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 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, 2022** and should be retained with your Summary Plan Descriptions.

ExxonMobil Retiree Medical Plan

POS II A and B and Aetna Select options, changes effective January 1, 2022

- Oncology care and chronic conditions support (e.g. support for diabetes, heart disease, arthritis) will move from Optum to Aetna. If you are currently receiving cancer support through Optum, you can move to Aetna or you can elect to continue to receive assistance through Optum until your treatment is finalized. For chronic conditions, the change from Optum to Aetna assistance will be effective January 1, 2022. Optum and Aetna will help you with your transition of care. For questions, call Aetna at 800-255-2386 or visit their Cancer Support Center on Aetna Health at www.aetna.com
- Teladoc services will include dermatology telemedicine.
- A digital program called Hinge Health will be available to address joint pain and muscle issues. Hinge Health is designed to help you feel better, reduce pain, and learn physical therapy exercises. After completing a simple online clinical screener, Hinge Health will assess your condition and match you to the right treatment program, which can be either preventive, acute or chronic, and even pre & post-surgery rehab treatment. More info will be available at hingehealth.com/exxonmobil and in www.exxonmobilfamily.com, or you can also call 855-902-2777.
- For the 2022 plan year, participants' contributions will increase between $2 and $18 per month. Refer to the Summary of Benefits and Coverage (SBC) for more information.
- New termination and reinstatement provisions will be effective January 1, 2022 for all EMRMP participants, please see additional details below.

Cigna OAPIN option, changes effective January 1, 2022

- Cigna OAPIN network will now be offered in certain remote locations such as Alaska, Wyoming, Utah or the Permian Basin. The Cigna OAPIN option only covers in-network medical care. To understand if your location and/or preferred physicians or hospitals are covered in-network by Cigna OAPIN, please contact ExxonMobil Benefits Service Center (EMBSC) at 1-800-682-2847 or 800-TDD-TDD4 (833-8334) for hearing impaired.
- Oncology care and chronic conditions support (e.g. support for diabetes, heart disease, arthritis) will move from Optum to Cigna. If you are currently receiving cancer support through Optum, you can move to Cigna or you can elect to continue to receive assistance through Optum until your treatment is finalized. For chronic conditions, the change from Optum to Cigna will be effective January 1, 2022. Optum and Cigna will help you with your transition of care. For questions, call Cigna at 800-818-9440 or visit their website myCigna.com
- A digital program called Hinge Health will be available to address joint pain and muscle issues. Hinge Health is designed to help you feel better, reduce pain, and learn physical therapy exercises. After completing a simple online clinical screener, Hinge Health will assess your condition and match you to the right treatment program, which can be either preventive, acute or chronic, and even pre & post-surgery rehab treatment. More info will be available at hingehealth.com/exxonmobil and in www.exxonmobilfamily.com, or you can also call 855-902-2777.
- For the 2022 plan year, participants' contributions will increase between $5 and $18 per month. Refer to the Summary of Benefits and Coverage (SBC) for more information.
- New termination and reinstatement provisions will be effective January 1, 2022 for all EMRMP participants, please see additional details below.

Medicare Primary Option (MPO), changes effective January 1, 2022

- A vaccine program will be available at participating network pharmacies through Express Scripts (www.express-scripts.com), in addition to current coverage available through physician/medical facilities.

    - Members may conveniently receive common vaccinations at their retail pharmacy at no cost. Coverage includes vaccines such as COVID-19, Flu, Hepatitis A, B and A&B, Pneumonia, Shingles, Meningitis, Tetanus/Diptheria/Pertussis, etc.
    - Members are not required to provide a prescription to receive vaccines.
    - Members will need to present their prescription ID card to ensure that the vaccine is processed under the pharmacy benefit.
- Breast cancer screening is available 1 time per calendar year, rather than every 12 months. For example, if you received a cancer screening in August 2021, you do not have to wait until August 2022 for your next screening. The plan will cover the one-time screening anytime during the 2022 calendar year.
- Non-emergency transportation services not covered by Medicare will be available through Access2care at no additional cost to the participant for certain locations approved by the plan for a maximum of 40 one-way trips, and no more than 60 miles each trip. The transportation service will accommodate urgent requests for hospital discharge, dialysis, and trips that your medical provider considers urgent. You may arrange transport by calling 1-855-814-1699, Monday through Friday, from 8 AM to 8 PM, in all time zones. (For TTY/TDD assistance please dial 711.). Details will be available on the Aetna Medicare website (exxonmobil.aetnamedicare.com)
- MPO participants will have access to an enhanced Member Portal that will be accessible via cell phone, tablet and computer.
    - This system change will require a new ID card with a new member number and will be mailed to participants during December 2021. Be sure to give your provider(s) your new member number.
- For the 2022 plan year, premiums for MPO coverage will not change.
- New termination and reinstatement provisions will be effective January 1, 2022 for all EMRMP participants, please see additional details below.

- CANCELLATION/OPT OUT REMINDER for MPO: Please remember that if you would like to cancel/opt out of coverage under the MPO, you may do so by submitting your election in writing to the EMBSC by the end of the Annual Enrollment period on November 5. If you cancel/opt out of coverage, you will lose medical and prescription drug coverage for you and your covered family members under EMRMP and you will not have an opportunity to re-enroll at a later date.
- MPO Information is available to you:
    - If you have questions about the changes to your benefits, you can visit https://ExxonMobil.AetnaMedicare.com for details and sign up for virtual Annual Enrollment information sessions.
    - MPO participants will receive additional information in the mail from Aetna on the benefits changes described above, which summarizes changes to the 2022 Evidence of Coverage.
    - 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 a day 7 days a week.

ExxonMobil Dental Plan

- The dental plan will now only cover one preventive fluoride treatment per calendar year for adults and two per calendar year for children (under age 16).
- The plan will cover bitewing X-rays only one time per calendar year.
- Reasonable and customary out-of-network services are only covered up to 80% percentile (fee charged by 80% of dentists in a given area).
- No change to participant premiums for dental coverage for the 2022 plan year.

ExxonMobil Vision Plan

- The materials copay will now be $35. For example, if you need eyeglasses or contact lenses, you will owe a $35 copay for the materials.
- The vision plan will cover 100% of the costs for one comprehensive eye exam every year. However, two comprehensive eye exams per year will be available for expectant/breastfeeding mothers and children up to age 13.
- Participants' contributions will increase between $1.40 and $4.28 per month, depending on level of coverage.

Cancellation and Reinstatement process under the EMRMP effective January 1, 2022:

There are important changes to the EMRMP relating to the non-payment of premiums effective for all participants beginning January 1, 2022. Please read this section carefully, as there may be an impact on your future coverage.

Cancellation of EMRMP due to non-payment of premiums:
If you stop paying premiums, you will be notified that your coverage will be terminated prospectively upon the third month in which your premiums are not received. The three month grace period begins with the first month no premium payment is received. You will receive a notice approximately 60 days after no premium payments have been made and will be informed that you coverage will be cancelled effective the first day of the month following the three month grace period. If you pay all unpaid premiums before the end of the three month grace period, your coverage will not be cancelled. For example, if you have not made premium payments for January, February and March, you will receive notice before the end of the three month period and coverage will be cancelled effective April 1st. Please note that for any given month's coverage payment, you are billed early in the prior month. For example, for the month of January, you are billed in early December with payment due by January 1. If you do not make payments for January, February, March, then in April (where payment for April coverage is due by April 1), you will be identified as having a greater than 90-day outstanding balance and your coverage will be cancelled effective April 1 (last day of coverage would be March 31).

Reinstatement of EMRMP:
Once your coverage has been terminated, you can request to be reinstated only upon a showing of "good cause." The EMRMP (or its **designee**) will review requests for reinstatements on a case-by-case basis. If an individual has been involuntarily disenrolled for failure to pay plan premiums, he or she may request reinstatement no later than 60 calendar days following the effective date of disenrollment.

Reinstatement for good cause, will occur only when:
1) A request for reinstatement is submitted no later than 60 calendar days following the effective date of disenrollment; (In the example above, for an April 1st termination date, 60 days starts to run on April 1st)
2) The individual has been determined to meet the "good cause" criteria specified below (i.e., receives a favorable determination); and
3) Within three (3) months of disenrollment for nonpayment of plan premiums, the individual pays in full the plan premiums owed at the time he or she was disenrolled. (In the example, within 3 months from April 1st termination date, the individual must pay all owed premiums).

If you fail to pay premiums within the grace period and your coverage is terminated, and you fail to show good cause, you and your eligible dependents will not have an opportunity to re-enroll at a future date in the EMRMP. You are still responsible for paying all owed premiums incurred during the grace period in which you were still part of the EMRMP.

Requests for reinstatement must be accompanied by a credible statement (verbal or written) to the EMBSC explaining the unforeseen and uncontrollable circumstances causing the failure to make timely payment. An individual may make only one reinstatement request for good cause during the 60-day period following termination.

"Good Cause" Determination
In order to demonstrate "good cause" you must show that your non-payment was due to one of the following events:

- A serious illness, institutionalization and/or hospitalization of the participant or his or her authorized representative (i.e. the individual responsible for the participant's financial affairs), that lasted for a significant portion of the grace period for plan premium payment;
- Prolonged illness that is not chronic in nature, a serious (unexpected) complication to a chronic condition or rapid deterioration of the health of the participant, his/her spouse, another person living in the same household, person providing caregiver services to the participant, or the participant's authorized representative (i.e., the individual responsible for the participant's financial affairs) that occurs during the grace period for the plan premium payment;
- Recent death of a spouse, immediate family member, person living in the same household or person providing caregiver services to the participant, or the participant's authorized representative (i.e., the individual responsible for the participant's financial affairs); or

- Home was severely damaged by a fire, natural disaster or other unexpected event, such that the participant or the participant's authorized representative was prevented from making arrangement for payment during the grace period for plan premium; or
- An extreme weather-related, public safety or other unforeseen event declared as a Federal or state level of emergency prevented premium payment at any point during the plan premium grace period. For example, the member's bank or U.S. Post Office closes for a significant portion of the grace period.

There may be situations in addition to those listed above that result in favorable "good cause" determinations. If an individual presents a circumstance which is not captured in the listed examples, it must meet the regulatory standards of being outside of the participant's control or unexpected such that the participant could not have reasonably foreseen its occurrence, and this circumstance must be the cause for the non-payment of plan premiums. The EMRMP expects non-listed circumstances will be rare.

Examples of circumstances that **do not** constitute "good cause" include:

- Allegation that bills or warning notices were not received due to unreported change of address, out of town for vacation, visiting out of town family, etc.;
- Authorized representative did not pay timely on participant's behalf;
- Lack of understanding of the ramifications of not paying plan premiums;
- Could not afford to pay premiums during the grace period; or
- Need for prescription medicines or other plan services.

Contact information of **designee** reviewing reinstatement requests and making good cause determinations:
EMBSC (ExxonMobil Business Service Center)
Monday – Friday 8:00 a.m. to 6:00 p.m. (U.S. Eastern Time), except certain holidays
Toll-Free: 1-800-682-2847 or 800-TDD-TDD4 (833-8334) for hearing impaired
Address: ExxonMobil Benefits Service Center, P.O. Box 18025, Norfolk, VA 23501-1867

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 1-800-682-2847.

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 Plans and Life Insurance programs 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 1-800-682-2847.

Don't miss out on important communications. Please make sure you update your address, email and phone number by calling the EMBSC at 1-800-682-2847 or through the ExxonMobil Benefits Service Center Web www.exxonmobil.com/benefits

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 A, POS B, or Aetna Select, call Aetna Member Services at 1-800-255-2386 for more information; for the Medicare Supplement Plan, call 800-222-3992, and for Medicare Primary Option, call Option (1) 833-595-1012 (TTY: 711). If you are enrolled in CIGNA OAPIN, call CIGNA at 1-800-818-9440 for more information.