

ExxonMobil Vision Plan Information Booklet
which is part of the Summary Plan Description for the
ExxonMobil Vision Plan
Updated Through 2012

Effective January 1, 2012

About the ExxonMobil Vision Plan

This booklet is a summary of the rules for the ExxonMobil Vision Plan (Vision Plan, the Plan) established and administered by ExxonMobil. This booklet along with the Certificate of Coverage provided by United Health Care Insurance Company constitutes the Summary Plan Description for the Plan. If you do not have a copy of the certificate, go to the OptumHealth Vision website at www.exxonmobilvision.com. This booklet does not contain all the plan details. In determining your specific benefits, the full provisions of the formal documents, as they exist now or as they may exist in the future, always govern. Copies of these documents are available for your review. Exxon Mobil Corporation reserves the right to change benefits in any way or terminate any benefit at any time.

The Vision Plan is fully-insured. An insurance company collects premiums and underwrites coverage. ExxonMobil is responsible for determining the rules of eligibility for the Vision Plan. State laws that govern vision plans may affect some of the eligibility participation rules. Please contact OptumHealth if you have questions. If you have questions about participation rules in this booklet, please call Benefits Administration. (See Information Sources below).

Applicability to represented employees is governed by collective bargaining agreements and any local bargaining requirements.

Information Sources

When you need information, you may contact:

United Healthcare Insurance Company (UHIC)

Issues the insurance policy for OptumHealth, Vision Care Program

OptumHealthSM Vision (Claims Department of Spectera)

Is the third party administrator for UHIC. Provides specialized assistance with respect to questions about the benefit features of the Vision Plan, claims, appeals, and network providers.

OptumHealth Vision Customer Service Department
877-303-2415

Monday – Friday
Saturday

7 a.m. to 10 p.m. CT
8 a.m. to 4:30 p.m. CT
(except certain holidays)

OptumHealth Vision
Claims Department
P. O. Box 30978
Salt Lake City, UT 84130

ExxonMobil Vision Plan Web Site (www.exxonmobilvision.com)

The following is available on OptumHealthSM Vision's dedicated ExxonMobil Web site:

- **Benefit Summary** outlining the benefits available under the Vision Plan
- **Provider Locator** search tool listing retail and private practice providers in the OptumHealth Vision network.
- **Provider Nomination Form** to nominate your provider to participate in the OptumHealth Vision Network.
- ***“You Should See What You're Missing”*** brochure that includes detailed benefit information and instructions on how to use the Vision Plan.
- **Frequently Asked Questions** (FAQs) about the ExxonMobil Vision Plan.
- **Useful Links** information to help you learn more about eye care.

Benefits Administration

Provides specialized assistance by benefits counselors with respect to enrollment. References throughout this information booklet refer to either **ExxonMobil Benefits Administration** or **ExxonMobil Benefits Service Center** based on your status as an employee, retiree or survivor.

Phone Numbers/Hours:

Address:

▪ **Employees call:**

ExxonMobil Benefits Administration/
Health Plan Services
713-680-5858 (Houston)
713-680-7070 (international, call collect)
800-262-2363 (toll free outside Houston)
262-314-2752 (fax)

ExxonMobil Benefits Administration
ExxonMobil BA BSC USBA
4300 Dacoma or "BH1"
Houston, Texas 77092

Monday – Friday 8 a.m. to 3 p.m. CT
(except certain holidays)

▪ **Retirees and Survivors call:**

ExxonMobil Benefits Service Center
800-682-2847 (toll free)
800-TDD-TDD4 (833-8334) for hearing impaired

ExxonMobil Benefits Service Center
P. O. Box 199540
Dallas, TX 75219-9722

Monday – Friday 7 a.m. to 5 p.m. CT
(except certain holidays)

Note: Employees can enroll/change benefits on the ExxonMobil Me HR Intranet site through Employee Direct Access (EDA) when there is a change in status. Contact Benefits Administration if you do not have access to EDA.

ExxonMobil Sponsored Sites

Provide access to plan-related information, including claim forms.

- **ExxonMobil Me, the Human Resources Intranet site** — can be accessed at work by current employees.
- **ExxonMobil Family, the Human Resources Internet site** — can be accessed from home at www.exxonmobilfamily.com by everyone.
- **Retiree Online Community Internet site** — can be accessed from home by ExxonMobil Retirees and survivors only (including Exxon and Mobil retirees and survivors) at www.emretiree.com.
- **ExxonMobil Benefits Web site** — can be accessed from home at www.exxonmobil.com/benefits by Exxon, ExxonMobil, Mobil & Superior Oil retirees and survivors only.

Introduction

The Vision Plan (the Plan) encourages preventive eye care by offering coverage for comprehensive eye exams and allowances for lenses and frames or contact lenses in lieu of lenses and frames. The Plan offers you the opportunity to use optometrists and ophthalmologists who are part of the OptumHealth network. You can generally reduce your out-of-pocket expenses while maximizing the plan benefits by using this network. The Vision Plan eligibility and enrollment rules are described in detail in this booklet. For details on your benefits coverage, please see your Certificate of Coverage or contact OptumHealth Vision (See Information Sources on page 2).

Plan at a Glance

Enrolling

You may enroll yourself and your eligible family members within 60 days of hire or within 60 days of a subsequent change in status or at Annual Enrollment. (See page 8)

OptumHealth Vision Network

You are free to visit any provider and save when you choose a provider who participates in the OptumHealth Vision network.

Consolidated Omnibus Budget Reconciliation Act 1985 (COBRA)

You and your family members who lose eligibility may continue vision coverage for a limited time under certain circumstances. (See page 15)

Administrative and ERISA Information

This Plan is subject to rules of the federal government, including the Employee Retirement Income Security Act of 1974, as amended (ERISA), not state insurance laws. (See page 20)

Key Terms

This is an alphabetized list of words and phrases, with their definitions, used in this Information Booklet. (See page 24)

Eligibility & Enrollment

Most U.S. dollar payroll regular employees of Exxon Mobil Corporation and participating affiliates are eligible for this Plan.

Generally, you are eligible if:

- You are a regular employee.
- You are an Extended Part-time Employee.
- You are a retiree.
- You are a survivor, which means an eligible family member of a deceased regular or extended part-time employee or retiree.

Eligible Family Members

You may also elect coverage for your eligible family members including:

- Your spouse. When you enroll your spouse for coverage, you may be required to provide proof that you are legally married.
- Your child(ren) under age 26. Coverage ends at the end of the month in which they reach age 26. If your situation involves a family member other than your biological or legally adopted child, call Benefits Administration.
- Your totally and continuously disabled child(ren) who is incapable of self sustaining employment by reason of mental or physical disability that occurred prior to otherwise losing eligibility and meets the Internal Revenue Service's definition of a dependent.
- A child or spouse of a Medicare-eligible retiree enrolled in the ExxonMobil Medicare Supplement Plan, as long as that spouse or child is not eligible for Medicare.

Refer to Key Terms on page 24 for definitions of eligible family members, child, suspended retiree, spouse, and Qualified Medical Child Support Order.

Suspended Retiree

A person who becomes a retiree due to incapacity within the meaning of the ExxonMobil Disability Plan and who begins long-term disability benefits under that plan, but whose benefits stop because the person is no longer incapacitated is considered a suspended retiree and is not eligible for coverage until the earlier of the date the person:

- Reaches age 55; or
- Begins his or her benefit under the ExxonMobil Pension Plan at which time the person is again considered a retiree and may enroll.

The family members of a deceased suspended retiree will be eligible for coverage under this Plan only after the occurrence of the earlier of the following:

- The date the suspended retiree would have attained age 55, or
- The date a survivor begins receiving a benefit due to the suspended retiree's accrued benefit from the ExxonMobil Pension Plan.

Special Eligibility Rules

A person who otherwise is not a spouse but who, as a dependent of a former Mobil employee who participated in or received benefits under a Mobil-sponsored plan or program prior to March 1, 2000, is considered an eligible dependent as long as that person's eligibility for coverage as a dependent under a Mobil-sponsored plan would have continued.

Classes of Coverage

You can choose coverage as an:

- Employee or retiree only;
- Employee or retiree and spouse;
- Employee or retiree and child(ren); or
- Employee or retiree and family.

There are also classes of coverage for extended part-time employees, surviving spouses and family members of deceased employees and retirees, spouses and family members of retirees covered by the ExxonMobil Medicare Supplement Plan, and employees on certain types of leaves of absence.

For employees on an approved leaves of absence, their contribution rate will not change.

Each class of coverage has its own contribution rate. Employees contribute to the Plan through monthly deductions from their pay on a pre-tax or after-tax basis. Retirees and survivors receiving monthly benefit checks from ExxonMobil pay by deductions from these checks on an after-tax basis. Other retirees or survivors and participants with continuation coverage pay by check or monthly draft on their bank account.

If your participation in any group health plan (e.g., Medical, Medicare Supplement, Dental), to which ExxonMobil contributed, was suspended for non-payment of required contributions, in order to enroll in this Plan you must repay all required contributions retroactively to the date of suspension.

Double Coverage

No one can be covered more than once in the Vision Plan. You and your spouse cannot both enroll as employees (or retirees) and elect coverage for each other as eligible family members. If you and your spouse work for the company or are both retirees you may both be eligible for coverage. Each of you can be covered as an individual employee (or retiree), or one of you can be covered as the employee (or retiree) and the other can be an eligible family member. Also, if you have children, each child can only be covered by one of you.

In addition, a marriage between two ExxonMobil employees does not allow enrollment or cancellation in any of the ExxonMobil health plans if either employee is then making

contributions on a pre-tax basis. In order to change your coverage you need to wait until you experience a change in status that allows coverage changes or Annual Enrollment.

How to Enroll

As a newly hired employee, if you enroll in the Vision Plan within 30 days of your start date, coverage begins the first day of employment. If you enroll between 31 and 60 days from your date of hire, coverage will be effective the first day of the month following receipt of the forms by Benefits Administration.

If you are eligible for the ExxonMobil Pre-Tax Spending Plan, you will be enrolled to pay your monthly contributions on a pre-tax basis unless you annually decline this feature. Your monthly pre-tax contributions and class of coverage must remain in effect for the entire plan year, unless you experience a change in status. (See the **Annual Enrollment** and **Changing Your Coverage** sections.)

You can enroll eligible family members only if you are enrolled in this Plan. You can enroll in the Plan using Employee Direct Access (EDA) available on the ExxonMobil Me HR Intranet site. Enrollment forms are also available from Benefits Administration for those individuals who do not have access to EDA.

You may be requested to provide documents at some future date to prove that the family members you enrolled were eligible (e.g., marriage certificate, birth certificate). If you fail to provide such requested documents within 90 days of the request, coverage for the family members will be cancelled the first of the following month and you may be subject to discipline up to and including termination of employment for falsifying company records.

Under the Children's Health Insurance Program (CHIP) Reauthorization Act of 2009 you may change your Plan election for yourself and any eligible family members within 60 days of either (1) termination of Medicaid or CHIP coverage due to loss of eligibility, or (2) becoming eligible for a state premium assistance program under Medicaid or CHIP coverage. In either case, coverage is effective the first of the month following receipt of the forms by Benefits Administration.

Annual Enrollment

Each year, usually during the fall, ExxonMobil offers an annual enrollment period. During this time, you may elect to enroll yourself and your eligible family members. Family members may be added or deleted for any reason but they must be deleted if they are no longer eligible. Changes elected during annual enrollment take effect the first of the following year.

Employees are automatically enrolled in the Pre-Tax Spending Plan to pay monthly contributions on a pre-tax basis unless this feature is declined each time. This choice is only available during the annual enrollment period or with a change in status.

If you pay your monthly contributions on an after-tax basis and would like to continue making contributions on an after-tax basis for the following year, you must elect to do so each year during Annual Enrollment and after each change in status. Otherwise, your contributions will be switched to a pre-tax basis beginning the first day of the following year. As a retiree, you will pay your contributions on an after-tax basis through payroll deduction (if eligible), check, or bank draft.

Changing Your Coverage

An employee may add a family member effective the first day of a month if required contributions are made on a pre-tax basis and adding the family member does not change the coverage level **or** if you are enrolled on an after-tax basis, you may make changes to your Plan coverage level (but not your Plan option) and add eligible family members at any time.

To make a change to your coverage you may also wait until Annual Enrollment or until you experience one of the following Changes in Status.

Changes in Status

This section explains which events are considered changes in status and what changes you may make as a result. If you have a change in status, you must complete your change within 60 days. If you do not complete your change within 60 days, changes to your coverage may be limited.

Your election made due to a change in status cannot be changed after the form is received by Benefits Administration or the transaction is completed in EDA if it changes your pre-tax elections.

The following is a quick reference guide to the Changes in Status discussed in more detail after the table.

Changes During the Year - Medical/Dental/Vision (Health Plans)

If this event occurs...	You may...
Marriage	Enroll yourself, your new spouse and any eligible family members.
Divorce – Employee enrolled in the Vision Plan	Change your level of coverage. You may not drop coverage for yourself or other covered eligible family members.
Divorce – Employee loses coverage under Spouse’s vision plan	Enroll yourself and other family members who might have lost eligibility for Spouse’s vision plan.
Gain a family member through birth, adoption or placement for adoption, marriage or guardianship.	Enroll new family members.
Death of a spouse or other eligible family member.	Change your level of coverage. You may not drop coverage for yourself or other covered eligible family members.
Loss of family member’s eligibility (e.g., no longer a tax dependent).	Change your level of coverage. You may not drop coverage for yourself or other eligible family members.
You lose eligibility because of a change in your employment status, e.g., regular to non-regular.	Your Vision Plan participation will automatically be terminated at the end of the month.

You gain eligibility because of a change in your employment status, e.g. non-regular to regular.	Enroll yourself or any eligible family members in the Vision Plan.
Termination of Employment by spouse or other family member or other change in their employment status (e.g., change from full-time to part-time) triggering loss of eligibility under spouse's or family member's plan in which you or they were enrolled.	Enroll yourself and other family members who may have lost eligibility under the spouse's or family member's plan in the Vision Plan.
Your former spouse is ordered to provide coverage to your children through a QMSCO.	End the family member's coverage, change level of coverage and terminate their participation in the Vision Plan.
Commencement of Employment by spouse or other family member or other change in their employment status (e.g., change from part-time to full-time) triggering eligibility under another employer's plan.	End other family member's coverage and terminate their participation in the Vision Plan if the employee represents that they have or will obtain coverage under the other employer plan. You may also cancel coverage for yourself, if health care coverage is obtained through your spouse's employer plan.
Change in worksite or residence that does not affect eligibility to participate in the elected Vision Plan.	You may not drop coverage for yourself or other eligible family members.
Judgment, decree or other court order requiring you to cover a family member. (Begin a QMCSO)	Change your level of coverage.
Termination of employment and rehire within 30 days or retroactive reinstatement ordered by court.	Vision coverage is reinstated.
Termination of employment and rehire after 30 days.	Enroll in the Vision Plan as a new hire.
You are covered under your spouse's vision plan and plan changes coverage to a lesser coverage level with a higher deductible mid-year.	Enroll yourself and eligible family members in the Vision Plan.
You begin a leave of absence.	Call Benefits Administration 1-800-262-2363
You return from a leave of absence of more than 30 days (paid or unpaid).	Call Benefits Administration 1-800-262-2363

All changes will be allowed if the medical/dental/vision form is received within 60 days of the event by the Benefits Administration Office or the change is made in EDA within 30 days. For most events, the effective date will be the first of the month after the forms are received or the transaction is completed in EDA.

Birth, Adoption or Placement for Adoption

If you gain a family member through birth, adoption or placement for adoption, you may add the newly eligible family member to your current coverage. You may also enroll yourself, your spouse, and all eligible children. Coverage is effective on the date of birth, adoption or placement for adoption provided you complete the enrollment process within 60 days. **You must add the new family member within 60 days even if you already have family coverage.**

See the Changing your Coverage section for additional circumstances in which changes can be made.

If you enroll your new family member between 31 and 60 days from the birth or adoption and your coverage level changes, you will pay the cost difference on a post-tax basis until the end of the month in which the forms are received by Benefits Administration. Beginning the first day of the following month your deduction will be on a pre-tax basis.

Sole Legal Guardianship or Sole Managing Conservatorship

If you (or your spouse, separately or together) become the sole court appointed legal guardian or sole managing conservator of a child and the child meets all other requirements of the definition of an eligible family member, you have 60 days from the date the judgment is signed to enroll the child for coverage. You must provide a copy of the court document signed by a judge appointing you (or your spouse separately or together) guardian or sole managing conservator. Coverage will be effective as of the first of the month following your completion of the enrollment.

Marriage

If you are enrolled in the Plan, you can enroll your new spouse and his or her eligible family members (your stepchildren) for coverage. If you are not already enrolled for coverage, you can sign up for vision coverage for yourself, your new spouse, and your stepchildren. If you gain coverage under your spouse's vision plan, you can cancel your coverage. You must make these changes within 60 days, following the date of your marriage or wait until Annual Enrollment or another change in status. Coverage will be effective as of the first of the month following your completion of the enrollment.

Death of a Spouse

If you lose coverage under your spouse's vision plan, you can sign up for vision coverage for yourself and your eligible family members. You must make these changes within 60 days following the date you lose coverage or wait until Annual Enrollment or another change in status. If you and your family members are enrolled in the Vision Plan, any stepchildren will cease to be eligible upon your spouse's death unless you are their court appointed guardian or sole managing conservator.

When a Child is No Longer Eligible

If an enrolled family member is no longer an eligible family member, coverage continues through the end of the month in which they cease to be eligible. In some cases, continuation coverage under COBRA may be available. (See page 15 for more details about COBRA.) You must notify and provide the appropriate forms to Benefits Administration as soon as a family member is no longer eligible. If you fail to notify and provide the appropriate forms to Benefits Administration within 60 days, the family member will not be entitled to elect COBRA. There may also be consequences for falsifying company records.

Divorce

In the case of divorce, your former spouse and any stepchildren are covered through the end of the month in which the divorce is final. You must notify and provide the appropriate forms to Benefits Administration as soon as your divorce is final. If you fail to notify and provide the appropriate forms to Benefits Administration within 60 days, the former spouse and family member will not be entitled to elect COBRA. There may also be consequences for falsifying company records. Please see the Continuation Coverage section on page 15 of this booklet.

You may not make a change to your coverage if you and your spouse become legally separated because there is no impact on eligibility.

If you lose coverage under your spouse's health plan on account of divorce, you can sign up for vision coverage for yourself and your eligible family members. You must enroll within 60 days following the date you lose coverage under your spouse's plan or wait until Annual Enrollment or another change in status. Coverage will be effective as of the first of the month following our completion of the enrollment.

Transfer or Change Residence

If you move from one location to another, you may not drop coverage for yourself or other eligible family members. For more information, call Benefits Administration. (See Information Sources on page 4.)

Leave of Absence

If you are on an approved leave of absence, you can continue coverage by making required contributions directly to the Plan by check. If you choose not to continue your coverage while on leave, your coverage ends on the last day of the month in which your leave began and you will be required to pay for the entire month's contributions. If you fail to make required contributions while on leave, your coverage will end.

If the company should make any payment on your behalf to continue your coverage while you are on leave and you decide not to return to work, you will be required to reimburse the company for required contributions.

If you were on a leave that meets the requirements of the Family and Medical Leave Act of 1993 (FMLA) or the Uniformed Services Employment and Reemployment Rights Act (USERRA), and your coverage ended, re-enrollment is subject to FMLA or USERRA requirements.

Change in Coverage Costs or Significant Curtailment

If the cost for coverage charged to you significantly increases or decreases during a plan year, you may be able to make a corresponding prospective change in your election, including cancellation of your election. This provision also applies to a significant increase in the vision deductible or co-payment.

If the cost for coverage under your spouse's vision plan significantly increases or there is a significant curtailment of coverage that permits revocation of coverage during a plan year and you drop that coverage, you will be able to sign up for vision coverage for yourself and your eligible family members. You must enroll within 60 days following the date you lose coverage under your spouse's plan or wait until Annual Enrollment or another change in status. Coverage due to a change in status will be effective as of the first of the month following your completion of the enrollment or in the case of Annual Enrollment, the first of the following year.

Addition or Improvement of an Option

If a new plan option is added or if benefits under the existing option are significantly improved during a plan year, you may be able to cancel your current election in order to make an election for coverage under the new or improved option.

Loss of Option

If the Plan is discontinued, you will be able to elect either to receive coverage under another option providing similar coverage or to drop vision coverage altogether if no similar option is available.

Other Changes That May Affect Your Coverage

If You are an Extended Part-Time Employee

If you terminate employment as an extended part-time employee, you are not eligible to continue to participate in the Plan. You may be eligible to elect continuation coverage for yourself and your eligible family members under COBRA provisions. (See page 15 for details.)

If You Die

If you die while enrolled, your covered eligible family members can continue coverage. Their eligibility continues under the Plan with the payment of required contributions for a specified amount of time:

- If you have 15 or more years of benefit service at the time of your death, eligibility continues until your spouse remarries or dies.
- If you have less than 15 years of benefit service, eligibility continues for twice your length of Benefit Service or until the spouse remarries or dies, whichever occurs first.

Children of deceased employees or retirees may continue participation as long as they are an eligible family member. If your surviving spouse remarries, eligibility for your children also ends. Special rules may apply to family members of individuals who become retirees due to disability. (See Continued Coverage for suspended retirees on page 15)

Eligible family members of deceased extended part-time employees are not eligible to continue to participate in the Plan. These family members may be eligible to elect continuation coverage under COBRA provisions. (See page 15 for details.)

If You Become a Suspended Retiree

If you are a retiree and you would otherwise lose coverage because you have become a suspended retiree under the ExxonMobil Disability Plan (see page 6 for details), you may continue coverage for yourself and all your family members who were eligible for plan participation before you became a suspended retiree for either 12 or 18 months.

Coverage continues for 12 months from the date coverage would otherwise end if you received transition benefits under the ExxonMobil Disability Plan. However, if you did not receive transition benefits under the ExxonMobil Disability Plan, coverage continues for 18 months from the date coverage would otherwise end. The cost of this continued coverage is 102% of the participant contributions.

When Coverage Ends

Coverage for you and/or your family members ends on the earliest of the following dates:

- The last day of the month in which:
 - You terminate employment (except as a retiree or due to disability);
 - You elect not to participate;
 - A family member ceases to be eligible (for example, a child reaches age 26); or
 - A retiree becomes a suspended retiree.
 - You are no longer eligible for benefits under this Plan (e.g., employment classification changes from "regular employee" to "non-regular employee" or from non-represented to represented where you are no longer eligible for this Plan);
 - You do not make any required contribution;
 - A Qualified Medical Child Support Order is no longer in effect for a covered family member;

OR

- The date:
 - You die;
 - The Medical Plan ends;
 - Your employer discontinues participation in the Plan.

You are responsible for ending coverage with Benefits Administration when your enrolled spouse or family member is no longer eligible for coverage. If you do not complete your change within 60 days, any contributions you make for ineligible family members will not be refunded.

Loss of Eligibility

Everyone in your family may lose eligibility for plan coverage, and you may be subject to disciplinary action up to and including termination of employment if you commit fraud against the Plan, for instance, by filing claims for benefits to which you are not entitled. Coverage may also be terminated if you refuse to repay amounts erroneously paid by the Plan on your behalf or that you recover from a third party. Your participation may be terminated if you fail to comply with the terms of the Plan and its administrative requirements. You may also lose eligibility if you enroll persons who are not eligible, for instance, by covering children who do not meet the eligibility requirements.

Extended Benefits at Termination

You are entitled to extended coverage for as much as a year if you are terminated due to disability with fewer than 15 years of service. This coverage is provided at no cost to you. This is considered a portion of the COBRA continuation period. In order to assure coverage beyond this extension period, you must elect COBRA upon termination of employment.

Several conditions must be met:

- The disability must exist when your employment terminates.
 - The extension lasts only as long as the disability continues, but no longer than 12 months.
 - This extension applies only to the employee who is terminated because of a disability.
- Continuation coverage for eligible family members may be available through COBRA.

Continuation Coverage

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) entitles you and your covered family members to extend medical benefits beyond the date your coverage would normally end.

Continuation Coverage Rights Under COBRA

Introduction

You are required to be given the information in this section because you are covered under a group health plan (the Plan). This section contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This section generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review this Information Booklet or contact ExxonMobil Benefits Administration at the telephone numbers or address listed under Benefits Administration on page 4.

IMPORTANT: Benefits Administration references throughout this section change depending on your status. Unless specifically stated otherwise, you should refer to the correct Benefits Administration entity using the list below. The contact information for each of these entities is shown on page 19.

- Current ExxonMobil Employees or their family members refer to ExxonMobil Benefits Administration/ Health Plan Services;
- Exxon, or Mobil or Superior Oil, or ExxonMobil retirees, or their survivors, or their family members refer to ExxonMobil Benefits Service Center; and
- Former Exxon or ExxonMobil Employees, or retirees, or their survivors, or their family members, who have elected and are participating through COBRA, refer to ExxonMobil COBRA Administration.

What is COBRA Continuation Coverage?

COBRA continuation coverage is a continuation of plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this section. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse and your children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay the entire cost of COBRA continuation coverage.

An employee will become a qualified beneficiary if the employee loses coverage under the Plan because either one of the following qualifying events happens:

- Hours of employment are reduced; or
- Employment ends for any reason other than the employee's gross misconduct.

The spouse of an employee or retiree will become a qualified beneficiary if the spouse loses coverage under the Plan because any of the following qualifying events happens:

- The employee or retiree dies;
- The employee's hours of employment are reduced;
- The employee's employment ends for any reason other than his or her gross misconduct;
- The employee or retiree becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- Divorce.

Children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent-employee or parent-retiree dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee or parent-retiree becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced; or
- The child stops being eligible for coverage under the Plan as a child.

Any retiree, retiree's spouse (including surviving spouse) and children, will become qualifying beneficiaries if a proceeding in bankruptcy is filed in respect to Exxon Mobil Corporation, and the bankruptcy results in a loss of coverage.

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the correct Benefits Administration entity has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee or retiree, or commencement of a proceeding in bankruptcy with respect to the

employer, the employer must notify the correct Benefits Administration entity of the qualifying event. (See page 19 for the listing of Benefits Administration entities.)

You Must Give Notice of Some Qualifying Events

For the other qualifying events (divorce or a child losing eligibility for coverage), you must notify and provide the appropriate forms to the Benefits Administration entity within 60 days after the later of the date the qualifying event occurs or the date you would lose benefits under the Plan. (See page 19 for the listing of Benefits Administration entities.) Notices of these qualifying events from current employees must be made by logging onto Employee Direct Access (EDA) located on the ExxonMobil Me HR Intranet site. Forms are also available from ExxonMobil Benefits Administration/Health Plan Services for those individuals who do not have access to EDA. Notice is not effective until either an EDA change is made or the properly completed form is received by Benefits Administration.

How is COBRA Coverage Provided?

Once the correct Benefits Administration entity receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees or retirees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce, or a child losing eligibility, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or the reduction of the employee's hours of employment and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts only up to a total of 18 months. There are two ways in which this 18-month period of COBRA continuation coverage can be extended.

Disability Extension of 18-month Period of Continuation Coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify ExxonMobil Benefits Administration/ Health Plan Services in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must notify ExxonMobil Benefits Administration/Health Plan Services. (See page 19 for the listing of Benefits Administration entities.)

You must provide the written determination of disability from the Social Security Administration to the correct Benefits Administration entity within 60 days of the latest of the date of the disability determination by Social Security Administration, the date of the qualifying event or the benefit termination date; and prior to the end of the 18-month COBRA continuation period. (See page 19 for the listing of Benefits Administration entities.)

Second Qualifying Event Extension of 18-month Period of Continuation Coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the correct Benefits Administration entity. This extension may be available to the spouse and any children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), gets divorced, or if the child stops being eligible under the Plan as a child. This extension is available only if the qualifying event would have caused the spouse or child to lose coverage under the Plan had the first qualifying event not occurred.

Cost of COBRA Coverage

A person who elects continuation coverage may be required to pay the group rate premium for their continuation coverage plus a 2% administration fee, if applicable, or 102% of cost to the Plan to maintain the coverage, unless the person is entitled to extended coverage due to disability. If the person becomes entitled to such extended coverage, the person may be required to contribute up to 150% of contributions after the initial 18-month's coverage until coverage ends. A person who elects continuation coverage must pay the required contributions within 45 days from the date coverage is elected, retroactively to the date benefits terminated under the Plan.

If You Have Questions

Questions concerning your plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified on page 19. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA Web site at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's Web site.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the correct Benefits Administration entity informed of any changes in your address as well as the addresses of family members. You should also keep a copy, for your records, of any notices you send to Benefits Administration.

Benefits Administration (Contacts for COBRA rights under the ExxonMobil Vision Plan)

The following sets out the contact numbers based on your status under the ExxonMobil Vision Plan. It is your responsibility to contact the correct Benefits Administration entity with any required notices and address changes. Failure to notify the correct entity could result in your loss of COBRA rights. If your status is not listed, call ExxonMobil Benefits Administration/Health Plan Services for assistance or contact them at hr.medical.dental.questions@exxonmobil.com.

Phone Numbers/Hours:

Address:

▪ **ExxonMobil Employees call:**

ExxonMobil Benefits Administration/
Health Plan Services
713-680-5858 (Houston)
713-680-7070 (international, call collect)
800-262-2363 (toll free outside Houston)
262-314-2752 (fax)

ExxonMobil Benefits Administration
ExxonMobil BA BSC USBA
4300 Dacoma or "BH1"
Houston, Texas 77092

Monday – Friday 8 a.m. to 3 p.m. CT
(except certain holidays)

▪ **ExxonMobil, Exxon, Mobil and Superior Oil Retirees and Survivors call:**

ExxonMobil Benefits Service Center
800-682-2847
800-TDD-TDD4 (833-8334) for hearing impaired

ExxonMobil Benefits Service Center
P. O. Box 199540
Dallas, TX 75219-9722

Monday – Friday 7 a.m. to 5 p.m. CT
(except certain holidays)

▪ **Former Exxon or ExxonMobil Employees, Exxon or ExxonMobil Retirees, or their Survivors or their Family Members, who elected and are participating through COBRA call:**

ExxonMobil COBRA Administration
Phone: (800) 522-6621
Fax: (770) 619-7160

ADP Benefit Services
ADP National Accounts
ExxonMobil COBRA Administration
P O Box 2968
Alpharetta, GA 30023-2968

Monday – Friday 8 a.m. to 8 p.m. CT
(except certain holidays)

Administrative and ERISA Information

This section contains technical information about the Plan and identifies its administrator. It also contains a summary of your rights with respect to the Plan and instructions about how you can submit an appeal if your claim for benefits is denied.

The formal name of the Plan is the ExxonMobil Vision Plan.

Plan Sponsor and Participating Affiliates

The ExxonMobil Vision Plan is sponsored by:

Exxon Mobil Corporation
5959 Las Colinas Blvd
Irving, Texas 75039-2298

All of Exxon Mobil Corporation's divisions and major U.S. affiliates participate in the Plan. A complete list of participating affiliates is available from the Administrator-Benefits upon written request.

Basic Plan Information

Plan Administrator

The Administrator-Benefits is the Manager-Global Benefits Design, Exxon Mobil Corporation. You may contact the Administrator-Benefits as follows:

For appeals of eligibility or enrollment issues:

Administrator-Benefits
P.O. Box 2283
Houston, Texas 77252-2283

For service of legal process:

Administrator-Benefits
4550 Dacoma
Houston, TX 77092

Claims Administrator

The claims administrator, OptumHealth Vision, provides information about claims payment, providers participating in the Vision Plan, benefit pre-determinations, and appeals of denied claims. (See Information Sources on page 2)

Claims Fiduciary and Appeals

The claims fiduciary is the person to whom all appeals are filed. The claims fiduciary is OptumHealth Vision for all vision benefit appeals.

Members who are dissatisfied with the resolution of an adverse decision or complaint have the right to appeal to OptumHealth Vision or to file a complaint with the appropriate Department of Insurance.

Members must request in writing an appeal and the reason for the appeal. Appeals must be filed within 180 calendar days of the previous resolution.

Appeals are submitted to:

OptumHealth Vision Claims Department
P.O. Box 30978
Salt Lake City, UT 84130

Standard Service Appeal

Determination will be made within 14 calendar days.

Standard Claim Appeal

Determination usually within 30 calendar days, but no more than 60 calendar days.

Type of Plan

The ExxonMobil Vision Plan is a welfare plan under ERISA providing vision benefits.

Plan Numbers

The ExxonMobil Vision Plan is identified with government agencies under two numbers: Employer Identification Number (EIN), 13-5409005, and the Plan Number (PN), 635.

Plan Year

The plan year is the calendar year.

Plan Funding

Benefits are funded through participant contributions.

No Implied Promises

Nothing in this booklet says or implies that participation in the ExxonMobil Vision Plan is a guarantee of continued employment with the company.

Future of the Plan

ExxonMobil expects to continue the Plan. However, ExxonMobil has the right to change, suspend, withdraw, amend, modify or terminate the Plan or any of its provisions at any time and for any reason. A change may also be made to required contributions and future eligibility for coverage, and may apply to those who retired in the past, as well as those who retire in the future. If any material changes are made in the future, you will be notified. For health plans, certain rules apply regarding what happens when a plan is changed, terminated or merged. Expenses incurred before the effective date of a plan change or termination will not be affected. Expenses incurred after a plan is terminated will not be covered.

Your Rights Under ERISA

As a participant in the ExxonMobil Vision Plan, you have certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that as a plan participant, you shall be entitled to:

Receive Information About Your Plan and Benefits

- Examine, without charge, at the office of the Administrator-Benefits and at other specified locations, such as worksites and union halls, all documents governing the Vision Plan, including collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Vision Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.
- Obtain, upon written request to the Administrator-Benefits, copies of documents governing the operation of the Vision Plan, including collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. The administrator may require a reasonable charge for the copies.
- Receive a summary of the Vision Plan's annual financial report. The Administrator-Benefits is required by law to furnish each participant with a copy of this Summary Annual Report.

Prudent Actions by Vision Plan Fiduciaries

In addition to creating rights for Vision Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your Vision Plan, called "fiduciaries" of the Vision Plan, have a duty to do so prudently and in the interest of you and other Vision Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a plan benefit or exercising your rights under ERISA.

Enforce Your Rights

- If your claim for a benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision, without charge, and to appeal any denial, all within certain time schedules.
- Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of Vision Plan documents or the latest Summary Annual Report from the Vision Plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the Administrator-Benefits to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator.
- If you have a claim and an appeal for benefits, which are denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the Vision Plan's decision or lack thereof concerning the qualified status of a domestic relations order, you may file suit in Federal court. If it should happen that Vision Plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. Any such lawsuit must be brought within 1 year of when you first had the right to sue. The court will decide who should pay court costs and legal fees. If you

are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.

- You may contact the Texas Department of Insurance if you have any complaints at 800-252-3439 or you may write the Texas Department of Insurance PO Box 149104, Austin, TX 78714-9104, fax 512-475-1771 (not toll free).

Assistance with Your Questions

If you have any questions about your Vision Plan, you should contact OptumHealth Vision (See Information Sources) or call Benefits Administration. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Administrator-Benefits, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Key Terms

Barred Employee

An employee who is covered by a collective bargaining agreement except to the extent participation in the Vision Plan is provided under such agreement.

Benefits Administration

Benefits Administration references throughout this document change depending on your status as an employee, retiree or survivor. Unless specifically stated otherwise, you should contact the Benefits Administration entity as indicated in Information Sources section (see page 4).

Benefit Service

Generally, all the time from the first day of employment until you leave the company's employment. Excluded are:

- unauthorized absences;
- leaves of absence of over 30 days (except military leaves or leave under the Federal Family and Medical Leave Act);
- certain absences from which you do not return;
- periods when you work as a non-regular employee, as an extended part-time employee, as a special agreement person, in a service station, car wash, or car-care center operations; or
- when you are covered by a contract that requires the company to contribute to a different benefit program, unless a special authorization credits the service.

Change in Status

Life or work event that allows you to make changes to your elections during the plan year and outside of the annual enrollment period.

Child

A person under age 26 who is:

- A natural or legally adopted child of a regular employee or retiree;
- A grandchild, niece, nephew, cousin, or other child related by blood or marriage over whom a regular employee, retiree, or the spouse of a regular employee or retiree (separately or together) is the sole court appointed legal guardian or sole managing conservator;
- A child for whom the regular employee or retiree has assumed a legal obligation for support immediately prior to the child's adoption by the regular employee or retiree; or
- A stepchild of a regular employee or retiree.

Child does not include a foster child.

Claims Administrator/Processor

OptumHealth Vision, the third party administrator for UHIC, or affiliates, for claims.

Eligible Employees

Most U.S. dollar payroll employees of Exxon Mobil Corporation and participating affiliates. Full-time employees not hired on a temporary basis (also called "regular employees") are eligible. Extended part-time employees, as classified on the employer's books and records, are also eligible.

The following are not eligible to participate in the Plan: leased employees as defined in the Internal Revenue Code, barred employees, or special agreement persons as defined in the plan document. Generally, special-agreement persons are persons paid by the company on a commission basis, persons working for an unaffiliated company that provides services to the company, and persons working for the company pursuant to a contract that excludes coverage of benefits.

Eligible Family Members

Eligible family members are generally your:

- Spouse
- A child who is described in any one of the following paragraphs (1 through 3):
 - (1) has not reached the end of the month during which age 26; or
 - (2) is totally and continuously disabled and incapable of self-sustaining employment by reason of mental or, physical disability, provided the child:
 - (a) meets the Internal Revenue Service's definition of a dependent and
 - (b) either
 - (i) was or would have been covered as an eligible family member under this Plan immediately prior to the birthday on which the child's eligibility would have otherwise ceased, or
 - (ii) was covered as an eligible family member under a predecessor plan which provided for coverage of disability, if the disability occurred prior to the birthday on which the child's eligibility under that plan would have otherwise ceased, the child continued to be considered eligible for coverage because of such disability and the child had not lost eligibility under the predecessor plan; and
 - (c) the child is disabled before such birthday and has remained continuously disabled, and
 - (3) the child is recognized under a qualified medical child support order as having a right to coverage under this Plan.

A child who was disabled by reason of mental disability but who no longer meets the requirements of paragraphs 2(a) above ceases to be an eligible family member 300 days following the date on which the applicable requirement is not met.

Please note: An eligible employee or retiree's parents are not eligible to be covered.

Extended Part-Time Employee

An employee who is classified as a non-regular employee, but who has been designated as an Extended Part-Time Employee under his or her employer's employment policies relating to flexible work arrangements.

Qualified Medical Child Support Order

A Qualified Medical Child Support Order (QMCSO) is a court decree under which a court order mandates health coverage for a child. A QMCSO must include, at a minimum:

- Name and address of the employee covered by the health plan.
- The name and address of each child for whom coverage is mandated.
- A reasonable description for the coverage to be provided.
- The time period of coverage.
- The name of each health plan to which the order applies.

You may obtain, without charge, a copy of the Plan's procedures governing QMCSO determinations by written request to the Administrator-Benefits.

Regular Employee

An employee of a participating employer, whether or not the person is a director, who, as determined by the participating employer, regularly works a full-time schedule, and is not employed on a temporary basis. The definition includes a person who regularly works a full-time schedule but who, for a limited period of time, is approved for a part-time regular work arrangement under the participating employer's work rules relating to part-time work for regular employees.

Retiree

Generally, a person at least 55 years old who retires as a regular employee with 15 or more years of benefit service and who has not thereafter recommenced employment as a covered employee or a non-regular employee. Retiree status may also be attained by someone who is retired by the company and entitled to long-term disability benefits under the ExxonMobil Disability Plan after 15 or more years of benefit service, regardless of age.

Employees who terminate while non-regular (including extended part-time employees) are not eligible for retiree status regardless of age or service.

Special-Agreement Person

Generally, a person paid on a commission or commission salary basis other than a person paid while employed by the Marketing Department of ExxonMobil; an employee providing service to a non-affiliated organization that pays the person's salary or wages; or an employee working pursuant to an agreement that specifically excludes the person from coverage for benefits.

Spouse; Marriage

All references to a spouse, to a married person or to a marriage shall refer to spouses or marriages within the meaning of the federal laws of the United States.

Surviving Spouse/Survivor

A surviving unmarried spouse or child of a deceased ExxonMobil regular employee or retiree.

Suspended Retiree

A person who becomes a retiree due to incapacity within the meaning of the ExxonMobil Disability Plan and who begins long-term disability benefits under that Plan, but whose benefits

stop because the person is no longer incapacitated. A person remains a suspended retiree until the earlier of the date the person:

- Reaches age 55; or
- Begins his or her retirement benefit under the ExxonMobil Pension Plan, at which time the person is again considered a retiree.

The family members of a deceased suspended retiree will be eligible for coverage under this Plan only after the occurrence of the earlier of the following:

- The date the suspended retiree would have attained age 55; or
- The date a survivor begins receiving a benefit due to the suspended retiree's accrued benefit from the ExxonMobil Pension Plan.