

HIGHLIGHTS OF FLEXIBLE BENEFITS PLAN FOR 2025 OPEN ENROLLMENT

Summary of Material Modifications

Welcome to 2025 Open Enrollment! The following information and changes to the EOG Resources, Inc. Flexible Benefits Plan will be effective January 1, 2025:

- Monthly medical plan premium rates will increase
- Monthly subsidy amount will increase to \$450 for Retiree Only or Spouse Only coverage and \$900 for Retiree + Spouse coverage
- Increased medical plan deductible
 - MedBasic Plan: \$3,300 individual and \$6,600 family
- Increased medical plan out-of-pocket maximum (OOPM)
 - MedBasic Plan: \$8,300 individual and \$16,600 family (family OOPM includes embedded OOPM of \$8,300)
- Health Savings Account individual and family contribution limits will update to the 2025 IRS limits: \$4,300 for an individual and \$8,550 for a family
- Dental Plan administration will transition from MetLife to Blue Cross Blue Shield of Texas
- Annual deductible limit of \$150 will be added to the dental plan for family coverage; individual deductible will remain at \$50 per participant
- Three-month deductible carryover will be added to the dental plan beginning January, 1, 2025 that will apply for subsequent years



EOG Retiree Subsidy

EOG offsets some of the Pre-65 Retiree Medical Plan cost with a monthly subsidy. The monthly subsidy amount is \$450 for Retiree Only or Spouse Only coverage and \$900 for Retiree + Spouse coverage.



Retiree Medical Plan with Blue Cross Blue Shield of Texas

The MedBasic Plan is a high deductible health plan with several important features:

- Administered by Blue Cross Blue Shield of Texas (BCBS). To locate an in-network provider, use the Provider Finder tool located on EOG's customized website at www.bcbstx.com/eog.
- Access to a Health Advocate customer service representative by calling (888) 306-1987.
- Members can contribute to an HSA on a pre-tax basis, up to the IRS limit.
- Prescription drugs are administered by Express Scripts (ESI) and are subject to the deductible.
- The plan does not limit coverage for any pre-existing conditions.

Medical Plan: Retiree MedBasic Plan

The plan features different benefits depending on your in-network or out-of-network utilization. As a caution, out-of-network providers may bill you the difference between the negotiated rate and their standard billing rate. If you choose a BlueChoice network provider, you will receive the benefit of the BCBS negotiated rate while satisfying your annual deductible and paying your 20% coinsurance.

After the annual deductible is met, the plan pays 80% of eligible in-network expenses and pays 60% of eligible out-of-network expenses. When you reach your individual or family out-of-pocket maximum, the plan pays 100% of your eligible expenses for the remainder of the year, including prescriptions.

As a reminder, if preauthorization is not acquired by you or someone designated by you for out-of-network inpatient hospital admissions and for out-of-network inpatient surgical procedures, your benefits will be reduced to 50% of the eligible medical charges.

Retiree MedBasic Plan Features

\$3,300 Individual Deductible for Retiree Only or Spouse Only coverage
\$6,600 Family Deductible for Retiree + Spouse coverage

100% coverage of wellness screenings – deductible does not apply (in-network only)
80% / 20% in-network or 60% / 40% out-of-network (coinsurance after deductible is met)

\$8,300 Individual Out-of-Pocket Maximum
\$16,600 Family Out-of-Pocket Maximum (includes Individual Out-of-Pocket Maximum of \$8,300)

Health Savings Account (HSA)

If you are enrolled in the Retiree MedBasic Plan, you are eligible to contribute to a Health Savings Account (HSA). An HSA allows you to save tax-protected dollars to pay for qualified medical expenses. You may make individual contributions to an existing HSA, or you may establish a new account with the custodian of your choosing.

- Your HSA balance may earn interest over time. The interest is also tax-free when it is withdrawn if used to pay for qualified medical expenses.
- Contributions to an HSA are never forfeited. The balance carries over from year to year and is portable. The balance can be used now on qualified medical expenses or saved to cover future medical expenses.
- Your total annual contribution cannot exceed the annual IRS limit. The 2025 IRS limit on contributions is \$4,300 for an individual and \$8,550 for a family. If you are ages 55 through 64, you may contribute an additional \$1,000 as a catch-up contribution.
- Just like a bank account, you may only spend your actual balance in your HSA at any time. You may use a debit card to pay for qualified medical expenses directly from your HSA. You may also use a debit card to make withdrawals from an ATM, in which standard bank fees apply.
- The penalty on non-qualified withdrawals from an HSA is 20%.

Prescription Drug Plan with Express Scripts (ESI)

REMINDER: Visit www.express-scripts.com/eogresources to confirm if your medication will be covered in 2025. Express Scripts (ESI) is the pharmacy benefits manager for both Medical Plan options.

EOG's prescription drug plan includes a mandatory 90-day supply requirement for all maintenance medications – the initial 30-day supply for a maintenance medication, plus one 30-day refill (if necessary), can be purchased at a retail pharmacy. Any subsequent refills must be purchased in 90-day quantities. You will be responsible for the full cost of the drug until you have met your annual deductible, then the plan will pay 80% until you have reached your annual out-of-pocket maximum.

Important: Ask your doctor about generic medications. When you choose to fill a brand-name medication when a generic medication is available, you will pay the cost difference between the generic and brand medication along with your plan cost share amount.

Smart90 network: This convenient service allows you to obtain a 90-day supply of any maintenance medication through a number of participating in-network retail pharmacies, such as Walgreens, CVS, Walmart and Kmart. This option provides you the ability to choose which delivery channel best fits your lifestyle or preference without sacrificing cost savings. The chart below illustrates the options Smart90 provides:

Standard Mail Service

- Receive a 90-day supply of medication in confidential, tamper-resistant, and (if necessary) temperature-controlled packaging
- Convenient home delivery
- Consult with pharmacist by phone
- Best discounts are through standard mail service

Smart90 Option

- Pick up a 90-day supply of medication directly from a participating Smart90 pharmacy at any convenient time
- Same day availability
- Consult face-to-face with a pharmacist
- Discount is better than retail pricing but not as good as mail pricing



Retiree Dental Plan with MetLife

NEW for 2025: Dental Plan administration will transition from MetLife to Blue Cross Blue Shield of Texas (BCBS) and an annual family deductible of \$150 will be added to the Dental Plan. A three-month deductible carryover will be added to the dental plan beginning January, 1, 2025 that will apply for subsequent years. You will receive a new ID card in the mail before January 1, 2025. The group number is 395892.

EOG's Dental Plan is offered through BCBS and provides coverage for services from any dentist. The group number to verify benefits is 395892. Coverage is provided for preventive, basic, major and orthodontia services, as shown in the chart below.

Types of Services	Coinsurance/Limits
Preventive/Diagnostic	100%
Basic (fillings, extractions)	80%
Major (crowns, bridges and implants)	50%
Orthodontia	50%
Dental Plan Deductible and Limits:	
Annual Deductible (Basic, Major and Orthodontia)	\$50 per participant, up to \$150 per family
Annual Plan Maximum (Basic, Major)	\$2,500 per participant
Orthodontia Lifetime Maximum	\$2,500 per participant
Annual Service Limits:	
Bitewing X-rays	Once per year
Crowns, Bridges and Partials, and Prosthetic Appliances	Once every 5 years

BlueCare Dental PPO Network: Although you may seek treatment from any dentist, you can lower your out-of-pocket costs when you choose a dentist who participates in the BlueCare Dental PPO network. With the BlueCare PPO plan, you have access to one of the largest national dental PPO network of providers. By using a network dentist, you can save money with each visit. Most network dentists offer discounts of 40% to 60% for BlueCare Dental PPO members.

Another benefit to choosing a network dentist is that you won't be billed for costs exceeding the allowable amount (except for copayments, coinsurances, and deductibles). Additionally, you can schedule an appointment with any dentist without a referral.

To find a PPO dentist, visit www.bcbstx.com/eog, go to Find Care, and then find a dentist. You can also call and speak with a Health Advocate at (888) 306-1987.

BCBS Dental Plan Enhanced Benefit

Members enrolled in the dental plan are eligible for the Enhanced Benefit program. If you have heart disease, diabetes, or are pregnant, the new Enhanced Benefit Program offers one of the following services after your regular benefits have been used:

- Routine cleaning
- Periodontal maintenance cleaning
- Periodontal scaling and root planning