

HIGHLIGHTS OF FLEXIBLE BENEFITS PLAN FOR 2027 OPEN ENROLLMENT

Summary of Material Modifications

Welcome to 2027 Open Enrollment! The following changes to the EOG Resources, Inc. Flexible Benefits Plan will be effective January 1, 2027:

- Increased medical plan premiums
- Increased medical plan deductibles
 - MedPlus Plan: \$1,750 individual and \$3,500 family
 - MedBasic Plan: \$3,500 individual and \$7,000 family
- Increased medical plan out-of-pocket maximums (OOPM)
 - MedPlus Plan: \$4,350 individual and \$8,700 family (family OOPM includes embedded OOPM of \$4,350)
 - MedBasic Plan: \$8,700 individual and \$17,400 family (family OOPM includes embedded OOPM of \$8,700)
- Speech Therapy will be covered to treat all Mental Health conditions
- Removal of visit limits for Physical Therapy, Speech Therapy, and Occupational Therapy
- Removal of coverage for GLP-1 medications when prescribed solely for weight loss
- Updated Health Savings Account (HSA) individual and family contribution limits to the 2027 IRS limits: \$4,500 for an individual and \$9,000 for a family
- Increased dental plan premiums



Medical Plan with Blue Cross Blue Shield of Texas (BCBSTX)

The medical plan has two plan options and several coverage categories that differ in contribution, deductible, annual out-of-pocket maximum, and coinsurance amounts. After the annual out-of-pocket maximum is reached, the Plan will pay 100% of the eligible expenses for the remainder of the plan year. The plan does not limit coverage for any pre-existing conditions.

Medical Plan: MedPlus Plan

If you choose the MedPlus Plan option, you can receive treatment from the provider of your choice. 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 10% coinsurance. To find an in-network provider, visit www.bcbstx.com/eog and go to "Find Care."

After the annual deductible is met, the plan pays 90% of eligible in-network expenses and pays 70% 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.

The MedPlus Plan has several unique features, as outlined below:

- 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.
- After the annual deductible has been met, all eligible expenses, including prescription drugs, are subject to coinsurance and the out-of-pocket maximum.
- The family out-of-pocket maximum includes an embedded out-of-pocket maximum of \$4,350. If one member in your family reaches \$4,350, eligible expenses for this individual will be covered at 100%.

MedPlus Plan Features

\$1,750 Individual Deductible for single coverage
\$3,500 Family Deductible for dependent coverage tiers

100% Coverage of wellness screenings – deductible does not apply (in-network only)
90% / 10% in-network or 70% / 30% out-of-network (coinsurance after deductible is met)

\$4,350 Individual Out-of-Pocket Maximum
\$8,700 Family Out-of-Pocket Maximum (includes \$4,350 Embedded Individual Out-of-Pocket Maximum)

Medical Plan: MedBasic Plan

If you choose the MedBasic Plan option, you can receive treatment from the provider of your choice. 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. To find an in-network provider, visit www.bcbstx.com/eog and go to “Find Care.”

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.

The MedBasic Plan has several unique features, as outlined below:

- 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.
- After the annual deductible has been met, all eligible expenses, including prescription drugs, are subject to coinsurance and the out-of-pocket maximum.
- The family out-of-pocket maximum includes an embedded out-of-pocket maximum of \$8,700. If one member in your family reaches \$8,700, eligible expenses for this individual will be covered at 100%.

MedBasic Plan Features

\$3,500 Individual Deductible for single coverage
\$7,000 Family Deductible for dependent coverage tiers

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)

\$8,700 Individual Out-of-Pocket Maximum
\$17,400 Family Out-of-Pocket Maximum (includes \$8,700 Embedded Individual Out-of-Pocket Maximum)

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.

Prescription Drugs

REMINDER: Visit www.express-scripts.com/eogresources to confirm if your medication will be covered in 2027.

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.

- *For the MedPlus Plan*, you will be responsible for the full cost of the drug until you have met your annual deductible, then The Plan will pay 90% until you have reached your annual out-of-pocket maximum.
- *For the MedBasic Plan*, 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 service allows participants to obtain a 90-day supply of any maintenance medication through either ESI's mail order service or at a retail pharmacy in the Smart90 network, which includes CVS, Walgreens, Walmart and Sam's Club pharmacies. This plan design provides you the ability to choose which delivery channel best fits your lifestyle or preference. 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

Health Savings Account

If you elect either medical plan option, 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 on current qualified medical expenses or saved to cover future medical expenses.
- Your total annual contribution cannot exceed the annual IRS limit. The 2027 IRS limit on contributions is \$4,500 for an individual and \$9,000 for a family. If you are between the ages of 55 and 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%.



Dental Plan with Blue Cross Blue Shield of Texas (BCBSTX)

EOG's Dental Plan is offered through Blue Cross Blue Shield of Texas (BCBSTX) and provides coverage for services from any dentist. The group number to verify benefits is 395892.

The dental plan covers four types of dental services consisting of Preventive and Diagnostic, Basic Services, Major Services and Orthodontia:

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	\$2,500 per participant
Orthodontia Lifetime Maximum	\$2,500 per participant
Annual Service Limits:	
Bitewing X-rays	Once per year
Crowns, Bridges and Partial, 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 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



Vision Plan with Vision Service Plan (VSP)

The Vision Plan is designed to protect your visual wellness and coverage is provided through Vision Service Plan (VSP). To get the best value from your vision benefits, covered members should obtain services from a participating doctor. To find a network doctor in your area or to verify that your current provider is a VSP network doctor, visit the VSP web site at www.vsp.com or call 800-VSP-7195. As a reminder VSP, EOG's vision provider, does not issue ID cards. The group # to verify benefits and eligibility is 12 117489.

Benefits	Frequency of Services
Comprehensive Eye Exam	Every calendar year
Spectacle Lenses or Contact Lenses	Every calendar year
Frames	Every calendar year
Copay	Exam \$20 and Materials \$0
Frame and Contact Allowance	\$200



Employee Assistance Program with Lyra Health

Lyra Health is an enhanced digital Employee Assistance Program (EAP) platform offering evidence-based emotional and mental health care how, when, and where you need it. Lyra provides a custom network of providers along with 8 sessions per year. Meet with a mental health coach or therapist via live video, live messaging, in-person or by phone and it's completely confidential. Get personalized recommendations for the care that's right for you, schedule appointments online, and track your symptoms and progress in care. You can contact Lyra 24/7 by calling (844) 342-8732 or visiting eog.lyrahealth.com.