PO Box 64116, The Woodlands, TX, 77387-4116

### ExxonMobil Retiree Medical Plan (EMRMP)

#### Pre-65 options: Aetna POS II A/B and Aetna Select options, changes effective January 1, 2024

- Participant contributions will increase between \$12 and \$57 per month.
- There will be increases to some copays, coinsurance, and deductibles. See Pre-65 medical coverage updates section.
- Hearing Aids: The cost of physician-prescribed hearing aids will be covered up to \$500 every 3 years. If you're in the Aetna POS II A or B option, you will 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, this coverage is new for you.
- Travel Benefits: The plan will cover \$50 a day for one person (or \$100 a day for two people) for the existing travel and lodging benefit (meals not covered). 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).
- Chiropractic Visits: The plan will cover up to 20 visits or \$1,000 of chiropractic visit services, whichever you reach first.
- No-Cost Virtual Visits: In addition to on-site visits, you may use a CVS MinuteClinic for a virtual visit and there will be no cost. This change gives you one more affordable, convenient way to receive care. Learn more at [cvs.com/minuteclinic](http://cvs.com/minuteclinic).
- 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. 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](http://Aetna) (800-255-2386) for more details.
- Sexual dysfunction drugs (only for Aetna Select option) will no longer be covered, consistent with other plan options.
- Specific approved gene 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.
- Concurrency rules for multiple services during a single visit of care: If you receive multiple services during a single visit, you will not be impacted as long as you go to network providers, but 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.
- Deductible and coinsurance will apply for all surgical procedures (only for Aetna POS II A/B options) 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.
- There will be 4 coverage tiers: participant only, participant + spouse, participant + child/ren, or family. There is no action required on your end.
- Digital ID Cards: ID cards will be available on Aetna and Express Scripts websites 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.
- For medical questions, call Aetna at (800) 255-2386. They are available from 8 a.m. to 6 p.m. (CST), Monday to Friday.
- For prescription drug 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, 2024**

- Participant contributions will increase between \$17 and \$57 per month.
- There will be increases to some copays, coinsurance and deductibles. See Pre 65 medical coverage updates section.
- Hearing Aids: The cost of physician-prescribed hearing aids will be covered up to \$500 every 3 years. This coverage is new for you.
- Travel Benefits: The plan will cover \$50 a day for one person (or \$100 a day for two people) for your existing travel and lodging benefit (meals not covered). 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).
- 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.
- There will be 4 coverage tiers: participant only, participant + spouse, participant + child/ren, or family. There is no action required on your end.
- Digital ID Cards: ID cards will be available on the Cigna website and app 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.
- For medical and prescription drug questions, call Cigna at (800) 818-9440. They are available 24 hours per day, 7 days per week.

**Pre 65 medical coverage updates summary (updates in bold underline)**

	Aetna POS II A	Aetna POS II B	Aetna Select	Cigna OAPIN
▪ PCP copay	\$40	\$25	\$25	\$25
▪ Specialist copay	\$60	<b><u>\$45</u></b>	<b><u>\$45</u></b>	<b><u>\$45</u></b>
▪ Telemedicine copay	\$40	\$25	\$25	\$25
▪ Urgent Care copay	\$60	<b><u>\$45</u></b>	\$60	\$60
▪ ER copay + coinsurance	<b><u>\$150 copay+25%</u></b>	<b><u>\$150 copay+20%</u></b>	\$150 copay+ <b><u>10%</u></b>	\$150 copay+ <b><u>10%</u></b>
▪ Ambulance	25%	20%	10%	10%
▪ Deductible EE only/Family	<b><u>\$600/\$1200 (INN)</u></b> <b><u>\$800/\$1600 (OON)</u></b>	<b><u>\$400/\$800 (INN)</u></b> <b><u>\$700/\$1400 (OON)</u></b>	\$0	\$0

Note - INN: in network; OON: out of network

**Post-65 – Medicare eligible retirees: Medicare Primary Option (MPO), changes effective January 1, 2024**

- For the 2024 plan year, premiums for MPO coverage will not change.
- **Important updates regarding medical coverage under the MPO:** Effective January 1, 2024, there will be updates to the copay structure in your medical coverage provided through Aetna Medicare Advantage, in order to improve your experience through clarity of cost. See Post 65 MPO medical coverage updates summary.

**Post-65 MPO medical coverage updates summary**

	2023	2024
▪ Annual Medical Deductible	\$300	\$100
▪ Annual Out of Pocket Max (OOP Max)	\$3,000	\$4,000
▪ Primary Care Physician (PCP) Office Visit	20% after deductible	\$20 after deductible
▪ Specialist Office Visit	20% after deductible	\$40 after deductible
▪ Emergency Room Visit	\$50	\$65
▪ Urgent Care Visit	\$35	\$40
▪ Telemedicine	20% after deductible	PCP / Specialist copay
▪ Medicare covered Hearing/Dental/Eye Exams/Acupuncture	20% after deductible	\$40 after deductible
▪ Podiatry Services	20% after deductible	\$40 after deductible
▪ Allergy Testing	20% after deductible	\$40 after deductible
▪ Cardiac Rehabilitation Services	20% after deductible	\$35 after deductible
▪ Pulmonary Rehabilitation Services	20% after deductible	\$15 after deductible
▪ Chiropractic Services	20% after deductible	\$20 after deductible

• **Important updates regarding prescription drug coverage under the MPO**

Effective January 1, 2024, **Express Scripts Medicare®** will provide prescription drug benefits to participants in the Medicare Primary Option (MPO) of the ExxonMobil Retiree Medical Plan. This means that your prescription drug benefit will transition to a Medicare Part D prescription drug plan (PDP), which will complement your medical benefits already provided through Aetna Medicare Advantage.

As a part of this change, please note the following updates to the prescription drug coverage:

- \$300 individual deductible, specific to prescription drug benefits
- \$2,000 individual prescription drug out of pocket maximum
- MPO participants who lose coverage will no longer be eligible for COBRA
- Members who fail to meet Medicare’s enrollment timing requirements will be subject to the Medicare Part D Late Enrollment Penalty (LEP), which will be directly billed to participants for whom this penalty applies
- The following coverage will be removed:
  - Over-the-counter (OTC) drugs, with the exception of preventive care OTC drugs, which will continue to be covered in accordance with the Affordable Care Act (ACA) provisions (note that you may have the option to obtain certain supplies under the Aetna Medicare Advantage medical benefits)
  - Medications for the management of cough/cold symptoms
  - Vitamin and mineral products, including vitamin D3 and folic acid
  - Sexual dysfunction medications
  - Part B supplies, such as diabetic test strips and lancets, which will now be covered under the medical benefit provided through Aetna Medicare Advantage (Aetna MA)

- Part B usage of medications with both Part B and Part D designations (Part B usage will be covered under the medical benefit provided through Aetna Medicare Advantage; non-Part D usage will not be permitted)
- Part B vaccinations such as flu, pneumonia, and COVID-19, which will be covered under the medical benefit provided through Aetna MA. ACA preventive care vaccinations will continue to be covered at \$0 copay.
- Repackaged drugs (drugs which are removed from the original manufacturer's container and placed in a repackaged container and are sold at a higher retail cost)
- Unit-dose packaged medications (except at long-term care facilities)
- Where there are changes to Part B supplies and medications, these may be covered under your Aetna Medicare Advantage medical benefit. Please remember to bring your Express Scripts Medicare (PDP), Aetna Medicare Advantage ID cards to each appointment, facility, and/or pharmacy to ensure you can obtain coverage under the appropriate benefit. For transition of care information, Express Scripts will send communications that address any disruption that you may experience and how each is managed. Please ensure your address on file with the ExxonMobil Benefits Service Center is correct so that you get all the information timely.
- Medications received in a long-term care facility (LTC) will be limited to a 31-day supply, consistent with the Centers for Medicare and Medicaid Services (CMS) guidelines.
- 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 the 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 available to you**

- **MPO virtual webinars:** If you have questions about your benefits, visit [ExxonMobil.AetnaMedicare.com](https://ExxonMobil.AetnaMedicare.com) for details. You can also sign up for virtual information sessions at this registration link: [aet.na/exxonmobil2023](https://aet.na/exxonmobil2023) (also posted on the home page of the ExxonMobil Aetna MA website). These webinars will be held on the following dates:
  - October 23: 12/noon CST
  - October 25: 11 am CST
  - October 27: 1pm CST
  - October 30: 2pm CST
  - November 1: 10 am CST
- **Additional documents:** MPO participants will receive additional documents in the mail from Aetna and Express Scripts on the benefits changes and updates.
- New ID cards will be sent by both Aetna Medicare Advantage and Express Scripts Pharmacy for January 1, 2024. Please be sure to show your new ID cards to your doctors and pharmacy.
- **Questions:**
  - For medical related questions, call Aetna at (800) 833-595-1012 (TTY: 711). They are available from 7 a.m. to 8 p.m. (CST), 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. Starting October 9, 2023, you may contact Express Scripts at 866-557-8211, 24 hours a day, 7 days a week with questions regarding Express Scripts Medicare.

#### **ExxonMobil Dental Plan (EMDP), changes effective January 1, 2024**

- Participant contributions will increase between \$3 and \$8 per month, depending on coverage tier.
- 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, 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.
- There will be 4 coverage tiers: participant only, participant + spouse, participant + child/ren, or family. There is no action required on your end.
- For dental questions, call Aetna at (800) 255-2386. They are available from 8 a.m. to 6 p.m. (CST), Monday to Friday.

## ExxonMobil Vision Plan (EMVP), changes effective January 1, 2024

- No change to participant premiums for vision coverage for the 2024 plan year.
- There will be 4 coverage tiers: participant only, participant + spouse, participant + child/ren, or family. There is no action required on your end.
- Digital ID Cards: ID cards will be available on UHC Vision 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 UHC Vision website at [www.exxonmobilvision.com](http://www.exxonmobilvision.com).
- For vision related questions, call UHC Vision at (877) 303-2415. They are available from 7 a.m. to 10 p.m. (CST), Monday to Friday. You can also visit the UHC Vision website at [www.exxonmobilvision.com](http://www.exxonmobilvision.com)

## Important updates related to changes in status for pre 65 options of the EMRMP, EM Vision Plan, and EM Dental Plan

- If you have a change in status, the current window for making any health plan changes (like adding a new spouse to coverage) is 60 days. Effective January 1, 2024, the window will be within:
  - 30 days for most changes in status (refer to the SPDs for more details).
  - 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, changes in status will take effect on the day of the event, except dependent children turning age 26, who will stay on your health coverage through the end of the month in which they turn 26.

Important note: participants under the MPO will remain with current process where benefit changes take effect on the first of the month following the day of the event.

## Important notice related to payment transition

- If you are currently paying your health plans premiums through check or money order, please do not prepay for coverage beyond December 31, 2023.
- The last bill from current benefit administrator will be sent by mid-November for December 2023 coverage, while the new benefit administrator will send the first bill by mid-December 2023 for January 2024 coverage.
- If your health plans premiums are currently scheduled through automatic payment from your bank account, please remember to stop automatic payments from your bank account to the current administrator right after paying for December 2023 coverage.
- If you are currently paying your health plans premiums through direct debit, this will be automatically terminated and the last debit with the current benefit administrator will occur on December 21, 2023 for December 2023 premiums.
- You will have different options to pay your bills with the new benefit administrator:
  - a) Mail a check: You can mail a check to the address listed on the first bill you receive in December 2023.
  - b) Set up your bank account to make payments automatically: If your bank allows you to set up automatic bill payments, you can do so after you receive your first bill in December. Contact your bank to confirm if this option is available to you.
  - c) Set up direct debit: If you would like the new administrator to debit your bank account for you, you can set it up on the new Your Total Rewards portal ([digital.alight.com/exxonmobil](http://digital.alight.com/exxonmobil)):
    - i. During your annual enrollment window, after confirming your health plan elections, or
    - ii. After you receive your bill in December, select the "Why write checks every month? Set up direct debit" tile under the "Recommended" section on the Your Total Rewards portal home page. Note that direct debit will be for future bills, so you must use an alternate method to pay January 2024 premiums.  
**Important:** if you currently have direct debit set up, it will not carry forward.
  - d) Pay online via credit card: You will also be able to make payments on the portal via credit card after receiving your first bill if you wish to do so. Note: this option is for one-time payments only, not for recurring payments.
  - e) Set up payment method over the phone with a benefit representative at 833-776-9966:
    - i. You must be able to fully authenticate your account using a Phone PIN, or a One-Time Access Code.
    - ii. You must verbally confirm that your banking account is located within the United States.
    - iii. You must provide the following information over the phone: Financial Institution (name of bank, city, state, zip code, whether it's a checking or savings account), Transit Routing/ABA Number (nine-digit number), and Bank Account Number.
    - iv. Alternatively, you can ask for a Direct Debit Authorization Form, which will be mailed to you. Once you receive it, you can complete and return the form via mail/fax/web upload.

**Good news!** If you are currently paying your health plans premiums through pension payroll deduction, no further action is required from your side. Premiums will continue being deducted from your pension payment.

**Submit your Beneficiary Designations online through the Your Total Rewards portal**

Starting January 1, 2024, online submission of beneficiary designations for pension, life insurance, and accidental death and dismemberment plans will be available through the new Your Total Rewards portal.

To make changes on your beneficiary designations, click on the avatar on the top right side of the Your Total Rewards portal home page and select "Beneficiaries". From there you may follow the prompts to add or update your beneficiaries. For more information or guidance on how to add or update beneficiary designations, you may contact a benefit representative at 833-776-9966 from Monday through Friday 8 a.m. to 4 p.m. CST.

You can also review the **2024 Annual Enrollment frequently asked questions (FAQs)** available on [exxonmobilfamily.com/en/resources/exxonmobil-retirees](https://exxonmobilfamily.com/en/resources/exxonmobil-retirees).

**2024 Retiree Health Plans Rates**

<b>ExxonMobil Retiree Medical Plan – Monthly Pre-Medicare Eligible Retiree Contributions</b>				
	<b>Participant Only</b>	<b>Participant + Spouse</b>	<b>Participant + Child(ren)</b>	<b>Family</b>
Aetna POS II A	\$212	\$466	\$466	\$699
Aetna POS II B	\$290	\$637	\$637	\$955
Aetna Select	\$304	\$669	\$669	\$1,003
Cigna OAPIN	\$304	\$669	\$669	\$1,003

<b>ExxonMobil Retiree Medical Plan – Monthly Medicare Eligible Retiree Contributions (*)</b>		
	<b>Participant Only</b>	<b>Participant + Spouse</b>
Medicare Primary Option	\$74	\$148

(\*) Each participant (retiree and spouse) needs to be enrolled individually in the MPO. The monthly rate of \$74 is per participant.

<b>ExxonMobil Dental Plan – Monthly Retiree Contributions</b>				
	<b>Participant Only</b>	<b>Participant + Spouse</b>	<b>Participant + Child(ren)</b>	<b>Family</b>
Retiree Contribution	\$43	\$86	\$86	\$129

<b>ExxonMobil Vision Plan – Monthly Retiree Premiums</b>				
	<b>Participant Only</b>	<b>Participant + Spouse</b>	<b>Participant + Child(ren)</b>	<b>Family</b>
Retiree Premium	\$10.15	\$19.71	\$19.71	\$31.05



## **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](http://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](http://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](http://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](http://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](http://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.