



Your Guide to 2020 Health Benefits

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Annual Enrollment
October 21 – November 8, 2019

ExxonMobil

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Your health benefits are an integral part of your life and our commitment to you as an ExxonMobil employee.

In your life, health benefits provide you and your family with needed preventive care, help your children get through a lot of bumps, scrapes and viruses, connect you to specialists when you have a problem, and provide access to life-sustaining medication. They protect you financially when life takes an unexpected turn and health care becomes a priority. And they help you along the way to maintain your physical and emotional wellbeing.

For ExxonMobil, health benefits — medical, dental, vision, wellness and all of our health resources — represent one of our most significant dollar investments every year. It's our goal to offer you benefits that are meaningful, affordable, and built for life.

Why? Because we aren't successful without **you**.

That's why it's so important for you to take an active role during Annual Enrollment to learn about all ExxonMobil offers to help you get (and stay) healthy in 2020.



Tools and Tips to Learn More

- 1 Understand the changes for 2020 and how they might impact you on [pages 4–5](#).
- 2 Get the facts you need to choose a medical plan option and understand how to use your medical plan benefits on [pages 7–11](#).
- 3 Find and compare health care costs anytime, anywhere, at [goto/Aetna](#) or [aetna.com](#) or [goto/Cigna](#) or [cigna.com](#).
- 4 Know the steps to enroll and the deadline on [page 3](#).
- 5 **Remember:** Annual Enrollment is the only time you can enroll in or make changes to your health care benefits for the 2020 plan year, unless you experience a change in status during the year.

There's More Online

Check out your online Annual Enrollment Guide at [annualenrollmentonline.com](#). You'll find additional details and a quick video about your options. It's also mobile friendly so you can learn about your options while you're on the go.



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, 2020, and should be retained with your SPDs.

Get Ready for 2020

4 Steps to Enroll

- 1 Learn more by reading this guide and visiting annualenrollmentonline.com.
- 2 Enroll through the Employee Direct Access (EDA) system between October 21 and November 8.
- 3 Click on the Employee Self Service tab at the top of the EDA home page and follow the on-screen instructions. Save your elections throughout the process and submit them when you are finished.
- 4 Print the confirmation for your records.

You must enroll by 6 p.m. CT on November 8 to make changes for your 2020 coverage.

Can I Enroll by Phone?

You cannot enroll in medical, dental or vision coverage by phone. To obtain paper enrollment forms, call **866-760-6801**. Enrollment forms must be received by Benefits Administration no later than November 8, 2019. You can enroll in the Health Care FSA and the Dependent Care FSA by phone. You will receive a statement by mail or email confirming your FSA elections.

For More Information

If you have questions about your benefits or need to enroll in an FSA by phone, call Benefits Administration at **800-262-2363**.

Important

If you do not want to make any changes, you don't have to enroll to continue with your current plan selections. But it's still a good idea to review your options. As your life changes, your coverage needs might change, too.

If you participate in a Flexible Spending Account (FSA), you must enroll every year. FSA enrollment does not automatically carry over from year to year.

What's New for 2020

The following enhancements and changes will be effective January 1, 2020, for those enrolled in the ExxonMobil Medical Plan.

Filling Your Prescriptions

Aetna Members

Cigna Members

For Those Who Take a Medication on an Ongoing Basis

More ways to fill your 90-day prescriptions:

- **NEW** At Walgreens or CVS retail locations
- Express-Scripts home delivery
- Accredo for specialty drugs sent to your home



More choice

NEW

Fill 90-day prescriptions at network retail pharmacies like CVS, Walmart, Target and more. (You can continue to use home delivery, too.)

For Those in the POS II A&B Plan Options

If you take a medication for an ongoing condition (like high blood pressure), you **must get 90-day fills after your third 30-day fill at a retail pharmacy.**

If you do not switch to 90-day fills through Walgreens, CVS or Express Scripts home delivery, you will be responsible for 100% of the cost.



Money saver

Available Now

Accredo specialty pharmacy services

COMING SOON

Pharmacy management programs to help you stay on track with your medications, including lower copays for insulin prescriptions (expected June 2020).

For Those on Diabetes Medications

Fill 30-day insulin prescriptions for \$25 and 90-day insulin prescriptions for \$75 at participating pharmacies (e.g., Walgreens, CVS, Express Scripts).

For Those on Certain High-Cost Specialty Medications

Pay \$0 in copays to fill certain specialty prescriptions, as long as you register with Accredo, our specialty pharmacy. Accredo will reach out to you to complete the necessary paperwork.



New Ways to Use Your EHAP Benefits

The Employee Health Advisory Program (EHAP) has always been a great resource for you and your family. Now we are introducing three new options to use Magellan Health to improve your overall emotional and mental wellbeing. Your EHAP benefits, including up to eight sessions with a trained counselor, remain fully covered by ExxonMobil.

What's Different?

How to Get Started

NEW Counselors to help

800-442-4123

Call and talk to a licensed clinician who will work with you to understand your unique situation and guide you through next steps, including referrals to local network providers.

Choose phone or video chat options for counseling sessions, in addition to seeing someone in your community.

Messaging therapy enables you to send a message to your therapist anytime through Talkspace via your web browser or mobile app. Call Magellan to get started.

NEW Coaches for personal growth

800-442-4123

Sometimes a little help can go a long way to achieve your goals. Coaches provide confidential support to help shape your purpose and stay on track.

NEW Website and mobile apps

magellanascent.com

Access resources to build your resiliency and emotional wellbeing, including “what’s trending” news articles and mobile apps for common concerns like sleep, anxiety, substance use, and living with chronic pain.

Increase to Health Care Flexible Spending Account Limit

Starting January 1, 2020, the annual Health Care FSA limit will increase to \$2,700.

Changes in Contributions

Contributions for the ExxonMobil Medical Plan will increase between \$0 and \$8 a month for most plan options. The amount of your increase depends on your plan option and coverage level.

More good news is that the ExxonMobil Dental and Vision plans, and their contribution rates, will remain the same for 2020.

Regional Updates to Plan Options

Medical plan options available in your area are evaluated periodically based on enrollment levels, access to network doctors and facilities, and cost effectiveness.

Two important changes to know:

- 1 The Cigna OAPIN plan option is now available in Corpus Christi, Texas. However, it will no longer be available in New Jersey or Connecticut.
- 2 The Aetna Choice II network now includes more service areas. You will be notified if you are enrolled in POS II A or B and “out of area” benefits do not apply any longer.



New Online Wellness Platform

Coming in 2020 — the Culture of Health will be moving to Rally as our new interactive online wellness site. The Healthyroads website will be retired. Keep an eye out for more news on how to access Rally and all of its tools.

Did You Know?

If you have a medical emergency or schedule a procedure in a network facility, you may receive care from a non-network provider without your knowledge or ability to choose a network provider. For example, your anesthesiologist or radiologist may not be a network provider and you may receive a surprise bill for their services. If this happens, call Aetna or Cigna. Some or all of the bill may be covered as a “hidden” eligible expense.



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 2020, provided they are:

- Your legal spouse;
- Your natural child, stepchild or adopted child until he or she reaches 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.

Important Reminders

- Refer to your Annual Compensation and Benefits Statement information and ensure your enrolled family members are still eligible. If your family member is no longer eligible for coverage, you must notify Benefits Administration.
- Failure to notify Benefits Administration about a family member who is no longer eligible, for example a former spouse, can result in your loss of eligibility for the health care plan.
- If you are changing medical options, check the box in front of each family member you wish to cover.
- If this is the first time you are adding a family member, be sure to provide his/her Social Security number.
- If you experience a change in status, such as a marriage or the birth of a child during the year, you may be eligible to make changes to your benefit elections. You will have 60 days from the date of the event to make your change.

To add a family member to your record, contact Benefits Administration at **800-262-2363** or by email at hr.health.welfare@exxonmobil.com.

Covering a Disabled Adult Child

You may continue covering an eligible dependent child after age 26 if he/she:

- Is totally and continuously disabled and incapable of self-sustaining employment by reason of mental or physical disability; and
- Meets the definition of a dependent by the Internal Revenue Service; and
- Was covered as an eligible family member under this plan immediately prior to his/her 26th birthday; and
- Received that determination prior to his/her 26th birthday and continues to meet the clinical definition through subsequent periodic reassessments

Medical Plan Options: What You Need to Know

We get it — medical coverage can be confusing. Whether you want to keep your current plan option or consider a different one, it's important to understand how your medical plan option works.

Common Benefit Terms

The first step to understanding your medical coverage is to know what common terms mean. This will get you started on the key words associated with your plan option.

- **Copays:** You pay a fixed cost (like \$25) for a covered service. You don't have to meet your deductible before the plan pays the remaining cost.
- **Deductible:** If your plan option has a deductible on services, you pay the full cost until you meet the deductible.
- **Coinsurance:** Once your deductible is reached, you pay a percentage of the cost for covered services, as long as the charges are considered reasonable and customary for similar services in your area.
- **Out-of-Pocket Maximum:** This is the amount of covered medical expenses you pay in one year before the plan begins paying 100% of eligible charges. (Your paycheck contributions do not count toward the out-of-pocket maximum.)

Tip: Network Providers Cost Less

Use the Aetna or Cigna mobile app or call the number on the back of your medical ID card before you get care to make sure your provider is in the network. You can also [goto/Aetna](#) or [aetna.com](#) or [goto/Cigna](#) or [cigna.com](#).

If there is no network provider for a specific specialty or procedure in your area, you should call the member services number on your ID card.

Watch a Video

To better understand benefit terms, you can watch a video at annualenrollmentonline.com/key-health-insurance-words/



Good Question

How will I know what portion of a provider bill is being covered by my plan and what part is my responsibility? You will receive an Explanation of Benefits (EOB) in the mail from either Aetna or Cigna that gives you a detailed breakdown of costs, discounts and your portion of the bill. You can also find EOBs by visiting [aetna.com](#) or [cigna.com](#).

Looking for Resources to Help You Improve Your Health?

Check out the Interactive Wellness Guide at [goto/WellnessGuide](#).



Comparing Your Options

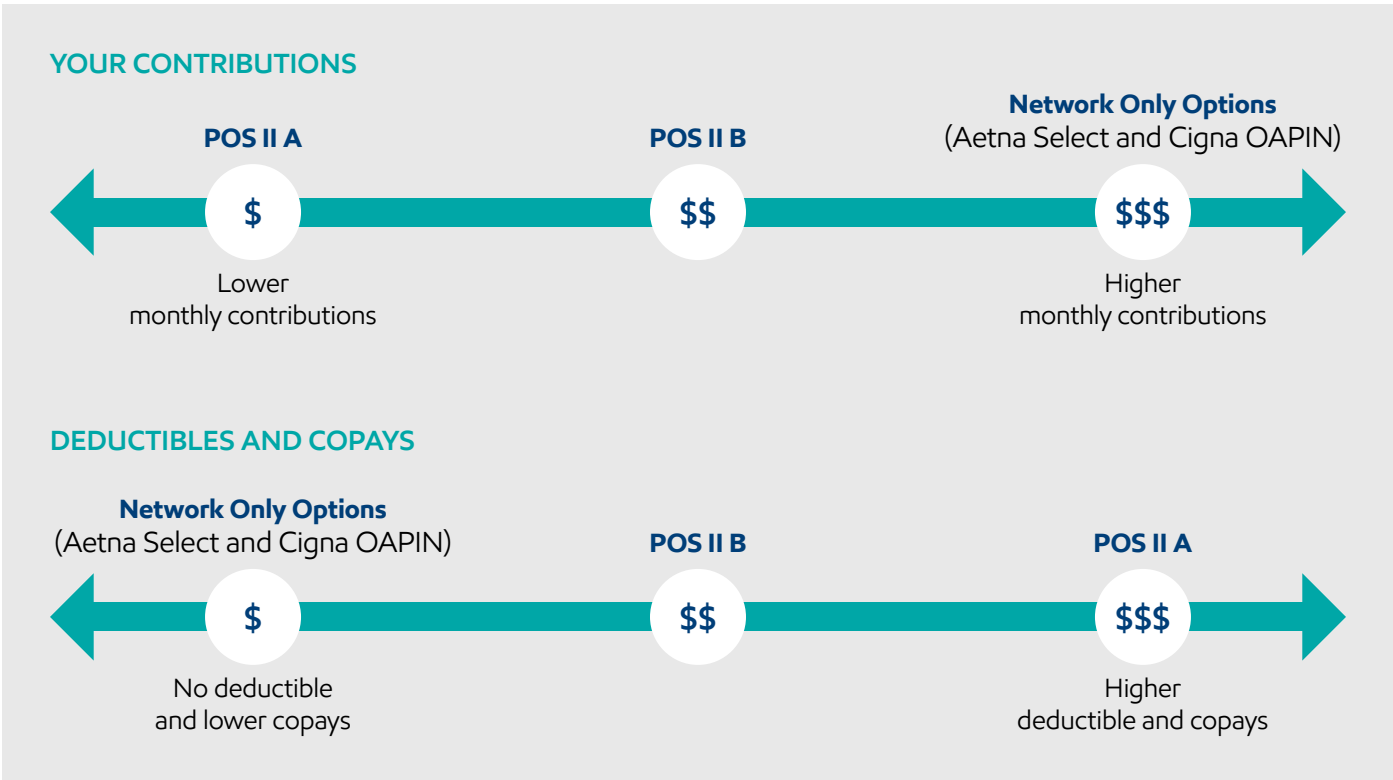


Which medical plan option should you choose? It depends on your health care needs and your personal preferences. There are a few things to think about as you decide.

? 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 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?

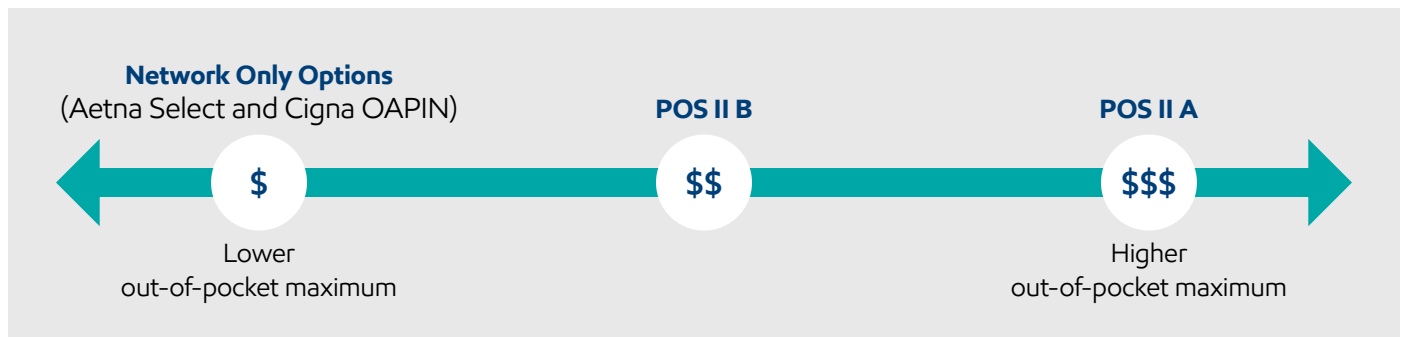
Two plan options — Aetna Select and Cigna OAPIN — require you to use *only* network providers for care. Both options have extensive networks of providers and facilities, so if you see a non-network doctor or use a non-network facility, you will pay 100% of the cost. We strongly recommend you work with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

Network Only Options (Aetna Select and Cigna OAPIN)	POS II B	POS II A
Network only	Network or non-network	Network or non-network

? Have you reached your annual out-of-pocket maximum during the last two years?

The annual out-of-pocket 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.





ExxonMobil Medical Plan

Compare coverage for services under the four medical plan options available.

	POS II A		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
Annual deductible						
▪ Individual	\$500	\$700	\$300	\$400	\$0	\$0
▪ Family	\$1,000	\$1,400	\$600	\$800		
Preventive care	\$0	\$0	\$0	\$0	\$0	\$0
Office visit						
▪ PCP	\$40 copay	45%	\$25 copay	40%	\$25 copay	\$25 copay
▪ Specialist	\$60 copay	45%	\$40 copay	40%	\$40 copay	\$40 copay
Telemedicine	\$40 copay	—	\$25 copay	—	\$25 copay	\$25 copay
Urgent care	\$60 copay	45%	\$40 copay	40%	\$60 copay	\$60 copay
Emergency care	\$100 copay + 25%	\$100 copay + 25%	\$100 copay + 20%	\$100 copay + 20%	\$150 copay	\$150 copay
Inpatient care	\$300 deductible + 25%	\$600 deductible + 45%	\$200 deductible + 20%	\$400 deductible + 40%	10%	10%
Outpatient care	25% after deductible	45% after deductible	20% after deductible	40% after deductible	10%	10%
Annual medical out-of-pocket maximum					(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

Network or Non-Network: What's the Difference?

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.

POS II A & B: If you see a non-network provider, you'll 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'll pay the **full cost** for non-network services.

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	20% (\$105 max)
▪ Formulary brand	30% (\$130 max)	30% (\$125 max)	30% (\$145 max)	30% (\$125 max)
▪ Non-formulary brand	50% (\$200 max)	50% (\$200 max)	45% (\$165 max)	45% (\$135 max)
90-day fills (mail order or participating retail locations)				
▪ Generic	25% (\$120 max)	25% (\$100 max)	\$30 copay	20% (\$155 max)
▪ Formulary brand	25% (\$260 max)	25% (\$250 max)	30% (\$145 max)	30% (\$175 max)
▪ Non-formulary brand	45% (\$400 max)	45% (\$400 max)	45% (\$165 max)	45% (\$200 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		

For more detailed plan information, refer to the Summary Plan Descriptions at exxonmobilfamily.com.

2020 Medical Plan Contributions

Class of coverage	POS II A	POS II B	Aetna Select	Cigna OAPIN
	Monthly contribution	Monthly contribution	Monthly contribution	Monthly contribution
Participant only	\$98	\$156	\$160	\$160
Participant + spouse or Participant + child (ren)	\$232	\$343	\$352	\$352
Family	\$352	\$562	\$576	\$576

Note: The contributions shown do not reflect the Culture of Health rate. See below for CoH savings you can achieve.

Did You Know?

If you are enrolled in the POS II or Aetna Select options, you have access to StepIn, a digital weight management and healthy living program offered through Livongo, at no cost to you.

To learn more and see if you are eligible, call **800-945-4355**. The registration code is **STEPIN**.

Important Savings Reminder

If you earn the Culture of Health rate by fulfilling the requirements every year, you can reduce your monthly contributions by:

- \$30/month for participant only coverage
- \$60/month for participant + spouse or children 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 a lot of money.

To find a provider near you, [goto/Aetna](https://goto.aetna.com) or visit aetna.com.

Summary of Coverage

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

* Applies to general and major services only

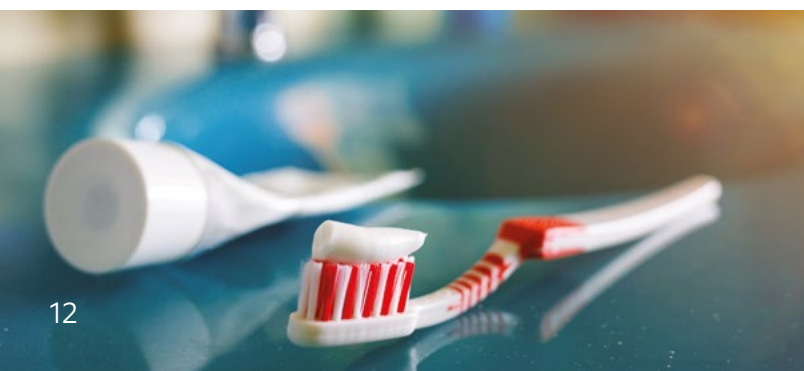
Covered services	You pay
Preventive services** Diagnostic exams and cleanings, diagnostic X-rays, fluoride treatment and sealants	\$0
General services Tooth extractions, root canals and fillings	20%
Major services Dentures, fixed bridges or implants, and permanent crowns	50%
Orthodontic services Orthodontia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

**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.

2020 Contributions for Participants

Class of coverage	Monthly contributions
Participant only	\$27
Participant + 1	\$54
Participant + 2 or more	\$81



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) or call **800-255-2386**.





The ExxonMobil Vision Plan covers up to two comprehensive eye exams as well as one pair of lenses and frames or contact lenses each calendar year. The plan also provides discounts on additional glasses or contact lenses, prescription sunglasses, and laser eye surgery.

You can visit any provider, but choosing a provider from the Spectera network will save you money. Visit exxonmobilvision.com to learn more.

Summary of Coverage

Covered services	In network you pay	Non-network you pay	Limitations and exceptions
Comprehensive exam	\$0	Anything over \$40	Twice/calendar year
Retinal screening photography	\$0	100%	Once/calendar year
Materials	\$25 copay		Once/calendar year
Frames (private practice provider or retail chain provider)	Anything over \$150	Anything over \$45	Once/calendar year
Eyeglass lenses <ul style="list-style-type: none"> ▪ Single Vision ▪ Bifocals ▪ Trifocals ▪ Lenticular 	\$0	Anything over: \$40 \$60 \$80 \$80	Once/calendar year
Lens options <ul style="list-style-type: none"> ▪ Standard scratch resistant coating ▪ Premium progressive ▪ Polycarbonate lenses ▪ Premium anti-reflective coating 	\$0	100%	
Contact lenses (in lieu of eyeglasses) <ul style="list-style-type: none"> ▪ Covered-in-full elective contact lenses ▪ Necessary contact lenses ▪ All other elective contact lenses 	\$0 \$0 Anything over \$200	100% Anything over \$210 Anything over \$200	Once/calendar year

For more detailed plan information, please refer to the Vision Plan Summary Plan Description at exxonmobilfamily.com.

2020 Premiums

Class of coverage	Monthly premiums
Participant only	\$8.75
Participant + 1	\$16.99
Participant + 2 or more	\$26.77





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 \$2,700 for a Health Care FSA, and the annual maximum for the Dependent Care FSA is \$5,000. (If you are 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 2020.

- Eligible health care expenses include your medical plan deductible, copays and coinsurance, prescription drugs, dental care and more.
- 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

- With the Health Care FSA, you can carry over up to \$500 of your unused funds to the next plan year. Anything over this amount must be forfeited, so it's important to choose your annual contribution for 2020 carefully.
- With the Dependent Care FSA, you can only be reimbursed up to the amount in your account at the time a dependent care claim is filed.

How Much Should You Contribute?

The Payflex interactive adviser can help you determine how to estimate your expenses and tax savings. Go to payflex.jellyvision-conversation.com to access the tool.



Questions?

- Visit goto/HealthPlans under Pre-Tax Spending Plan and Flexible Spending Accounts.
- To access Flexible Spending Account forms, visit exxonmobilfamily.com and look under "Forms."
- Visit goto/Aetna or Aetna.com and click "Access Your Account," then "Contact Us," or call **800-255-2386**, Monday–Friday, 8 a.m.–6 p.m. CT (except certain holidays).

Health Plan Contacts

Vendor	Description	Contact
Medical plan		
Aetna	POS II and Aetna Select, including: <ul style="list-style-type: none"> Health Advocate Program 24-Hour Nurse Line Pre-tax Spending Plan 	800-255-2386 goto/Aetna or aetna.com Aetna mobile app
Cigna	Cigna OAPIN, including: <ul style="list-style-type: none"> Health Advocate Program 24-Hour Nurse Line Cigna Rx benefits 	800-818-9440 goto/Cigna or cigna.com myCigna mobile app
Express Scripts (ESI)	Prescription drug benefits information for POS II and Aetna Select	800-695-4116 express-scripts.com/exxonmobil
Telemedicine		
Teladoc® (Aetna)	24/7 access to board-certified doctors via video chat or phone	855-Teladoc (835-2362) Teladoc.com/Aetna
AmWell & MDLIVE (Cigna)	24/7 access to board-certified doctors via video chat or phone	855-667-9722 (AmWell) 888-726-3171 (MDLIVE) AmWellforCigna.com MDLIVEforCigna.com
Dental plan		
Aetna		800-255-2386 goto/Aetna or aetna.com
Vision plan		
Spectera		877-303-2415 exxonmobilvision.com
Programs		
2nd MD (Aetna)	Second Opinion Services	866-410-8649 2nd.md/Aetna
Cleveland Clinic MyConsult (Cigna)	Second Opinion Services	800-223-2273, ext. 43223 goto/Cigna (click on the MyConsult link)
Livongo (Aetna)	Diabetes Management	800-945-4355 start.livongo.com/EXXON Registration Code: EXXON
Magellan	Employee Health Advisory Program, Health Advocate Program, Life Assistance Resources	800-442-4123 magellanascend.com
Omada (Cigna)	Lifestyle Change Program for diabetes prevention	Omadahealth.com/exxonmobil
Optum	Health Management Program (for chronic illnesses if you meet eligibility criteria) and Cancer Management Program information	800-557-5519
Progyny	Fertility services, 1:1 support and patient advocacy	833-851-2229 progyny.com

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.

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.

Required Notice of Grandfathered Plan Intent

ExxonMobil Corporation believes that most options available under the ExxonMobil Medical Plan (EMMP) are “grandfathered health plans” under the Patient Protection and Affordable Care Act (PPACA). As permitted by PPACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect on March 23, 2010. Grandfathered plan options under the EMMP may not include all consumer protections of PPACA that apply to other plans. For example, most options under the EMMP cover some, but not all, preventive health services without any cost sharing. Effective January 1, 2019, the benefit plan options that are no longer grandfathered health plans are Aetna Select and Cigna OAPIN options. The Aetna Select and Cigna OAPIN options under the EMMP meet all of the requirements of PPACA.

Questions regarding which protections apply to the EMMP and what might cause the EMMP or one or more of its options to change from grandfathered health plan status can be directed to the Plan Administrator at Administrator-Benefits, P.O. Box 64111, Spring, Texas 77387-4111. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at **866-444-3272** or dol.gov/ebsa/healthreform.

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.

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.