E‰onMobil

2023 monthly employee contribution rates

Medical Plan**				
	Participant only	Participant + spouse or Participant + child(ren)	Family	
POS II A	\$103	\$253	\$385	
POS II B	\$167	\$367	\$601	
Network only* – Aetna Select	\$177	\$389	\$636	
Network only* – Cigna OAPIN	\$177	\$389	\$636	

*Network only options availability will vary depending on plan and geographic location.

**If you earn the Culture of Health rate by fulfilling the requirements every year, you can reduce your monthly contributions for the following year by \$30/month for participant only coverage, \$60/month for participant + spouse or child(ren) coverage, or \$90/month for family coverage

Dental Plan				
	Participant only	Participant + 1	Participant + 2 or more	
Contribution	\$28	\$56	\$83	
Vision Plan				
	Participant	Participant + spouse or Participant + child(ren)	Participant + family	
Premium	\$10.15	\$19.71	\$31.05	
ExxonMobil International Medical and Dental Plan				
	Participant only	Participant + 1	Participant + 2 or more	
Medical US Inbounds/ US Outbounds (includes vision)	\$77	\$193	\$295	
Dental US Inbounds/ US Outbounds	\$28	\$56	\$84	
Basic and supplemental life and AD&D insurance				
Type of insurance	Your cost	Coverage	Enrollment	
Basic life insurance	None	2x annual pay	Automatic	
Basic accidental death and dismemberment (AD&D)	None	2x annual pay*	Automatic	
Group universal life (GUL)	Premiums based on age	Up to 8x annual pay	Optional	
Voluntary AD&D	Premiums based on elected coverage	Up to 8x annual pay	Optional	

*If you die in a work-related accident, your beneficiary receives an additional \$500,000 Information on rates can be found in the <u>Summary Plan Description</u>.