

In-Network Co-Pay Schedule

2015 In-Network Co-Pay Schedule		
In-Network Benefits	How this Plan Works	
Emergency and Urgent Care Services		
Physician's Office	\$25 co-pay for Primary Care and \$35 co-pay for Specialist, then 100%	
Hospital Emergency Room	\$100 per visit*, then 100%, *Waived if admitted	
Urgent Care Facility or Outpatient Facility	No charge after \$50 per visit copay*	
Ambulance	No Charge	
Independent Lab Services		
Physician's Office	No Charge	
Lab Facility	No Charge	
Hospital Outpatient	No Charge	

Skilled Nursing	
Facility Services	No Charge
Skilled Nursing Room and Board	No Charge
Contract Year Maximum: 60 Days	Two charge
Also applies to Rehabilitation Hospitals and	
Sub-Acute Facilities	
Home Health Care	No Charge
Contract Year Maximum: Unlimited Visits	
Transita.	
Hospice	N. Cl
Inpatient	No Charge
Outpatient	No Charge per visit
Rehabilitative Therapy (including Speech,	
Occupational, Physical, Chiropractic, Pulmonary, Cardiac	
and Cognitive Therapy)	
Inpatient	Same as Inpatient Hospital Copayment
Maximum of 60 visits per contract year for any	\$35 per visit, then 100%
combination of Therapies	
Maternity	
Pre-Post Delivery Exams:	
Initial Visit to Confirm Pregnancy	No charge after the \$25 PCP or \$35 Specialist per office
	visit copay; No charge if only x-ray and/or lab services are
All Subsequent Visits	performed and billed.
Delivery (Inpatient Hospital, Birthing Center)	No Charge Same as plan's Inpatient Hospital Facility benefit
Denvery (inpatient Hospital, Birthing Center)	Same as plan's inpatient Hospital Facility benefit
Family Planning	
Office Visit (Tests)	\$25 co-pay for Primary Care and \$35 co-pay for Specialist,
, ,	then 100%
Surgical Treatment: Limited to Sterilization	\$200 co-pay per procedure
Procedures for Vasectomy/Tubal Ligation (excludes	
Reversals):	
Inpatient Facility	Same as plan's Inpatient Hospital Facility benefit
Outpatient Facility	Same as plan's Outpatient Facility Services benefit
Physician's Services	Same as plan's Physician Office co-pay

In-Network Co-Pay Schedule

2015 In-Network Co-Pay Schedule		
In-Network Benefits	How this Plan Works	
Infertility Treatment		
Office Visit including Tests and Counseling	\$25 co-pay for Primary Care and \$35 co-pay for Specialist, then 100%	
Surgical Treatment: Limited to procedures for correction of infertility [Excludes In-vitro Fertilization, Artificial Insemination, GIFT (Gamete Intrafallopian Transfer), ZIFT (Zygote Intrafallopian Transfer), etc.]	No charge after \$200 surgical co-pay	
Inpatient Facility	Same as plan's Inpatient Hospital Facility benefit	
Outpatient Facility	Same as plan's Outpatient Facility Services benefit	
Physician's Services	Same as plan's Physician's Office co-pay	
Durable Medical Equipment	No Charge	
Contract Year Maximum: Unlimited		
External Prosthetic Appliances	\$200 deductible, then 100% up to a \$1,000 per Contract Year maximum	
Vision Care		
Complete Eye Examination - No more than one complete eye exam each in a 12-month period.	\$5 co-pay, then 100%	
Vision Hardware- No more than one pair of eyeglasses or one set of contact lenses in a 12-month period.		
Single Lenses Bifocal Lenses Trifocal Lenses Frames Lenticular Lenses	The plan pays \$20 per Contract Year The plan pays \$30 per Contract Year The plan pays \$40 per Contract Year The plan pays \$30 per Contract Year The plan pays \$75 per Contract Year	
Contact Lenses Diabetic Services	The plan pays \$75 per Contract Year	
Diabette Sel vices Diabetes Self-Management Courses	Same as office visit Copayment	
Diabetes Management Medical Equipment - including blood glucose monitors, monitors designed to be used by blind individuals; insulin pumps and associated appurtenances; insulin infusion devices; and podiatric appliances for the prevention of complications associated with diabetes.	No Charge	
Diabetic Supplies - including test strips for blood glucose monitors, visual reading and urine test strips, lancets and lancet devices, insulin and insulin analogs, injection aids, syringes, prescriptive and non-prescriptive oral agents for controlling blood sugar levels, and glucagon emergency kits.	Same as Prescription Drug Copayment	
Pharmacy Benefits		
 The designation of a prescription drug as Generic, Preferre industry sources and adopted by Cigna. 	d Brand or Non-Preferred Brand is per generally accepted	
Retail Prescription Drugs/30 day supply - No coverage for Injectable Infertility Drugs		
Generic Preferred Brand Non-Preferred Brand	20% co-insurance per prescription order or refill 30% co-insurance per prescription order or refill 45% co-insurance per prescription order or refill The maximum co-pay is \$105 per prescription	

In-Network Co-Pay Schedule

2015 In Network Co-Pay Schedule		
In Network Benefits	How this Plan Works	
Mail Order Drugs/90 day supply - No coverage for Injectable Infertility Drugs		
Generic Preferred Brand Non-Preferred Brand	20% co-insurance per prescription order or refill 30% co-insurance per prescription order or refill 45% co-insurance per prescription order or refill The maximum co-pay is \$155 per prescription	
Out-of-Pocket Expenses (OOP) for Prescription Drugs - Covered expenses incurred for Prescription Drugs that you pay. Once the out-of-pocket maximum shown below has been reached, benefits for Prescription Drugs are payable at 100% by the Plan.		
Out-of-Pocket Maximum* Individual Family *Note that for California residents the out-of- pocket maximum for individual is \$3500 and for family \$10,500.	\$1500 \$3000	

If an employee and one or more eligible family members are covered under this plan, after two eligible family members meet the individual OOP maximum for prescription drugs, then an additional \$1,500 must be met by remaining eligible family members to satisfy the Family OOP maximum for prescription drugs.

Mental Health and Substance Abuse (MH/SA) Benefits	You and your Eligible Family Member pay any Participating Provider Service Co-payment, then the plan pays the Benefit Percentage shown.
Mental Illness Inpatient Outpatient Group Therapy	100% covered \$25 co-pay per visit, then 100% \$25 co-pay per visit, then 100%
Substance Abuse Inpatient Outpatient Group Therapy	100% covered \$25 co-pay per visit, then 100% \$25 co-pay per visit, then 100%

Covered Expenses and Limitations

Prescription Drug Benefits

If you or any one of your Family Members, while covered for these benefits, incurs expenses for charges made by a Participating Pharmacy for Prescription Drugs for an Injury or a Sickness, Cigna will pay that portion of the expense remaining after you or your Family Member has paid the required Co-payment shown in the In-Network Co-Pay Schedule.

Covered expenses will include only Medically Necessary Prescription Drugs and Related Supplies.

Covered charges will include those Prescription Drugs lawfully dispensed upon the written prescription of a Participating Physician or licensed Dentist, at a Participating Pharmacy. Coverage for Prescription Drugs is subject to a Co-payment. The Co-payment amount will never exceed the cost of the drug.

Benefits include coverage of insulin, insulin needles and syringes, glucose test strips and lancets.

If you or any one of your Family Members, while covered for these benefits, is issued a Prescription for a Prescription Drug as part of the rendering of Emergency Services and the prescription cannot reasonably be filled by a Participating Pharmacy, such prescription will be covered as if filled by a Participating Pharmacy.

Limitations

Each prescription drug order or refill will be limited as follows:

- Up to a consecutive thirty (30)-day supply at a Participating Retail Pharmacy, unless limited by the drug manufacturer's packaging;
- Up to a consecutive ninety (90)-day supply at a Participating Mail-Order Pharmacy, unless limited by the drug manufacturer's packaging;
- If two or more prescriptions or refills are dispensed at the same time a Co-payment must be paid for each prescription order or refill;
- When a treatment regimen contains more than one type of drug and the drugs are packaged together for the convenience of the covered person, a co-insurance will apply to each type of drug; or
- To a dosage limit as determined by the Cigna HealthCare Pharmacy and Therapeutics Committee.
- For maintenance medications, as determined by OAPIN, and generally drugs taken on a regular basis to treat ongoing conditions, OAPIN will provide coverage for two fills at a retail pharmacy. For additional refills, these maintenance medications will only be covered when members use Cigna Home Delivery Pharmacy.
- OAPIN will also apply, step therapy (prior authorization program) rules for certain medications as identified by OAPIN. Individuals affected by these rules will be contacted directly by Cigna.

Exclusions

No payment will be made for the following expenses:

- Drugs or medications available over-the-counter for which state or federal laws do not require a prescription or medication that is equivalent (in strength, regardless of form) to an over the counter drug or medication.
- Injectable drugs or medicines, including injectable infertility drugs other than injectables included on the Formulary, used to treat diabetes, acute migraine headaches, anaphylactic reactions, vitamin deficiencies and injectables used for anticoagulation. However, upon prior authorization by Cigna, injectable drugs may be covered subject to the required Co-payment;
- Any drugs that are labeled as experimental or investigational.
- Food and Drug Administration (FDA) approved prescription drugs used for purposes other than those approved by the FDA unless the drug is recognized for the treatment of the particular indication in one of the

Covered Expenses and Limitations

standard reference compendia (The United States Pharmacopeia Drug Information, the American Medical Association Drug Evaluations; or The American Hospital Formulary Service Drug Information) or in medical literature. Medical literature means scientific studies published in a peer-reviewed national professional medical journal.

- Prescription and nonprescription supplies (such as ostomy supplies), devices, and appliances other than syringes used in conjunction with injectable medications and glucose test strips.
- Prescription drugs or medications used for treatment of sexual dysfunction, including, but not limited to erectile dysfunction, delayed ejaculation, anorgasmy and decreased libido.
- Prescription vitamins (other than prenatal vitamins), dietary supplements and fluoride products, except for formulas prescribed by a Participating Physician as necessary for the treatment of phenylketonuria or similar inheritable diseases that may cause or result in mental or physical retardation.
- Prescription drugs used for cosmetic purposes such as: drugs used to reduce wrinkles, drugs to promote hair growth, drugs used to control perspiration and fade cream products.
- Diet pills or appetite suppressants (anorectics).
- Prescription smoking cessation products above the dosage limit as determined by Cigna HealthCare Pharmacy and Therapeutics Committee.
- Immunization agents, biological products for allergy immunization, biological sera, blood, blood plasma and other blood products or fractions and medications used for travel prophylaxis, with the exception of malaria prophylactic drugs. Malaria prophylactic drugs are covered.
- Replacement of Prescription Drugs due to loss or theft.
- Medications used to enhance athletic performance.
- Medications which are to be taken by or administered to a participant while the participant is a patient in a licensed Hospital, skilled nursing facility, rest home or similar institution with a facility dispensing pharmaceuticals on it premises.
- Prescriptions more than one year from the original date of issue.
- A drug class in which at least one of the drugs is available over the counter and the drugs in the class are deemed to be therapeutically equivalent as determined by the P&T Committee (such as antihistamines).
- All newly FDA approved drugs, prior to review by the Pharmacy and Therapeutics committee.
- Norplant and other implantable contraceptive products.

Notice of Federal Requirements

Grandfathered Plan Intent

Exxon Mobil Corporation believes that most options available under the ExxonMobil Medical Plan (Medical Plan) are "grandfathered health plans" under the Patient Protection and Affordable Care Act (PPACA). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect on March 23, 2010. Grandfathered plan options under the Medical Plan may not include all consumer protections of the Affordable Care Act that apply to other plans. For example, most options under the Medical Plan cover some, but not all, preventive health services without any cost sharing.

Questions regarding which protections apply to the Medical Plan and what might cause the Medical Plan 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 2283, Houston, Texas 77252-2283. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

Women's Health and Cancer Rights Act

If you have a mastectomy, at any time, and decide to have breast reconstruction, based on consultation with your attending physician, the following benefits will be subject to the same percentage co-payment and deductibles which apply to other plan benefits:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Services for physical complications in all stages of mastectomy, including lymphedema.

The above benefits will be provided subject to the same deductibles, co-payments and limits applicable to other covered services.

If you have any questions about your benefits, please contact Cigna Member Services.

Coverage for Maternity Hospital Stay

Under federal law, the Plan may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section, or require that a provider obtain authorization from the Plan for prescribing a length of stay not in excess of the above periods. The law generally does not prohibit an attending provider of the mother or newborn, in consultation with the mother, from discharging the mother or newborn earlier than 48 or 96 hours, as applicable.