

ANNUAL ENROLLMENT GUIDE: 2025

FOR SHELL RETIREES

ANNUAL ENROLLMENT:

October 22 – November 5, 2024

Shell US Benefits 2025 Perspectives

At Shell, we believe in offering a portfolio of benefits that support the diverse needs of our enrolled retirees and their families. That is why we review our plans annually to ensure our benefits offerings are inclusive, support access to quality care for all, and offer competitive and comprehensive coverage options. And this year, in alignment with Shell's guiding principles, we've added the lens of Performance, Discipline, and Simplification. In this guide, we announce changes based on our review, as well as provide some additional context for the updates. Please read this guide and familiarize yourself with the 2025 benefit programs. You can also log on to www.netbenefits.com to download this guide electronically, access all plan materials (in the "Reference Library"), and view your enrollment elections.

In 2025, Shell retirees will see improvements in our dependent verification process for newly-enrolled dependents. We are also simplifying our portfolio of regional plans to reduce administrative burden and cost while maintaining strong network access through our self-insured options.

For non-Medicare-eligible retirees in 2025, we are announcing some transformative changes including:

- **Virtual Primary Care with Included Health:** Under the US PPO and US HDHP medical options, for just a \$5 copay per visit (after deductible under the US HDHP medical option), you will have enhanced virtual access to a national network of integrated, high quality, primary care physicians for your healthcare needs. This new convenient primary care option will allow you to connect with a doctor by phone or computer from anywhere in the US, anytime. See page 10 for more details.
- Plan design changes for the US PPO include increases to deductibles, annual out-of-pocket maximums, and certain copays. The US PPO, and similar plans, are primarily based on copays and require periodic adjustments to align with medical inflation. Copays for medical and prescription drugs were last updated in 2014 and 2020 respectively. Details of these changes are available in the chart on pages 7 – 9.
- Addition of digital and on-demand clinical behavioral and mental health support for family members of neurodiverse children through "Rethink Health."

For Medicare-eligible retirees, new U.S. federal regulations impact the entire Medicare industry in 2025. These changes include how the Centers for Medicare & Medicaid Services (CMS) funds Medicare Advantage plans in 2025, as well as updates to Medicare Part D Prescription Drug Coverage, as required by the federal Inflation Reduction Act (IRA). These federal changes have led us to make adjustments to Shell's Medicare plan copays and coverages for 2025, which are detailed on pages 13 – 17.

These are just a few of the changes we are implementing, and we encourage you to read the details about these and other changes in the following pages.

You and your families have a personal impact on our plans' medical claims that directly affect the monthly premiums you and the Company share. Decisions you make on where to get your care — through virtual primary care, a primary care physician's office, urgent care, or an emergency room — impact both out-of-pocket costs and monthly premiums. The monthly premiums reflect the collective claims experience of our enrolled retirees and their families. For 2025, the premiums for the Shell-sponsored medical plans are shown on page 11 for non-Medicare-eligible retirees and on page 18 for Medicare-eligible retirees. As we shared in last year's Guide for Shell Retirees, forecasting indicated continuing upward pressure on healthcare costs — based on factors such as inflation, hospital supply shortages, increasing costs of prescription drugs, and market dynamics. This has proven to be the case with many retiree plans, which you will see reflected in the 2025 medical premiums.

We will continue to advocate for our Shell-sponsored plans to provide access to high quality care while mitigating costs, but we need your help to continue to take actions to improve your health and utilize quality, in-network providers. We have the greatest impact on the cost of healthcare coverage by working together. Remember, if you are eligible to participate in one of the regional medical options, you'll need to review those premiums, as well as any changes to plan coverage for 2025, on www.netbenefits.com.

2025 Annual Enrollment is Here

Inside you will find:

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The Annual Enrollment period for 2025 benefits is **October 22 – November 5, 2024**. You must complete your enrollment by 7:00 p.m. Central time on November 5, 2024. Review this guide to better understand the benefit programs available in 2025.

You need to take action if:

- You want to change any of your benefit elections for 2025.
- You are enrolled in one of the following plans for the 2024 plan year and you do not wish to be automatically enrolled in the US PPO medical option, the Kaiser Permanente No. CA medical option, or the Shell Medicare Advantage PPO medical option (as applicable) for the 2025 plan year: Aetna Health Network Only (HNO) Open Access, BCBS of Alabama – PPO, or Kaiser USW Medicare Advantage Plan medical options.
- You need to update your dependent information. Remember you are required to provide a Social Security number for each enrolled dependent. You will also be required to provide information verifying dependent eligibility upon request from Health Management Systems, Inc. (HMS) (a Gainwell Technologies company).
- A covered dependent has recently become Medicare-eligible due to a disability. In this case, you must promptly notify the Shell Benefits Service Center and provide the Medicare Beneficiary Identifier (MBI).

IMPORTANT! Be sure to verify new dependents



If you add any new dependents during Annual Enrollment, or during any qualified status change, HMS (a Gainwell Technologies company) will send a notification to the primary email address listed in your NetBenefits profile requesting information to verify the eligibility of those dependents (for example, a marriage or birth certificate). **You must provide the requested information within 90 days of enrolling the new dependent.** Failure to follow the instructions in a timely manner will result in a loss of coverage for your newly enrolled dependents, and you will not be eligible to enroll your dependents or make any changes to benefits coverage until the next Annual Enrollment period.

ATTENTION!



If your Shell Pension Plan benefit was transferred to The Prudential Insurance Company of America earlier this year, it is particularly important to review your benefit elections for 2025. Some participants experienced an impact to their retiree health coverage in connection with the Prudential transaction in mid-2024, so you should ensure the benefits that automatically populate in NetBenefits for your 2025 coverages are what you intend them to be. Please reach out to the Shell Benefits Service Center with any questions.

How to Enroll



Online

Step 1: Log on to www.netbenefits.com and enter your username and password.

Step 2: On the home page, click on the *Take action* notification for Annual Enrollment to find your costs and benefit options and to enroll or decline coverage.

Step 3: Be sure to select *Save & Submit* on the *Benefit Elections* page. **Your elections will not be saved unless you select *Save & Submit*.** You will see a confirmation screen when your elections are final. Please note the confirmation number and print the page for your records. If we have your email address on file, you will receive an email notification when you have successfully completed your enrollment. To add or update your email, click on the *Profile* tab, then *Email Address* on NetBenefits.



By Phone

If you do not have online access, call the Shell Benefits Service Center toll-free at **1-800-30 SHELL (1-800-307-4355)**, Monday through Friday (excluding New York Stock Exchange holidays) between 7:30 a.m. and 7:00 p.m. Central time, to speak with a Service Representative who will take your elections.

Check your elections

Log on to www.netbenefits.com and review the *Benefit Elections* page, even if you do not want to make any changes to your benefits for 2025.



Important information required for retirees

Shell is required by law to capture certain information for all plan participants, including dependents. Here is what we need:



- **Medicare Beneficiary Identifier (MBI):** Medicare-eligible retirees and dependents are required to provide us with their MBI, which appears on the front of your Medicare card. If you have not provided it, please call the Shell Benefits Service Center promptly to do so. Delay in providing your MBI could impact your medical plan enrollment.
- **Physical street address or rural route address:** If your current mailing address of record with Shell is a P.O. Box, call the Shell Benefits Service Center to provide a physical street or rural route address. While we will not use it to mail communications to you, it is required by the Centers for Medicare & Medicaid Services (CMS) for all Medicare-eligible participants.
- **Social Security number (SSN) for your dependents:** If you do not have an SSN for a covered dependent, please obtain one from the Social Security Administration as soon as possible. To add your dependent's SSN, log on to www.netbenefits.com and select the *Health & Insurance* section or contact the Shell Benefits Service Center.

What's New for 2025

These changes are effective January 1, 2025. Review the rest of this guide to better understand these changes and other benefit programs available in 2025.

90-day deadline for verifying new dependents	If you add any new dependents during Annual Enrollment, you must provide information to verify the eligibility of those dependents within 90 days. You will receive a notification to the primary email address listed in your NetBenefits profile from HMS (a Gainwell Technologies company) requesting the information. If you do not provide the requested information within 90 days, your newly enrolled dependents will lose benefits coverage, and you will not be eligible to enroll your dependents or make any changes to benefits coverage until the next Annual Enrollment period. The 90-day verification deadline also applies to any dependents added outside of Annual Enrollment as a result of a qualified status change.
The following changes apply to non-Medicare-eligible participants:	
Virtual primary care through Included Health	For non-Medicare-eligible participants enrolled in the US PPO and US HDHP medical options, you will have access to virtual primary care through Included Health. For just a \$5 copay per visit (after deductible under the US HDHP medical option), you will be able to connect virtually with a doctor from your phone or computer. You can schedule regular check-ups, receive medical advice, get prescriptions, and manage chronic conditions without an in-person doctor visit. See the box on page 10 for more information.
Medical plan design changes	<p>In-network and out-of-network deductibles will increase under the US HDHP medical option. Deductibles, out-of-pocket maximums, and some copays/coinsurance will increase under the US PPO medical option (in-network and out-of-network). See the Medical Coverage Comparison Chart beginning on page 7 for details of in-network coverage under the three non-Medicare-eligible medical options administered by UnitedHealthcare (UHC) and a high-level overview of out-of-network benefits in the chart at the bottom of page 9. Benefit amounts listed in red/bold on both charts are changes effective January 1, 2025.</p> <p>Given these changes, new medical ID cards will be issued in late December or early January if you are enrolled in the US PPO or US HDHP medical options for non-Medicare-eligible participants. If you want to print an ID card, log in to myuhc.com and click "View and Print Member ID Cards." The ID card will appear on the next screen and then click "Print ID Card."</p>
Medical plan coverage changes	Under the US PPO, US HDHP, and Kelsey-Seybold Greater Houston medical options for non-Medicare-eligible participants, outpatient biofeedback will no longer be covered. In addition, under the US HDHP medical option, emergency ambulance will be \$0 AFTER the deductible is met.
Medical out-of-network benefit changes	When you do not use a UnitedHealthcare (UHC) or Optum Behavioral Health network provider, the US PPO and US HDHP medical options for non-Medicare-eligible participants will determine out-of-network benefits based on the Naviguard criteria, which will replace Outlier Cost Management (OCM).
RethinkCare for neurodiverse participants	Non-Medicare-eligible participants in the US PPO, US HDHP, and Kelsey-Seybold Greater Houston medical options will have access to RethinkCare, which offers professional resilience and parental success solutions at no cost to you.
Medical plans no longer being offered*	<p>The Aetna Health Network Only (HNO) Open Access and BCBS of Alabama – PPO medical plan options for non-Medicare-eligible participants will no longer be offered.</p> <p>If you are a non-Medicare-eligible participant currently enrolled in one of these medical plan options, and you do not make a medical plan election during Annual Enrollment, you will be automatically enrolled into the US PPO medical option for 2025. If you enroll in another medical plan option for which you are eligible, you are encouraged to review the prescription drug formulary for the new medical plan option in advance to determine if there will be an impact to your medication(s) and then discuss the transition with your physician.</p>

* The closure of these plans may impact families currently enrolled in "bundled medical plans" that have both Medicare-eligible and non-Medicare-eligible participants. For more information, please see the box on page 6 called "Bundled medical plans" and refer to your medical plan options on NetBenefits.

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What's New for 2025 (continued)

The following changes apply to Medicare-eligible participants:	
MAPPO/Medicare Complementary options design changes	New U.S. federal regulations will change for the entire Medicare industry in 2025. These changes include how the Centers for Medicare & Medicaid Services (CMS) funds Medicare Advantage plans, as well as updates to Medicare Part D Prescription Drug Coverage, as required by the federal Inflation Reduction Act (IRA). In connection with these federal changes, certain deductibles, out-of-pocket maximums, and copays will be adjusted for 2025 under the Shell Medicare Advantage PPO option and the Shell Medicare Complementary option. Details are on pages 13 – 17, with benefit changes effective January 1, 2025, listed in red/bold in the chart.
Pharmacy Benefit Manager change for KelseyCare Advantage Plan	The Pharmacy Benefit Manager (PBM) for prescription drug coverage under the KelseyCare Advantage Plan Greater Houston option will change from CVS Caremark to Optum Rx. Details are available on page 14.
Medical plan closing to new participants	The Aetna Louisiana Medicare Advantage plan will be closed to new enrollments. All current participants may remain enrolled, but if you elect to disenroll during Annual Enrollment, you will not be able to re-enroll in this plan in the future.
Medical plans no longer being offered*	<p>The Kaiser USW Medicare Advantage plan[†] and the BCBS of Alabama – PPO for Medicare-eligible participants will no longer be offered as medical plan options. If you are currently enrolled in one of these medical plan options and you do not make a medical plan election during Annual Enrollment, you will be automatically enrolled into the Shell Medicare Advantage PPO option for 2025.</p> <p>[†] There are no changes to the availability and eligibility rules for non-USW Kaiser Medicare plans. Be sure to check NetBenefits to confirm your eligibility for Kaiser plan options.</p>

* The closure of these plans may impact families currently enrolled in “bundled medical plans” that have both Medicare-eligible and non-Medicare-eligible participants. For more information, please see the box on page 6 called “Bundled medical plans” and refer to your medical plan options on NetBenefits.

Be Well @ Shell Program Updates

Through the voluntary and confidential Be Well @ Shell (BW@S) Program, you can participate in activities and programs to improve or maintain your health and wellbeing while earning a discount on your medical premiums (the participating retiree and their spouse/domestic partner, if applicable, must both be non-Medicare eligible to receive the premium discount).



New Rally App and Website

As part of the BW@S program, non-Medicare eligible participants can log in to their Rally account and earn Rally coins by completing educational and/or wellness activities. The coins can be redeemed towards discounts on the Rally Marketplace, sweepstakes entries, and/or donations to a charity. Rally is getting a refresh with a new app and website that will allow you to log in faster and receive more personalized recommendations. Look for the refreshed app in the app store or log in to your Rally account at www.bewellatshell.com.

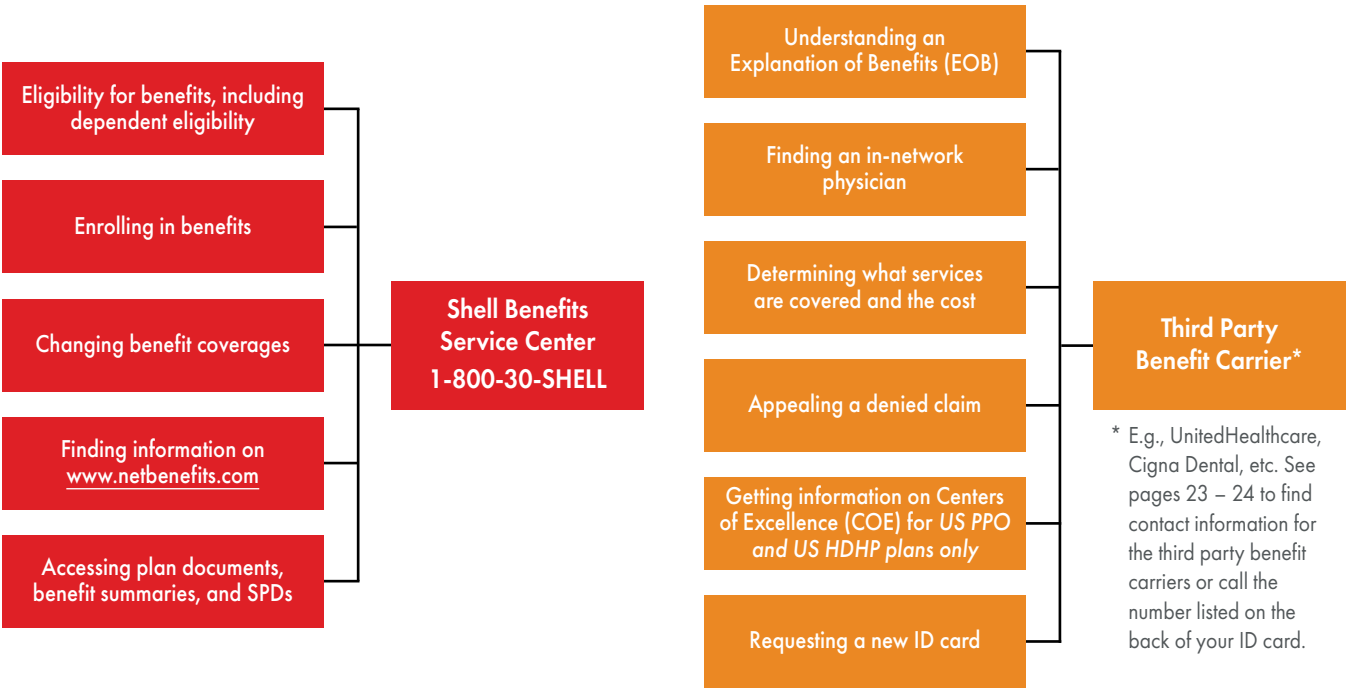
Please refer to the 2025 BW@S Program Guide for more details, which will be available at www.bewellatshell.com in early 2025. If you have any questions, call the Optum Support team at 1-877-440-0367.

Your Map to Shell US Benefits Help

When it comes to benefits, it can be hard to know who to contact in certain situations. Knowing the right questions to ask, finding clear answers, resolving disputes, or escalating your matter (when needed) can seem challenging. Shell has partnered with benefits experts to provide you with live phone support and online resources to find important benefits information. You can always access information about plan benefits, including Summary Plan Descriptions (SPDs) and benefit summaries, at www.netbenefits.com.

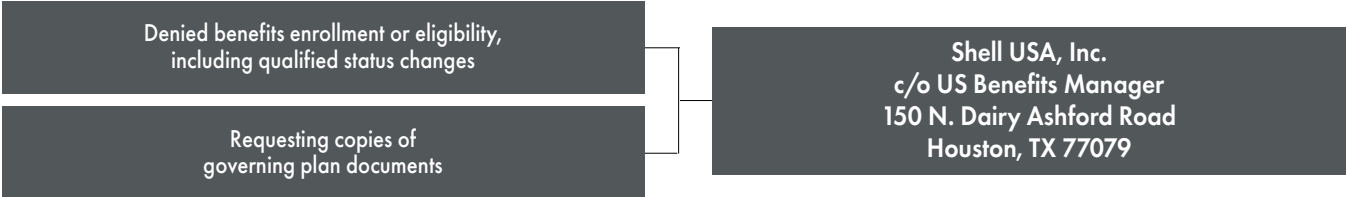
Please keep in mind that our benefit plans must be administered according to the written plan rules under US governing law, so exceptions to those rules cannot be approved through escalations or appeals to the plan carrier or Shell Human Resources.

Here’s who to contact when you need help with:



If you wish to dispute a denial, you must follow a specific process as outlined in the “Claims and Appeals” section of the Summary Plan Description (SPD), available at www.netbenefits.com. You should contact the Plan Administrator for eligibility and enrollment claims and appeals for the following benefit plans: Medical, Dental, and Vision.

Here’s who to contact when you need help with:



2025 Shell Retiree Healthcare Highlights and Costs

Medical

Shell's retiree medical coverage offers you a choice of comprehensive options so you can select the plan that makes the most sense for you and your family. The medical plans available to you depend on whether you or your covered family members are eligible for Medicare.

Separate Enrollment for Medicare-Eligible and Non-Medicare-Eligible Participants

If you and your covered dependents consist of both Medicare-eligible and non-Medicare-eligible individuals, here is how you will elect medical coverage during Annual Enrollment:

- Medicare-eligible participants must enroll in a plan for Medicare-eligible participants and non-Medicare-eligible participants must enroll in a plan for non-Medicare-eligible participants. You (the retiree) will still complete the entire enrollment on www.netbenefits.com (or by phone).
- There are separate medical premium rates for Medicare-eligible coverage and non-Medicare-eligible coverage. However, once your enrollment is complete, you will see a total monthly medical premium for all family members.
- For non-Medicare-eligible plans, there are three coverage levels specific to the participants enrolled in those plans. If you (the retiree) are Medicare-eligible but one or more of your dependents is non-Medicare-eligible, you will enroll your dependent(s) in "Spouse/Domestic Partner Only," "Child(ren) Only," or "Spouse/Domestic Partner + Child(ren)" coverage.
- The medical premium rate structure for Medicare-eligible plans will have a monthly cost **per Medicare-eligible participant**. Your monthly premium will be a "Per Participant" cost. If you enroll more than one participant in a Medicare-eligible plan, you will pay the "Per Participant" cost for each enrollee.



Bundled medical plans

In some cases, you may be required to choose corresponding plans for both Medicare-eligible and non-Medicare-eligible participants, based primarily on the plan administrators of the medical plans. We call these "bundled plans." For example, if you are Medicare-eligible and your spouse/domestic partner is non-Medicare-eligible and you enroll yourself in the Shell Medicare Advantage PPO administered by UnitedHealthcare (UHC), you must enroll your spouse/domestic partner in one of the "bundled" UHC-administered non-Medicare-eligible plans (US PPO plan, US HDHP plan, or Kelsey-Seybold Greater Houston plan).



Refer to your medical plan options on NetBenefits to see if the option you wish to enroll in is "bundled" with any other plans.

2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

Medical Plans for Non-Medicare-Eligible Participants

Non-Medicare-eligible individuals can choose to enroll in one of the medical plan options listed in the chart below. The plans are administered by UnitedHealthcare (UHC). Additional regional options may be available based on your home ZIP code. If you are eligible for other options, you will find those on NetBenefits. Benefit amounts listed in **red/bold** are changes effective January 1, 2025.

Medical Coverage Comparison Chart for Non-Medicare-Eligible Participants

Key Provisions	US HDHP (In-Network)	US PPO (In-Network)	Kelsey-Seybold Greater Houston*
Annual deductible	<ul style="list-style-type: none"> ▪ \$1,750 per person ▪ \$3,500 family** (includes prescription drug costs)	<ul style="list-style-type: none"> ▪ \$400 per person ▪ \$800 family 	<ul style="list-style-type: none"> ▪ \$150 per person ▪ \$300 family
Annual out-of-pocket maximum	<ul style="list-style-type: none"> ▪ \$5,000 per person*** ▪ \$10,000 family (includes deductible, prescription drug costs, and other eligible expenses covered by the plan)	<ul style="list-style-type: none"> ▪ \$5,000 per person*** ▪ \$10,000 family (includes deductible, prescription drug costs, and other eligible expenses covered by the plan)	<ul style="list-style-type: none"> ▪ \$2,500 per person*** ▪ \$5,000 family (includes deductible, prescription drug costs, and other eligible expenses covered by the plan)
Office visits			
Preventive	You pay \$0 (no deductible)	You pay \$0 copay	You pay \$0 copay
Included Health Virtual Primary Care	You pay \$5 copay (after deductible)	You pay \$5 copay	N/A
Primary care	You pay 10% coinsurance (after deductible) — for non-preventive office visits	You pay \$35 copay	You pay \$25 copay
Specialists	You pay 20% coinsurance (after deductible) — for non-preventive office visits	You pay \$75 copay	You pay \$40 copay
UHC virtual providers	You pay 10% coinsurance (after deductible) — for non-preventive office visits	You pay \$15 copay	You pay \$10 copay
Access UHC virtual providers at www.myUHC.com or on the UHC app			

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* Available to residents of the Greater Houston/Gulf Coast area who reside in eligible ZIP codes.

** See page 11 for details on deductibles.

*** Once the individual out-of-pocket maximum has been met, covered services for that individual will be paid at 100%.

Notes on medical coverage:

- Prior authorization for services may be required. Please contact the carrier for more information.
- Coverage information pertains only to in-network providers; coverage for out-of-network providers is generally reduced.
- Copay amounts do not apply to the annual deductible.



Additional information for each medical plan option is available in its Summary of Benefits and Coverage (SBC), viewable in the Reference Library on NetBenefits at www.netbenefits.com.

Remember that if you are considering a regional medical option, you should review the SBCs available on NetBenefits to check for any plan design changes. You can also contact the carrier directly if you have questions about coverage.

2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

Key Provisions	US HDHP (In-Network)	US PPO (In-Network)	Kelsey-Seybold Greater Houston
Hospital care			
Inpatient care	You pay 20% coinsurance (after deductible)	You pay \$300 copay and 20% coinsurance (after deductible)	You pay 15% (after deductible)
Outpatient care	You pay 20% coinsurance (after deductible)	You pay 20% coinsurance (after deductible)	Kelsey facility: you pay \$40 copay Non-Kelsey facility: you pay 15% (after deductible) for facility fees; you pay \$40 copay for physician/surgeon fees
Emergency room	You pay 20% coinsurance (after deductible)	You pay \$300 copay (waived if admitted)	You pay \$200 copay (waived if admitted)
Urgent Care	You pay 10% coinsurance (after deductible)	You pay \$30 copay	You pay \$50 copay
Ambulance	You pay \$0 for emergency ambulance services (after deductible)	You pay \$0 for emergency ambulance services	
Laboratory, Imaging, and Diagnostic Services			
Diagnostic: major imaging (MRI, CT scans, etc.)	You pay 20% coinsurance (after deductible)	You pay 20% coinsurance (after deductible)	Kelsey facility: you pay \$40 copay/test Non-Kelsey facility: you pay 15% coinsurance (after deductible)
Minor imaging/labs, X-rays, blood tests	You pay 20% coinsurance (after deductible), at hospital/inpatient, outpatient facility, or doctor's office	You pay 20% coinsurance (after deductible), at hospital/facility (inpatient/outpatient) You pay \$0 at doctor's office after office visit copay	You pay \$0 at doctor's office after office visit copay
Other			
Most other covered services	You pay 20% coinsurance (after deductible)	You pay 20% coinsurance (after deductible)	You pay 15% (after deductible)
Centers of Excellence (COE)	You pay \$0, with diagnosis (after deductible)	You pay \$0, with diagnosis (after deductible)	You pay \$0 for eligible oncology services at Kelsey-Seybold Cancer Center, with diagnosis You pay \$0 for eligible oncology services if diagnosed and referred to MD Anderson by a Kelsey-Seybold physician
Fertility lifetime maximums (after applicable deductible, copays, or coinsurance are paid)	\$25,000 lifetime maximum for fertility medical services and \$10,000 lifetime maximum for fertility prescription drugs, with infertility diagnosis	\$25,000 lifetime maximum for fertility medical services and \$10,000 lifetime maximum for fertility prescription drugs, with infertility diagnosis	\$25,000 lifetime maximum for fertility medical services and \$10,000 lifetime maximum for fertility prescription drugs, with infertility diagnosis

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2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

Key Provisions	US HDHP (In-Network)	US PPO (In-Network)	Kelsey-Seybold Greater Houston
Prescription coverage (Administered by CVS Caremark)			
Preventive drugs <i>You are generally required to get maintenance medications through the CVS Caremark Maintenance Choice program</i>	Generic preventive drugs and insulin: you pay \$0 (no deductible) Brand preventive drugs: you pay 10% coinsurance (no deductible)	No special provision for preventive drugs	No special provision for preventive drugs
Specialty drugs	\$0 copay, after deductible, through PrudentRx; you pay 25% coinsurance (maximum of \$500), after deductible, for specialty drugs excluded from PrudentRx	\$0 copay through PrudentRx; up to \$150 copay for specialty drugs excluded from PrudentRx	\$0 copay through PrudentRx; up to \$125 copay for specialty drugs excluded from PrudentRx
Other prescription drugs <i>You are generally required to get maintenance medications through the CVS Caremark Maintenance Choice program</i>	Retail (up to a 34-day supply) <ul style="list-style-type: none"> Generic: you pay 10% coinsurance, after deductible Preferred brand: you pay 20% coinsurance, after deductible, up to a maximum of \$100 Non-preferred brand: you pay 35% coinsurance, after deductible, up to a maximum of \$200 Mail (up to a 90-day supply) <ul style="list-style-type: none"> Generic: you pay 10% coinsurance, after deductible Preferred brand: you pay 20% coinsurance, after deductible, up to a maximum of \$200 Non-preferred brand: you pay 35% coinsurance, after deductible, up to a maximum of \$400 	Retail (up to a 34-day supply) <ul style="list-style-type: none"> Generic: you pay \$7 copay Preferred brand: you pay \$60 copay Non-preferred brand: you pay \$100 copay Mail (up to a 90-day supply) <ul style="list-style-type: none"> Generic: you pay \$15 copay Preferred brand: you pay \$150 copay Non-preferred brand: you pay \$250 copay 	Retail (up to a 34-day supply) <ul style="list-style-type: none"> Generic: you pay \$7 copay Preferred brand: you pay \$55 copay Non-preferred brand: you pay \$80 copay Mail (up to a 90-day supply) <ul style="list-style-type: none"> Generic: you pay \$15 copay Preferred brand: you pay \$100 copay Non-preferred brand: you pay \$125 copay

If you choose out-of-network providers, the benefits below will apply. Benefit amounts in **red/bold** are changes effective January 1, 2025.

	US HDHP (Out-of-Network)	US PPO (Out-of-Network)
Annual deductible	<ul style="list-style-type: none"> \$2,625 per person \$5,250 family* 	<ul style="list-style-type: none"> \$1,500 per person
Annual out-of-pocket maximum	<ul style="list-style-type: none"> \$10,000 per person \$20,000 family 	<ul style="list-style-type: none"> \$10,000 per person \$20,000 family
Preventive office visits	You pay 50% (no deductible)	You pay 50% (no deductible)
Emergency room	You pay 20% (after deductible) or 50% (after deductible) for non-emergent use	You pay \$300 copay (waived if admitted)
Other covered services	You pay 50% (after deductible)	You pay 50% (after deductible)

* See page 11 for details on deductibles.

2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

NEW! Virtual Primary Care through Included Health

For just a \$5 copay per visit (after deductible under the US HDHP medical option), you can connect with a doctor from your phone or computer from anywhere in the US, anytime. This virtual primary care is provided through Included Health for non-Medicare-eligible participants in the US PPO and US HDHP medical options. You and your dependents can schedule regular check-ups, receive personalized medical advice, and manage chronic conditions without the need for in-person visits.

\$5
copay

Included Health's virtual primary care is more expansive than the regular UHC virtual providers for acute care needs like sinus infections, pink eye, skin rashes, etc. Use Included Health's virtual primary care to:

- See a dedicated primary care doctor for annual screenings, treatment for chronic conditions, and more.
- Get urgent care with 24/7/365 access to board-certified providers.
- See a licensed therapist online for mental health support when you need it.
- See a board-certified psychiatrist for medication management or new diagnoses.
- Get prescriptions sent to the local pharmacy of your choice.



To access virtual primary care beginning January 1, 2025, download the Included Health app or visit includedhealth.com/shell and register your account.

NEW! RethinkCare

RethinkCare offers professional resilience and parental success solutions at no cost to you.

Professional resilience trains you for future work and prepares you to collaborate effectively with your neurotypical and neurodiverse colleagues. Through parental success, parents/caregivers can access resources to help raise children with developmental and learning challenges be more confident and resilient, or to consult with board-certified behavior analysts for assistance. Non-Medicare-eligible participants in the US PPO, US HDHP, and Kelsey-Seybold Greater Houston medical options are eligible. To enroll, go to connect.rethinkcare.com/sponsor/Shell and use Enrollment Code **ShellUSA** or email support@rethinkcare.com.



NEW! Calm App

One of the most popular wellness apps, Calm, is available at no cost to you. Use the Calm app to better manage stress, get better sleep, and relieve anxiety. It includes tools such as sleep stories read by celebrities, soothing natural soundscapes, meditations, and breathing exercises.



Non-Medicare-eligible participants in the US PPO, US HDHP, and Kelsey-Seybold Greater Houston medical options are also eligible for Calm Health, which will give you access to Calm app's most popular content including personalized recommendations based on your goals, topics of interest, and conditions.

Learn more at liveandworkwell.com. Log in or create a HealthSafe ID to get started.

Specialized Management Solutions (SMS)

SMS offers support for specialty and outpatient surgical care needs to non-Medicare-eligible participants in the US PPO or US HDHP medical options. When you need surgery or other outpatient procedures (e.g., endoscopy or colonoscopy), an SMS care advocate will help you find a specialist, schedule an appointment, or connect you with a surgery center or Center of Excellence. Call **1-800-752-8982** and ask about SMS.



2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

Medical Cost Chart — Monthly Premiums for Non-Medicare-Eligible Plans

The Shell-sponsored medical plan options are primarily self-insured, and the monthly premiums reflect the collective claims experience of our enrolled retirees and their families. The monthly premiums below reflect the maximum available Company subsidy. Your specific monthly premiums, including premiums for any regional options for which you may be eligible, are available at www.netbenefits.com.

For regional medical plans, we have done our best to obtain the lowest possible premiums. However, please recognize these are driven by your regional market and a broader set of medical plan participants as deemed and underwritten by the relevant carrier. Please contact the Shell Benefits Service Center with questions about your monthly premiums and/or Company subsidy. If you have questions about the overall premium changes for your regional plan, please contact the carrier directly (see pages 23 – 24 or the number on your ID card for contact information).

Medical Plan	Participant Only	Participant + Child(ren)	Participant + Spouse/ Domestic Partner	Family	Spouse/ Domestic Partner Only	Child(ren) Only	Spouse/ Domestic Partner + Child(ren)
US HDHP	\$182.73	\$350.84	\$402.00	\$497.02	\$182.73	\$168.11	\$350.84
US PPO	\$224.81	\$431.64	\$494.59	\$611.49	\$224.81	\$206.83	\$431.64
Kelsey-Seybold Greater Houston *	\$202.33	\$388.48	\$445.13	\$550.34	\$202.33	\$186.15	\$388.48

Premiums do not reflect any discounts earned through participation in the Be Well @ Shell Program.

* Available to residents of the Greater Houston/Gulf Coast area who reside in eligible ZIP codes.

High Deductible Health Plan (HDHP)

Under the US HDHP plan, with the exception of in-network preventive care that is covered at 100%, you must reach the annual deductible before the plan will help pay non-preventive health care costs.

A note about US HDHP plan deductibles

If you enroll one or more dependents in the US HDHP plan, the family deductible must be met in order for each participant's plan coinsurance to commence. The amount can be met by either one family member or any combination of covered family members.



When deciding if the US HDHP plan is right for you, you will want to think about how much medical care you and your family expect to need. Consider that the US HDHP plan has:

- **Lower monthly premiums:** Since preventive care is covered at 100%, if you go to the doctor for mostly preventive care or do not anticipate costly medical care, the lower premiums with the US HDHP plan may help you save money.
- **Higher deductibles:** If you need more than preventive care or have a chronic health condition, it is important to consider that, with the exception of preventive care, you will have to pay the entire deductible before the plan begins to help pay covered costs.

2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

Medical Plans for Medicare-Eligible Participants

In general, if you and/or your dependent(s) are age 65 or older, or disabled with Medicare eligibility, you can choose to enroll in the Shell Medicare Advantage PPO option, the KelseyCare Advantage Plan Greater Houston option (if you live in the Greater Houston/Gulf Coast area) or, depending on where you live, you may be eligible for a regional Medicare Advantage plan. If you are eligible for a regional Medicare Advantage plan, you will find information about it on NetBenefits.

Enrolling in a Medicare-Eligible Plan

To enroll in a Medicare Advantage plan, you must be enrolled in Medicare Part A (hospital) and Medicare Part B (physician). Enrollment in Medicare Part A is automatic and Shell plan participants are automatically enrolled in Medicare Part D (prescription drug). **You should apply for Medicare Part B coverage for yourself and/or any covered dependents at least three months before the date you or your covered dependents become Medicare-eligible.**

Attention — You must provide Medicare information to enroll in coverage



Medicare-eligible participants (retirees, spouses/domestic partners, and other covered dependents) must provide the following information to the Shell Benefits Service Center before we can approve your enrollment in medical coverage:

- Your Medicare Beneficiary Identifier (MBI), which can be found on your Medicare card.
- The start dates for your Medicare Part A (hospital) and Medicare Part B (physician) coverages.
- Your physical mail address or rural route address (P.O. boxes are not accepted).

If this information is not provided to the Shell Benefits Service Center in a timely manner, your enrollment in medical coverage could be delayed.

If your enrollment in the Shell Medicare coverage options is denied by Medicare, you will receive notifications from the Shell Benefits Service Center and UnitedHealthcare. If you do not take action, you will not be enrolled in a Shell Medicare-eligible plan. Instead, you may be enrolled in the US PPO (or, if you have non-Medicare-eligible dependents already enrolled in Shell coverage, the same plan as your dependents), and you will not have an opportunity to change your enrollment until the next annual enrollment period or following a qualified status change. If you opt out of Shell Medicare coverage for an individual Medicare Advantage or Part D plan and you have dependents, their Shell medical coverage will also end. However, they may be able to continue coverage through COBRA.



2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

Federal Changes to Medicare Part D Prescription Drug Coverage that affects Medicare plans

New U.S. federal regulations will result in updates to Medicare Part D prescription drug coverage in 2025, as required by the federal Inflation Reduction Act (IRA). The IRA changes Medicare Part D coverage in three primary ways:

- The coverage gap stage or “donut hole” will be eliminated.
- The updated drug stages will be: 1) deductible stage, 2) initial coverage stage, and 3) catastrophic coverage stage. The 2025 annual out-of-pocket limit for Medicare-covered Part D prescription drug costs will be \$2,000. That means that after you have paid a total of \$2,000 for your Medicare-covered Part D drugs, you will move from the initial coverage stage to the catastrophic coverage stage.
- You can sign up for a Medicare prescription payment plan to help spread the cost of your Medicare-covered Part D prescriptions throughout the year. You can opt into the Medicare prescription payment plan online at retiree.uhc.com/shell, by mail, or by calling UnitedHealthcare at 1-866-413-2864 (Shell Medicare Advantage PPO option) or 1-888-831-2654 (Shell Medicare Complementary option). To learn more about the Medicare prescription payment plan for the KelseyCare Advantage Plan Greater Houston option, call Kelsey-Seybold at 1-800-707-8194. If you are enrolled in a regional Medicare plan option, please contact your plan carrier for information.

Why is this happening?

These changes are required in 2025 as part of the Inflation Reduction Act (IRA) that was passed in 2022.

How does the \$2,000 annual out-of-pocket limit work?

Starting January 1, 2025, what you pay for your Medicare-covered Part D prescriptions will count toward the \$2,000 annual out-of-pocket limit. Once you reach the out-of-pocket limit, you will enter the catastrophic coverage stage, and covered Part D drugs will have a \$0 cost-share for the rest of the year. The out-of-pocket limit applies only to prescriptions covered by Medicare Part D. Non-Part D drugs, such as those on the bonus drug list and Part B drugs, are excluded.

What is the Medicare prescription payment plan?

The Medicare prescription payment plan can help you manage your spending by spreading your out-of-pocket costs out over the year. **This program does not lower prescription drug costs.** The payment plan only applies to prescriptions covered by Medicare Part D. Non-Part D drugs and Part B drugs are excluded.

How does the Medicare prescription payment plan work?

If you opt into the plan, you will not pay the pharmacy when you fill a Medicare-covered Part D prescription. Your plan will pay the pharmacy on your behalf and send you a monthly bill. Your bill will be based on the cost of your prescriptions divided by the number of months left in the year. You will receive a separate bill for your monthly plan premium (if applicable). You can learn more about the plan online at retiree.uhc.com/shell or by calling UnitedHealthcare at 1-866-413-2864 (Shell Medicare Advantage PPO option) or 1-888-831-2654 (Shell Medicare Complementary option). To learn more about the Medicare prescription payment plan for the KelseyCare Advantage Plan Greater Houston option, call Kelsey-Seybold at 1-800-707-8194. If you are enrolled in a regional Medicare plan option, please contact your plan carrier for information.



Please look for the 2025 Annual Notice of Changes and plan summary materials, which will be distributed by your plan carrier, for complete details on how these changes will affect your coverage.

2025 Shell Retiree Healthcare Highlights and Costs (continued)

New Pharmacy Benefit Manager for Prescription Drug Coverage under the KelseyCare Advantage Plan Greater Houston

Effective January 1, 2025, the Pharmacy Benefit Manager (PBM) for prescription drug coverage under the KelseyCare Advantage Plan Greater Houston option will change from CVS Caremark to Optum Rx.

- If you continue to be enrolled in this plan for 2025, you will automatically receive a new medical ID card that you must use beginning January 1. Please dispose of your old ID card after December 31, 2024, and ensure your pharmacy has your updated information effective January 1, 2025.
- Out-of-pocket copays for prescription medications will continue to be lowest when purchased at Kelsey Pharmacy, CVS Pharmacy, and H-E-B Pharmacy locations (including mail order). You can fill prescriptions at another retail pharmacy, but the copay will be slightly higher.
- The new toll-free phone number for questions about prescription drug coverage or the KelseyCare Advantage formulary is 1-800-707-8194. To find in-network pharmacies and to review the prescription drug formulary, go to www.kelseycareadvantage.com/shell, or you may utilize the Optum Rx website at www.optumrx.com.
- If you are currently enrolled in the KelseyCare Advantage Plan Greater Houston option and you maintain your enrollment in 2025, you may receive a termination notice from CVS Caremark. **You may disregard this notice as you will be automatically enrolled in prescription drug coverage with Optum Rx effective January 1, 2025.**

Where to Get Prescription Drug Information for Medicare-Eligible Participants

The chart below shows who to contact with questions about prescription drug coverage for the Medicare-eligible plans, including in-network pharmacies and prescription drug formularies. Additional details are available in the Summary Plan Description (SPD), available on NetBenefits.

Medical Plan	Prescription Drug Administrator	Phone Number	Website
Shell Medicare Advantage PPO option	Optum Rx (UnitedHealthcare)	1-866-413-2864	retiree.uhc.com/shell
KelseyCare Advantage Plan Greater Houston	Optum Rx (KelseyCare Advantage)	1-800-707-8194	www.kelseycareadvantage.com/shell
Shell Medicare Complementary option (closed to new entrants)	Optum Rx (UnitedHealthcare)	1-844-600-7913	retiree.uhc.com/shellmedcomprx



2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

Medical Coverage Comparison Chart for Medicare-Eligible Participants

Key Provisions	Shell Medicare Advantage PPO Option (In-Network)	KelseyCare Advantage Plan Greater Houston *
Highlights	The Shell Medicare Advantage PPO option offers broad national provider access. Unlike traditional PPO plans, you pay the same copay or coinsurance whether you seek care from an in-network or out-of-network medical provider, as long as the provider accepts the plan and has not opted out of Medicare.	The KelseyCare Advantage Plan Greater Houston option provides open access to all primary care and specialist providers as well as to all 40+ Kelsey locations. No referrals are required within Kelsey-Seybold Clinic. It is offered to residents in most of the Greater Houston/Gulf Coast area.
Annual deductible	\$0 in addition to the Medicare Parts A and B deductibles	\$0 in addition to the Medicare Parts A and B deductibles
Annual medical out-of-pocket maximum	An annual medical combined in-network and out-of-network out-of-pocket maximum of \$4,000	An annual medical out-of-pocket maximum of \$3,400
Office visits		
Preventive	You pay \$0	Covered at 100%, no copay
Primary care visits	\$15 copay	\$0 copay (in-office or virtual)
Specialty visits	\$50 copay	\$20 copay for office visit; \$15 copay for virtual visit
Hospital/urgent care services		
Inpatient care	\$500 per stay	\$250 per stay
Outpatient care	20% coinsurance	<ul style="list-style-type: none"> \$225 copay per ambulatory surgical center visit \$250 copay per outpatient hospital facility visit
Emergency care	\$135 copay (waived if admitted)	\$75 copay (waived if admitted)
Urgent care	\$35 copay (waived if admitted)	\$35 copay
Ambulance	\$150 copay	\$100 copay
Alternatives to hospital care		
Skilled nursing facility	\$0 copay per day: days 1 – 20; \$80 copay per additional day up to 100 days	\$0 copay per day: days 1 – 20; \$125 copay per additional day up to 100 days
Private duty nursing	\$5,000 limit per plan year for private duty nursing services	\$5,000 limit per plan year for private duty nursing services
Mental health care		
Inpatient	\$500 copay per stay (up to 190 days)	\$250 copay per stay
Outpatient — group therapy	\$15 copay	\$0 copay
Outpatient — individual therapy	\$15 copay	\$0 copay
Virtual behavioral health	\$15 copay	\$15 copay

* Available to residents of the Greater Houston/Gulf Coast area who reside in eligible ZIP codes.

(continued)

2025 Shell Retiree Healthcare Highlights and Costs (continued)

Key Provisions	Shell Medicare Advantage PPO Option (In-Network)	KelseyCare Advantage Plan Greater Houston *
Benefits not covered by original Medicare		
Acupuncture	\$50 copay	\$20 copay (20 visits per year)
Routine foot care	\$50 copay (6 visits per year)	\$20 copay
Routine eye exam	\$0 copay (one per year)	\$0 copay (one per year)
Hearing aid allowance	\$500 every 3 years	\$500 per year for non-implantable hearing aids
Other		
Fitness program	Access to Renew Active® by UnitedHealthcare at no additional cost, which includes a gym membership at a fitness location you select from a nationwide network	N/A
Prescription coverage		
Pharmacy network	OptumRx participating retail pharmacies or mail order	Kelsey Pharmacy, CVS Pharmacy and H-E-B Pharmacy retail locations or mail order**
Annual prescription drug out-of-pocket maximum	\$2,000	\$2,000
Annual prescription drug deductible — Deductible Stage	\$590	\$0
Short-term (one month supply) — Initial Coverage Stage	<ul style="list-style-type: none"> Preferred generic (Tier 1): \$0 copay Preferred brand (Tier 2): 25% coinsurance Non-preferred drug (Tier 3): 25% coinsurance Specialty tier (Tier 4): 25% coinsurance 	<ul style="list-style-type: none"> Preferred generic/generic (Tiers 1 & 2): \$0 copay Preferred brand (Tier 3): \$40 copay Non-preferred brand (Tier 4): \$80 copay Specialty tier (Tier 5): 31% coinsurance
Maintenance medication (up to 90-day supply)/mail order — Initial Coverage Stage	<ul style="list-style-type: none"> Preferred generic (Tier 1): \$0 copay Preferred brand (Tier 2): 25% coinsurance Non-preferred drug (Tier 3): 25% coinsurance Specialty tier (Tier 4): 25% coinsurance 	<ul style="list-style-type: none"> Generic (Tiers 1 & 2): \$0 copay Preferred brand (Tier 3): \$100 copay Non-preferred brand (Tier 4): \$200 copay
Catastrophic Coverage Stage	\$0	\$0

* Available to residents of the Greater Houston/Gulf Coast area who reside in eligible ZIP codes.

** Copays are higher for prescriptions filled at other retail pharmacy locations besides Kelsey Pharmacy, CVS Pharmacy or H-E-B Pharmacy.

Notes on medical coverage:

- Prior authorization for services may be required. Please contact the carrier for more information.
- Copay amounts do not apply to the annual deductible.

Webinars about 2025 medical changes

To learn more about the changes to Shell's Medicare-eligible medical options for 2025, you can attend a Webinar. See these websites for details:

- For the Shell Medicare Advantage PPO option benefit changes, visit retiree.uhc.com/shell/enrollment-information.
- For the Shell Medicare Complementary option's prescription drug benefit changes, visit retiree.uhc.com/shellmedcomprx/enrollment-information.



2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

Shell Medicare Complementary Option

The Shell Medicare Complementary option is a Medicare-eligible option that is closed to new participants. Below is a high-level summary of the plan, with changes for 2025 in **red/bold**. Prescription coverage under the Shell Medicare Complementary option is the same as the coverage under the Shell Medicare Advantage PPO option as indicated in the chart on page 16, with changes in **red/bold** effective January 1, 2025.

Shell Medicare Complementary Option	
Annual deductible	\$400 per person
Annual medical out-of-pocket maximum	\$3,000 per person; \$6,000 family
Preventive office visits	You pay \$0 (no deductible)
Hospice care	You pay \$0 (no deductible)
Non-preventive office visits and other covered services	You pay 20% (after deductible)

You cannot double up



Medicare does not allow you to enroll in more than one Medicare Advantage plan or Medicare Part D prescription drug plan at a time. If you enroll in both the Shell Medicare Advantage PPO option and an individual Medicare Advantage plan or Part D plan, your enrollment in one of those plans will be terminated.

If your enrollment in the Shell Medicare coverage options is denied by Medicare, you will receive notifications from the Shell Benefits Service Center and UnitedHealthcare. If you do not take action, you will not be enrolled in the Shell Medicare coverage option. Instead, you may be enrolled into the US PPO (or if you have non-Medicare-eligible dependents already enrolled in Shell coverage, the same plan as your dependents), and you will not have an opportunity to change your enrollment until the next Annual Enrollment period or following a qualified status change. If you opt out of Shell Medicare coverage for a privately purchased Medicare Advantage or Medicare Part D plan and you have dependent(s), their Shell medical coverage will also end.

Don't opt out of prescription coverage



The government requires that we provide you with the opportunity to opt out of the OptumRx or KelseyCare Advantage prescription drug coverage annually. However, please be aware that your retiree medical coverage under the Shell Medicare Advantage PPO option, the Shell Medicare Complementary option (if you are currently enrolled in that plan), or the KelseyCare Advantage Plan Greater Houston option includes both medical and prescription drug coverage. **If you opt out of the OptumRx or KelseyCare Advantage prescription plan, you will lose both medical and prescription coverage.**

Before you choose to opt out, please call the Shell Benefits Service Center at **1-800-30 SHELL (1-800-307-4355)** to be sure you fully understand what happens when you opt out of prescription drug coverage.

2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

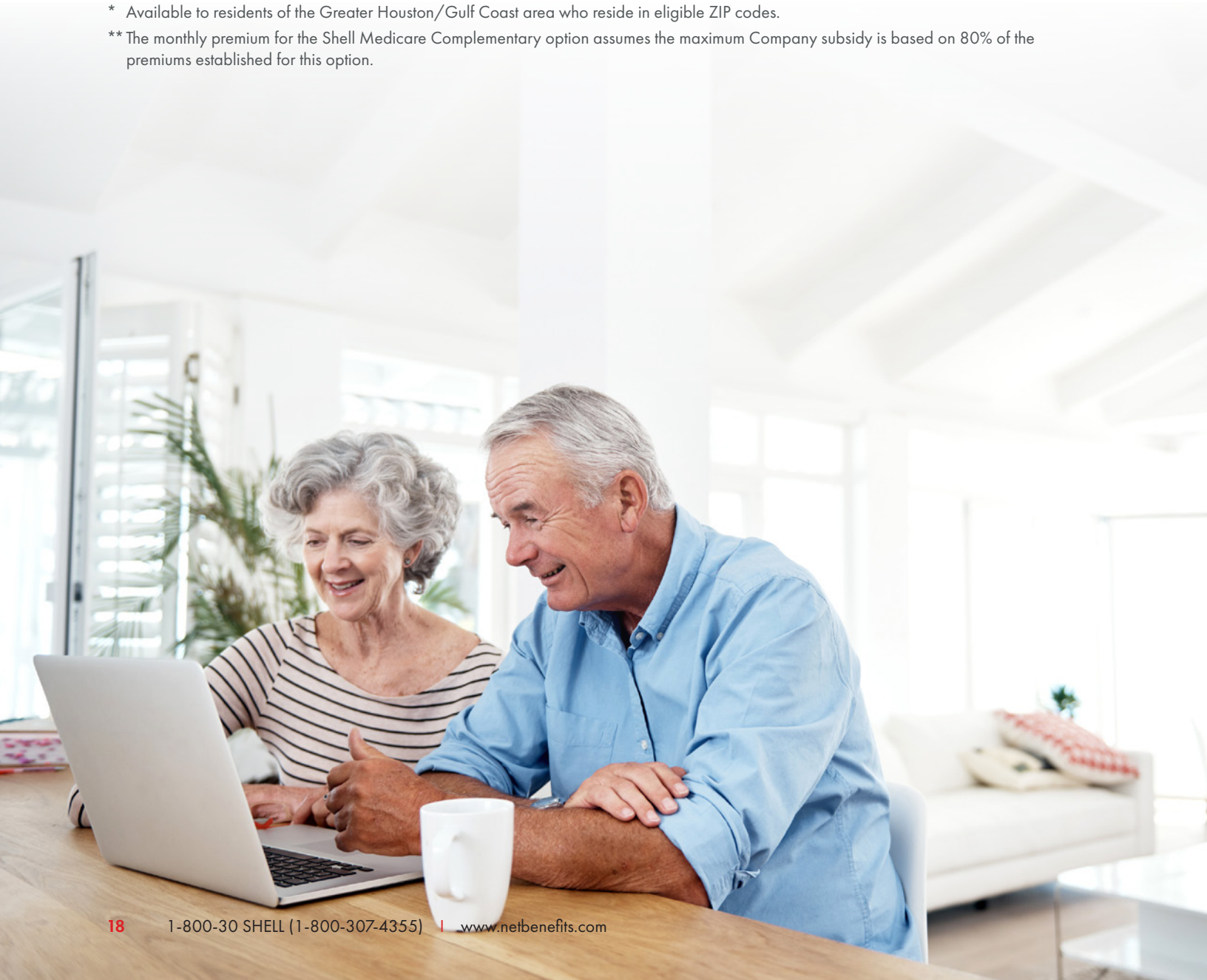
Medical Cost Chart — Monthly Premiums for Medicare-Eligible Plans (Per Participant)

The premium rate structure for Medicare-eligible plans is a **monthly cost per Medicare-eligible participant**. You will pay the cost below for each Medicare-eligible participant you enroll in coverage. Under this pricing structure, if you enroll both yourself and your spouse/domestic partner in a Medicare-eligible plan, your total monthly premium will be the cost below times two. If you are eligible for a Medicare Advantage HMO based on your home ZIP code, plan information and costs are available on NetBenefits. *Remember, you will enroll non-Medicare-eligible individuals in a non-Medicare-eligible plan, and they will have a separate monthly premium based on the cost chart on page 11.*

Medical Plan	Per Participant
Shell Medicare Advantage PPO option	\$44.02
KelseyCare Advantage Plan Greater Houston *	\$28.30
Shell Medicare Complementary option (closed to new enrollees)	\$81.26 **

* Available to residents of the Greater Houston/Gulf Coast area who reside in eligible ZIP codes.

** The monthly premium for the Shell Medicare Complementary option assumes the maximum Company subsidy is based on 80% of the premiums established for this option.



2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

Dental

To keep you smiling, the Shell dental plans promote and encourage preventive dental care and also provide benefits for essential dental services like fillings and dentures. Additional regional options may be available based on your home ZIP code. If you are eligible for other options, you will find those on NetBenefits.

Dental Coverage Comparison Chart

Key Provisions	Cigna Dental PPO		Cigna Dental HMO	
	Coverage	Services included in treatment	Coverage	Services included in treatment
Annual deductible	Individual: \$50 Family: \$100	N/A	N/A	N/A
Annual benefit maximum	\$2,000 per person	N/A	N/A	N/A
Preventive treatment <i>Preventive treatment does not apply to annual benefit maximum</i>	100%, no deductible	<ul style="list-style-type: none"> Oral evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride application Space maintainers: non-orthodontic Emergency care to relieve pain 	100%, no deductible for most diagnostic and preventive procedures*	<ul style="list-style-type: none"> Oral evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride application Space maintainers: non-orthodontic Emergency care to relieve pain
Basic treatment	80% after deductible	<ul style="list-style-type: none"> Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral surgery: minor Anesthesia: general and IV sedation Repairs: bridges, crowns, and inlays Repairs: dentures Denture relines, rebases, and adjustments Sealants: per tooth 	100%, no deductible for fillings; copays required for most other basic treatments*	<ul style="list-style-type: none"> Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral surgery: minor Anesthesia: general and IV sedation Repairs: bridges, crowns, and inlays Repairs: dentures Denture relines, rebases, and adjustments Sealants: per tooth
Major restorative	50% after deductible	<ul style="list-style-type: none"> Inlays and onlays Prosthesis over implant Crowns: prefabricated stainless steel/resin Crowns: permanent cast and porcelain Bridges and dentures Surgical implant 	See Benefit Summary which includes charge schedule, available on NetBenefits	<ul style="list-style-type: none"> Inlays and onlays Prosthesis over implant Crowns: prefabricated stainless steel/resin Crowns: permanent cast and porcelain Bridges and dentures Surgical implant*

(continued)

* Please refer to the Benefits Summary, available in the *Reference Library* on NetBenefits, for a complete listing of covered procedures and charges.

2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

Key Provisions	Cigna Dental PPO		Cigna Dental HMO	
	Coverage	Services included in treatment	Coverage	Services included in treatment
Orthodontic treatment	You pay 50% coinsurance	<ul style="list-style-type: none"> Coverage for retiree and all dependents Lifetime benefits maximum: \$2,000 per person 	See Benefit Summary which includes charge schedule, available on NetBenefits	Coverage for retiree and all dependents*
Cutting procedures	100% after \$50 deductible (not included in the Annual Benefit Maximum)	Oral surgery: major	See Benefit Summary which includes charge schedule, available on NetBenefits	Oral surgery: major*

* Please refer to the Benefits Summary, available in the *Reference Library* on NetBenefits, for a complete listing of covered procedures and charges.



Additional information about the dental plan options is available in the Benefits Summaries, viewable in the *Reference Library* on NetBenefits at www.netbenefits.com.

Dental Cost Chart — Monthly Premiums

Dental Plan	Participant Only	Participant + Child(ren)	Participant + Spouse/ Domestic Partner	Family
Cigna Dental PPO	\$ 49.49	\$131.15	\$ 98.98	\$180.64
Cigna Dental HMO	\$ 27.17	\$ 49.43	\$ 52.17	\$ 78.26

Virtual dental care

If you need dental assistance and are unable to reach your regular provider, Cigna Virtual Dental Care is available through The TeleDentists. It offers virtual dental consultations with board-certified dentists nationwide, 24/7, to assist you with dental emergencies and other oral health concerns like toothaches, infection, swelling, and more. You can access virtual dental care through myCigna.com.



Cigna DHMO providers

BEFORE you enroll in the Cigna Dental HMO option, you should confirm there is more than one DHMO dentist available in your geographic area. Providers can leave or join the DHMO network at any time, and you will not be able to change dental options outside of the Annual Enrollment period.



2025 Shell Retiree Healthcare Highlights and Costs *(continued)*

Vision

Healthy eyes are an important part of your overall health. The Shell Vision Care Plan, administered by Vision Service Plan (VSP), can reduce your costs for eye exams and prescription eyewear. When you receive services from a VSP provider, the plan will pay a larger share of expenses than when you use a non-VSP provider. Log in to vsp.com to find an in-network provider.

Vision Coverage Chart

Key Provisions	Description	Copay	Frequency
WellVision exam	Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription glasses		\$25	See frame and lenses
▪ Frame	<ul style="list-style-type: none"> \$200 allowance for a wide selection of frames \$220 allowance for featured frame brands 20% savings on the amount over your allowance \$110 Walmart®/Sam's Club®/Costco® frame allowance 	Included in prescription glasses	Every calendar year
▪ Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in prescription glasses	Every calendar year
▪ Lens enhancements	<ul style="list-style-type: none"> Progressive lenses Tints/Light-reactive lenses Average savings of 30% on other lens enhancements 	\$0 \$0	Every calendar year
Contacts (instead of eyeglasses)	<ul style="list-style-type: none"> \$150 allowance for contacts and contact lens exam (fitting and evaluation) 15% savings on a contact lens exam (fitting and evaluation) 	\$0	Every calendar year
Essential medical eye care	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services for members with diabetes, glaucoma, or age-related macular degeneration Treatment and diagnoses of eye conditions, including pink eye, vision loss, and cataracts available for all members Limitations and coordination with your medical coverage may apply; ask your VSP doctor for details 	\$0 \$20 per exam	As needed
Extra savings			
Glasses and sunglasses	<ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision exam. 		
Routine retinal screening	No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision exam.		
Laser vision correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities.		

Vision Cost Chart — Monthly Premiums

Vision Plan	Participant Only	Participant + Child(ren)	Participant + Spouse/ Domestic Partner	Family
Vision Care Plan (VSP)	\$12.60	\$19.92	\$20.32	\$32.86

Annual Enrollment Checklist

Complete these steps during the Annual Enrollment period from **October 22 – November 5, 2024**.

- ☐ Log on to www.netbenefits.com to review your current elections and your 2025 options and costs on the *Benefit Elections* page.
- ☐ **You must enroll if you wish to change any of your benefit elections.**
- ☐ **You must make an enrollment election if you are enrolled in one of the following medical plan options for the 2024 plan year and you do not wish to be automatically enrolled in the US PPO medical option, the Kaiser Permanente No. CA medical option, or the Shell Medicare Advantage PPO medical option (as applicable) for the 2025 plan year: Aetna Health Network Only (HNO) Open Access, BCBS of Alabama – PPO, or Kaiser USW Medicare Advantage Plan medical options.**
- ☐ Confirm your dependents are still eligible for benefits and ensure you have provided their Social Security numbers. You can do this online via NetBenefits or by calling the Shell Benefits Service Center. You will also be required to provide information verifying dependent eligibility upon request from Health Management Systems, Inc. (HMS) (a Gainwell Technologies company).
- ☐ If you add any new dependents during Annual Enrollment, or during any qualified status change, HMS (a Gainwell Technologies company) will request information to verify the eligibility of those dependents. Please read any correspondence from HMS carefully as it will provide details on the information requested (e.g., marriage or birth certificate) and the applicable due date. **You must provide the requested information within 90 days of enrolling the new dependent.** Information can be sent to HMS through a secure online portal or by secure fax. Failure to follow the instructions will result in a loss of coverage for your newly enrolled dependents, and you will not be eligible to enroll your dependents or make any changes to benefits coverage until the next Annual Enrollment period.
- ☐ If you or any of your dependents are eligible for Medicare, ensure the Shell Benefits Service Center has your/their Medicare Beneficiary Identifier (MBI), the start dates of your/their Medicare coverage, and a home mailing address that is not a P.O. Box.
- ☐ Confirm your 2025 benefits. After you complete your online enrollment, review your elections on the confirmation screen and print it for your records. If you have an updated email address in the system, you will also receive an email notification that you have successfully completed your enrollment.

If you have a change during the plan year

Each year, you can only make changes to your benefit coverages during the Annual Enrollment period, unless you experience a qualified status change. In order to make changes to most benefits, in general, you must notify the Shell Benefits Service Center within **31 days** of a qualifying event (or other time period provided under the plan, for instance within **90 days** if the event is birth/adoption of a child).



Examples of qualified status changes are:

- Marriage.
- Divorce.
- The birth or placement for adoption of a child(ren).
- Gaining a domestic partner or dependent(s).
- The death of a spouse, domestic partner, or child(ren).
- A dependent losing eligibility for coverage.

For information about qualified status changes, see the Summary Plan Description (SPD), available on www.netbenefits.com or by calling the Shell Benefits Service Center.

Benefits Contacts

Have a question about your benefits or coverage? Here is a list of contacts for our plans. Refer to page 5 if you need guidance on who to contact for help based on your question.

Benefit Plan	Website	Phone number(s)
Shell Benefits Service Center (Fidelity)		
Shell Benefits Service Center (Fidelity)	www.netbenefits.com	1-800-30-SHELL (1-800-307-4355)
Healthcare Support for Non-Medicare-Eligible Participants		
Included Health	www.includedhealth.com/shell	1-855-322-2098
Hinge Health (for the US PPO, US HDHP, and Kelsey-Seybold Greater Houston medical options)	hinge.health/shell	1-855-902-2777
UnitedHealthcare Medical Plans for Non-Medicare-Eligible Participants (Shell's self-insured options)		
US PPO Options Group Number: 182232	www.myuhc.com	1-800-752-8982
US HDHP Options Group Number: 182232	www.myuhc.com	1-800-752-8982
Kelsey-Seybold Greater Houston	www.myuhc.com	1-800-752-8982
Prescription Drug Services for Non-Medicare-Eligible Participants (for Shell's self-insured medical options — US PPO, US HDHP, and Kelsey-Seybold Greater Houston)		
CVS Caremark	www.caremark.com	1-866-221-4207
Behavioral Health Services for Non-Medicare-Eligible Participants (for Shell's self-insured medical options — US PPO, US HDHP, and Kelsey-Seybold Greater Houston)		
Optum Behavioral Health	www.liveandworkwell.com (access code: Shell , or log in with your www.myUHC.com login)	1-800-752-8982
Lyra Health	shell.lyrahealth.com	1-877-802-7304
Regional Medical Plans for Non-Medicare-Eligible Participants		
Kaiser California Group Number: 632 (Northern CA); 100948 (Southern CA)	www.kaiserpermanente.org	1-800-464-4000
Shell Medical Plans for Medicare-Eligible Participants (includes medical and behavioral health benefits)		
Shell Medicare Advantage PPO option	retiree.uhc.com/shell	1-866-413-2864, TTY 711
Shell Medicare Complementary option Group Number: 182232	www.myuhc.com	1-888-831-2654 (Senior Support)
KelseyCare Advantage Plan Greater Houston	www.kelseycareadvantage.com/shell	1-866-534-0556 or 713-442-7555

(continued)

Benefits Contacts (continued)

Benefit Plan	Website	Phone number(s)
Prescription Drug Services for Medicare-Eligible Participants (for Shell's Medicare Plans)		
Optum Rx (for Shell Medicare Advantage PPO option)	retiree.uhc.com/shell	1-866-413-2864
Optum Rx (for Shell Medicare Complementary option)	retiree.uhc.com/shellmedcomprx	1-844-600-7913
KelseyCare Advantage/Optum Rx (for KelseyCare Advantage Plan Greater Houston)	www.kelseycareadvantage.com/shell	1-800-707-8194
Regional Medical Plans for Medicare-Eligible Participants		
Aetna Louisiana Medicare Advantage Plan	aetnaretireeplans.com	1-844-379-1657
Humana Group Medicare Advantage HMO Plan	www.Humana.com	1-866-396-8810
Kaiser California	www.kp.org	1-800-464-4000
Kaiser Washington Medicare Advantage HMO	www.kp.org	1-888-901-4636
Kaiser Colorado Medicare Advantage Plan	www.kp.org	1-800-632-9700
Kaiser Northwest	www.kp.org	1-800-813-2000
Dental Plans		
Cigna Dental Group Number: 3205444	www.mycigna.com	1-800-CIGNA24 (1-800-244-6224)
Ameritas Group Number: 010-25411-1	www.ameritas.com	1-800-659-2223
Delta Dental – Texas Group Number: 21078	www.deltadentalins.com	1-800-521-2651
Delta Dental Plan – Bakersfield, CA Group Number: 1501-0018	www.deltadentalins.com	1-800-765-6003
Vision Plan		
Vision Service Plan (VSP) Choice Network Group Number: 12077851	www.vsp.com	1-800-877-7195
Be Well @ Shell Program		
Optum Health	www.bewellatshell.com	1-877-440-0367
Life Insurance		
MetLife Group Number: 92356	www.metlife.com	1-800-GET-MET8 (1-800-438-6388)
Group Long-Term Care		
John Hancock	www.johnhancock.com	1-888-343-1600 (Monday – Friday; 7:30 a.m. – 5:30 p.m., Central time)



Shell US Benefits

Plan Documents Govern

This communication is intended to provide you with an overview of certain Shell Benefits. It does not cover all of the details contained in the governing plan documents. Receipt of this communication does not guarantee eligibility for benefits or any other form of compensation.

The operation of Shell's benefit plans are governed solely by the terms of the official plan documents, which are summarized in their relevant Summary Plan Descriptions ("SPDs") and the Summaries of Material Modifications ("SMMs"). To the extent any information in this communication is inconsistent with the governing documents, the provisions of the governing documents will control in all cases.

Shell reserves the right, in its sole discretion, to modify, change, revise, amend, or terminate any of the benefits described in this communication at any time, for any reason, and without prior notice.