

# 2021 BENEFITS GUIDE







**This guide includes a comprehensive summary of Marathon Petroleum's benefit plans, as well as resources for employees to become engaged and learn more. Being actively engaged in your company benefits will keep you informed and help you make the best decisions for you and your family's health care. The choices you make today will determine the type and level of coverage you have for 2021.**



You have 31 days, including your date of hire or qualifying event, to enroll or make changes to your optional employee benefits. If you do not make your elections and provide supporting documentation (if applicable) within 31 days, you must wait until Annual Enrollment, unless you experience a qualifying event.

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*Marathon Petroleum's 2021 Benefits Guide is a summary of the benefits available to Marathon Petroleum employees. Details of the plans are available at [www.myMPCbenefits.com](http://www.myMPCbenefits.com).*

*This guide reflects benefit levels and employee contributions as of January 1, 2021.*

*The policies, plans and programs contained in the Benefits Guide may be amended, terminated or changed at any time at the sole discretion of the Company (subject to any negotiated limitations on this right as set forth in the applicable collective bargaining agreements). Whenever this occurs, the affected provisions of the policy, plan or program previously in effect are specifically superseded. Also, should there be any conflict between the information contained in this Benefits Guide and the provisions of the official plan documents, the provisions of the official plan documents will be followed.*

*Receipt of this information does not constitute eligibility for participation in Marathon Petroleum Company LP-sponsored benefit plans and programs.*

*Applicable to United States-based employees: Receipt of this information does not constitute an employment contract or an offer of employment. Any employee may leave the Company's employment at any time for any reason. Likewise, the Company is not committed to any employee for any fixed term of employment. This arrangement is referred to legally as employment-at-will.*

*Employees whose benefit plan participation is governed by a collective bargaining unit must refer to the collective bargaining agreement to identify the benefit plans in which each respective bargaining unit participates. Local collective bargaining agreements and past practice govern should there be any discrepancy between the information provided herein and the collective bargaining agreement.*

*You should know that MPC's medical and wellness programs comply with applicable Federal civil rights laws and do not discriminate, exclude or treat people differently because of race, color, national origin, age, disability or sex.*

### **125 Plan**

*As permitted under law, the 125 Plan automatically excludes your premium contributions to the Health, Dental, Vision, and your Health Savings Account contributions, from gross pay for income tax purposes. Marathon Petroleum's 2021 Benefits Guide is a summary of the benefits available to Marathon Petroleum employees.*

*Details of the plans are available at [www.myMPCbenefits.com](http://www.myMPCbenefits.com).*

# ELIGIBILITY FOR BENEFITS

## MEMBER ELIGIBILITY

You are eligible to participate in the Marathon Petroleum benefit plans if you are a regular full-time or part-time employee. You are eligible for coverage on your first day of employment.

## CASUAL EMPLOYEES

Casual employees should refer to the [Casual Employee Benefit Summary](#) for eligibility information.

## DEPENDENT ELIGIBILITY

You may cover your eligible dependents under the benefit plans. **If the required documentation is not received within 31 days, including your date of hire, your dependents will not have benefits coverage.**

Eligible Dependents	Documentation Required
The following dependents are eligible to be enrolled in benefit plans.	If you are adding a dependent to any of the MPC benefit plans, you will need to submit documentation.
Your Legally Married Spouse	A copy of your marriage certificate
Your Common Law Spouse	You and your common-law spouse must complete the <a href="#">Marathon Petroleum Certification of Common Law Spouse Relationship Form</a> and provide copies of documentation as stated on the form.
Your Domestic Partner	You and your domestic partner must complete the <a href="#">Marathon Petroleum Domestic Partner Certification Form</a> and provide copies of documentation as stated on the form.
Your children including:	Adult children are covered through the end of the month in which they turn 26.
• Natural children of the first-degree	A birth certificate
• Legally adopted children and children placed with you for adoption	Legal adoption papers placing the child with you for adoption
• Stepchildren	A birth certificate
• Children whose parents are both deceased for whom you have legal custody as determined by a court of competent jurisdiction	Legal custody papers
• Your Domestic Partner's children	A birth certificate, once the Domestic Partner Certification has been completed
• A disabled child may remain eligible after age 26 if the child is incapable of self-support due to a mental or physical disability and:	<ul style="list-style-type: none"><li>• Became disabled before age 19 and was covered under the Plan when he or she reached aged 19, or</li><li>• Became disabled between the ages of 19 and 26 and was covered under the Plan when he or she became disabled.</li></ul>

### ***Dependent Children Covered by QMCSOs***

The Plan will determine if a Medical Child Support Order (as defined under the Employee Retirement Income Security Act of 1974 (ERISA) Section 609) is a “qualified medical child support order” (QMCSO) (as defined under ERISA Section 609). Administration of the QMCSO by the Plan will be in accordance with the terms of the Plan and the Plan’s QMCSO procedures adopted by the Plan Administrator. Click [here](#) for more information.

## COMPANY PROVIDED BENEFITS FOR ELIGIBLE EMPLOYEES

Below are the benefits the Company automatically provides as a supplement to your compensation. You do not need to take any action for the benefits listed below, you are automatically provided coverage on your first day.

Benefit Plan	Coverage
<b>Employee Assistance Program (EAP)</b>	Company-paid coverage with access to professionals help to you and your family members when you have personal, family or work-related concerns.
<b>Basic Life Insurance</b>	Company-paid life insurance equal to two times your covered compensation.
<b>Basic Accidental Death and Dismemberment (AD&amp;D)</b>	Company-paid AD&D coverage equal to two times your covered compensation.
<b>Long Term Disability (LTD)</b>	Company-paid coverage to help provide income protection if you're unable to work due to a disabling condition.
<b>Occupational Accidental Death (OAD)</b>	Company-paid coverage if you die as a result of an accident while you are engaged in Company duty.
<b>Thrift Plan</b>	Marathon Petroleum offers a \$1.17 to \$1.00 match on employee contributions up to 6% of your pay. See page 23.
<b>Retirement Plan</b>	A completely company-funded pension account. See page 24.

\*If LTD is not listed on your benefits summary you are not enrolled. Go [here](#) for more information.

## OPTIONAL EMPLOYEE BENEFITS

Below are optional benefits you can enroll in, or make changes to within 31 days, including your date of hire or qualifying event.

Benefit Plan	Coverage
<b>Medical</b>	One Health Plan with Anthem with two options (Kaiser is an option for employees within service areas of California)
<b>Dental</b>	One Dental Plan option with Delta Dental
<b>Vision</b>	One Vision Plan option with Anthem Blue View Vision
<b>Flexible Spending Accounts (FSAs)</b>	Health Care Flexible Spending Account or Limited Purpose Flexible Spending Account options
<b>Health Savings Account (HSA)</b>	Provided with enrollment in the Saver HSA option and includes a Company contribution
<b>Optional Life Insurance</b>	Optional coverage for Employee, Spouse and Child Life
<b>Optional Accidental Death &amp; Dismemberment</b>	Optional coverage for Employee, Spouse and Child Life
<b>MetLife Legal Plans</b>	Optional coverage for access to attorneys for legal assistance. You can enroll in this optional benefit within 31 days of your date of hire, or during Annual Enrollment (once you are enrolled in this benefit, no mid-year elections or changes are permitted).

## MAKING CHANGES DURING THE YEAR

The benefits elections you make will be in effect through December 31, 2021. You may only make changes if you experience a change in your work or family status during the year, which is also known as a **qualifying event**.

Examples of a **qualifying event** are marriage, divorce, birth or adoption of a child, or change in a dependent's employment. All changes to your benefits must be consistent with your family status change.

**For any qualifying event, you have 31 days, including the date of the event, to contact BenefitSolver and provide supporting documentation to request a change in coverage** to ensure you have the right coverage and are paying the appropriate contributions for your needs. **If you don't, you must wait until the next Annual Enrollment period to make a change. Supporting documentation is required and must be submitted within that timeframe, but do not wait for documentation to report the change.**

*If you go on a leave of absence, the status of your benefits may be affected. More information can be found [here](#).*

Coverage will be effective on the date of hire for new hire employees that make elections within 31 days, including their date of hire.

## NEED HELP CHOOSING YOUR BENEFITS?

We understand that navigating the numerous benefits options available can be confusing.

[ALEX](#) can help.



ALEX is available to employees 24/7 and can:

- Compare monthly contributions, plan deductibles and out-of-pocket costs.
- Factor in upcoming procedures or additions to your family that may affect your health care costs.
- Estimate tax savings you could receive by enrolling in a Health Care Flexible Spending Account or contributing to a Health Savings Account or Limited Purpose Flexible Spending Account.





# INSTRUCTIONS FOR COMPLETING ENROLLMENT



Follow the instructions below to complete your enrollment.

1. Visit BenefitSolver at [www.myMPCbenefits.com/myBenefits](http://www.myMPCbenefits.com/myBenefits) from any computer or smart device. New users must register. The Marathon Petroleum Company key is **MPC**.
2. Once you log in, click **Start Here** on your homepage and use the **Previous** and **Next** buttons at the bottom of the page to move through each plan. Make sure your personal information, elections and dependents are accurate and **Approve** your enrollment. To finalize your enrollment, click **I Agree**.
3. Save or print a copy of your benefit summary for 2021.
4. If you need to upload supporting documentation for a dependent (e.g., marriage license, birth certificate), you can upload your documentation on the **Action Required** page, or under your **To Do** list on your home page. All required documentation must be uploaded within 31 days, including the date of hire, or qualifying event.

For questions, technical assistance or to enroll over the phone, please contact BenefitSolver at 1-844-408-2575.



Enrollment also can be completed by downloading BenefitSolver's app, MyChoice Mobile. An access code is required and can be obtained by registering, or logging into your account.

## EMPLOYEE ASSISTANCE PROGRAM (EAP)

The [EAP](#) provides employees and their household members with a broad range of free professional services, including counseling services, work/life referral services and online resources.

### PLAN HIGHLIGHTS

- You are enrolled automatically in this program at no cost to you.
- Administered by Anthem, it provides around-the-clock access to trained counselors, who are experienced in addressing a wide range of personal and job-related issues.
- Under the EAP, you and your household members are eligible for a maximum of eight counseling sessions per individual, per issue, per year, at no cost to you.
- Employees and their household members (regardless if they are in MPC benefit plans) also can [access the EAP visits through Anthem's LiveHealth Online](#). Just call the EAP and ask about online visits.

### *The EAP provides support for the following areas:*

- Family/marital, parenting, alcohol and drug abuse, emotional, stress, anxiety, depression and financial.
- Self-assessment tools, online resources for health issues, depression, relationship/family issues and workplace issues.
- Free identity theft resolution services through IDNotify.
- Dependent care resource finders, such as adoption agencies, adult and child daycare facilities, nursing services, support groups, legal services, retirement facilities and physical and occupational therapy rehabilitation facilities.

Call 1-800-865-1044, 24 hours a day, seven days a week or visit [www.anthemEAP.com](http://www.anthemEAP.com) and use company code 'Marathon Petroleum.'





## MEDICAL

The Marathon Petroleum Health Plan is administered by Anthem (for medical) and Express Scripts (for prescription drug coverage). There is one Health Plan with two options – the Classic option and the Saver HSA option. The primary difference between the two options is how you pay for your health care expenses. The Classic and Saver HSA options have different contributions, deductibles and out-of-pocket maximum limits.

### MONTHLY HEALTH PLAN CONTRIBUTIONS

	Classic Option	Saver HSA Option
Employee Only	\$122	\$76
Employee + Spouse	\$280	\$175
Employee + Child(ren)	\$244	\$152
Employee + Family	\$378	\$236

Note: There is a Kaiser HMO plan that is only available to employees with a permanent residence within the Kaiser California service area (N. CA or S. CA). Contact BenefitSolver for more information.

	Northern California	Southern California
Employee Only	\$343.07	\$191.67
Employee + Spouse	\$664.79	\$346.10
Employee + Child(ren)	\$562.47	\$309.58
Employee + Family	\$899.09	\$362.95

### BOTH HEALTH PLAN OPTIONS

#### The Classic Option and the Saver HSA Option Both Include:

- The same Anthem preferred provider network.
- Preventive care covered at 100%.
- The same covered services.
- Prescription drug coverage with Express Scripts.

#### Classic Option



**HIGHER MONTHLY PREMIUMS**



**LOWER DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS**

The Health Plan starts paying coinsurance when each covered family member meets the individual deductible, or when any combination of covered family members meet the family deductible. A Health Care Flexible Spending Account (FSA) is available with this option.

#### Saver HSA Option



**LOWER MONTHLY PREMIUMS**



**HIGHER DEDUCTIBLES AND OUT-OF-POCKET MAXIMUMS**

The Health Plan starts paying coinsurance when any combination of covered family members reach the annual deductible (medical and prescriptions). This option qualifies as a high deductible health plan. A Health Savings Account (HSA), which includes a Company contribution and a Limited Purpose FSA (LPFSA) are available with this option.

IN-NETWORK BENEFITS		
	Classic Option	Saver HSA Option
<b>Deductible</b>	\$600 Individual \$1,200 Family	\$1,400 Employee Only \$2,800 Employee + Dependents*
<b>Copays and Coinsurance</b>	<ul style="list-style-type: none"> <li>\$20 copay for primary care visits</li> <li>\$50 copay for specialist visits</li> <li>\$50 copay for Urgent Care</li> <li>20% coinsurance after deductible</li> </ul> <p>Members pay copays for standard office visits. The copays do not apply toward the deductible, but they do apply to the out-of-pocket max.</p>	<ul style="list-style-type: none"> <li>No copays</li> <li>20% coinsurance after deductible</li> </ul> <p>Members pays 100% of the cost of services and prescription drugs until deductible is met, then co-insurance.</p>
<b>Out-of-pocket (OOP) Maximum</b> <i>(Includes medical and prescription drug or drugs)</i>	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family
<b><a href="#">Prescription Drug</a></b>	<ul style="list-style-type: none"> <li>Separate deductible for prescription drug coverage.</li> <li>Prescription drug coverage has copays. (See page 11).</li> </ul>	<ul style="list-style-type: none"> <li>Deductible includes medical and prescription drug expenses.</li> <li>You pay the full cost of all non-preventive prescription drug costs until you reach your deductible.</li> <li>You pay 20% coinsurance after meeting your deductible for retail and mail-order drugs.</li> <li><b><a href="#">Certain generic preventive drugs are covered at 100%.</a></b></li> </ul>
<b><a href="#">Preventive Care</a></b>	<p>Covered at 100%</p> <ul style="list-style-type: none"> <li>Adult Physical Exams &amp; Immunizations</li> <li>Well Child Exams &amp; Immunizations</li> <li>Gynecological</li> <li>Mammography</li> <li>Well Man PSA/DRE</li> <li>Screening and counseling for obesity, misuse of alcohol/drugs and tobacco use</li> </ul>	<p>Covered at 100%</p>
<b>Emergency Room</b>	In the following order: \$200 charge + deductible + coinsurance	In the following order: Deductible + \$200 charge + coinsurance

OUT-OF-NETWORK BENEFITS		
	Classic Option	Saver HSA Option
<b>Deductible</b>	\$1,200 Individual \$2,400 Family	\$2,800 Employee Only \$5,600 Employee + Dependents*
<b>Copays and Coinsurance</b>	<ul style="list-style-type: none"> <li>No copays</li> <li>40% coinsurance after deductible</li> </ul>	<ul style="list-style-type: none"> <li>No copays</li> <li>40% coinsurance after deductible</li> </ul> <p>Member pays 100% of the cost of services and prescription drugs until deductible is met, then coinsurance.</p>
<b>Out-of-pocket (OOP) Maximum*</b> <i>(Includes medical and prescription drug)</i>	\$7,000 Individual \$14,000 Family	\$10,000 Individual \$20,000 Family
<b>Preventive Care</b>	Covered at 40% after deductible	Covered at 40% after deductible
<b>Emergency Room</b>	In the following order: \$200 charge + deductible + coinsurance	In the following order: Deductible + \$200 charge + coinsurance

The Health Plan includes medical, surgical, mental health and substance abuse.

Please check with the Benefits Service Center on how your claims will be processed if you also are covered under another health plan or Medicare.

\*Employee + Dependents covers Employee + Spouse, Employee + Children, and Employee + Family.

# HOW TO FIND AN ANTHEM IN-NETWORK DOCTOR



In-network providers can be found by calling an Anthem Health Guide at 1-855-698-5676 or by following [these instructions](#).

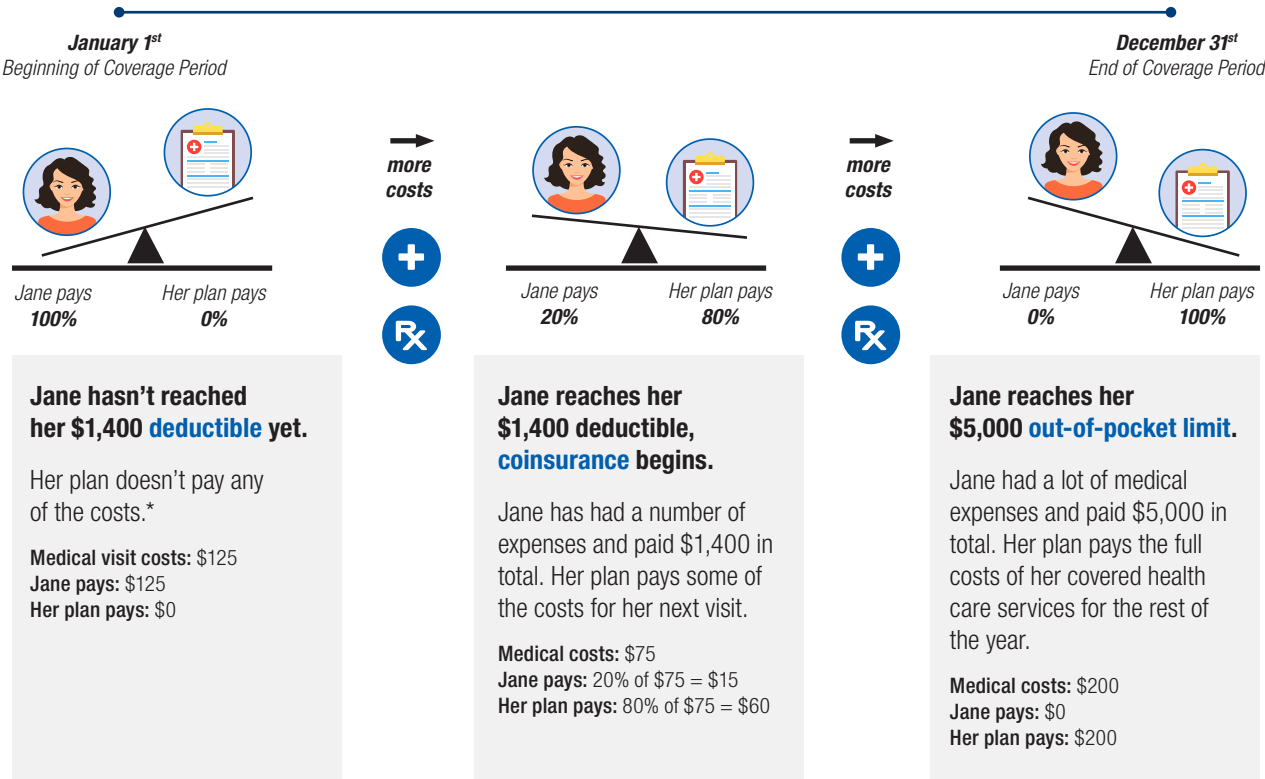
## ANTHEM ID CARDS

Anthem ID cards will arrive in the mail within 2-3 weeks after you initially enroll in coverage. To obtain a card sooner, you can log into [www.anthem.com](http://www.anthem.com) to print off a temporary card.



# HOW YOU AND MARATHON PETROLEUM SHARE COSTS IN THIS SAVER HSA EXAMPLE

**Jane's Plan Deductible:** \$1,400 | **Coinsurance:** 20% | **Out-of-pocket Limit:** \$5,000



\*In the Classic option, Jane would pay the copay for her office visits and prescriptions, and her plan would pay the remainder before meeting her deductible.



## ANTHEM HEALTH SERVICES

As a Marathon Petroleum Health Plan member, you are offered a range of Anthem services to keep you and your family healthy.

### ANTHEM'S LIVEHEALTH ONLINE

Anthem's LiveHealth Online allows you to visit with a doctor "virtually" anywhere — and it's available with both Health Plan options. Whether you are at home, in the middle of a road trip or at the office, you can now speak to a doctor immediately via your smartphone, tablet or computer with a webcam.

With Anthem's LiveHealth Online, you get:

- Immediate, 24/7 access to board-certified doctors.
- Medical care for common health conditions like cold and flu symptoms, allergies, sinus infections, pink eye and more.
- Prescriptions sent to the pharmacy of your choice, if needed.
- **Classic option:** \$10 copay.
- **Saver HSA option:** \$59 per visit, which will be applied to your deductible and out-of-pocket maximum. After you meet your deductible, the cost of LiveHealth Online will be \$11.80.

All Marathon Petroleum employees can access the visits provided through the Employee Assistance Plan through LiveHealth Online. Just call the EAP at 1-800-865-1044 and ask about online visits. [LiveHealth Online FAQs](#).

You can also use LiveHealth Online to access free lactation and nutrition support through Future Moms.



LiveHealth Online is available by downloading the app or visiting [livehealthonline.com](https://livehealthonline.com).

### FUTURE MOMS PROGRAM

As a member of the Marathon Petroleum Health Plan, you or your spouse can enroll in the [Future Moms program](#) and be eligible for \$150 in gift cards. The program provides:

- A book on changes during pregnancy.
- 24/7 access to speak to a nurse.
- Free phone calls with pharmacists, nutritionists and other specialists.
- Screening to check your health risks, including depression or early delivery.
- A booklet and other materials on tips to help you and your baby be safe and live well, including information on how to prepare for labor and delivery.
- Visit [www.myMPCbenefits.com](https://www.myMPCbenefits.com) to learn more.

### OTHER HEALTH PLAN SERVICES

Additional Anthem services include:

- **The 24/7 NurseLine**, which offers around-the-clock, toll-free access to nurses who can answer general health questions and provide education and support for important health concerns.
- **ConditionCare**, which connects members who are dealing with chronic conditions (such as asthma, diabetes, COPD and heart problems) to a support team of dedicated nurses and other health care professionals such as dietitians, exercise physiologists, pharmacists and more.
- **Anthem Health Guide**, which offers a concierge level of customer service from Anthem that connects you with a dedicated representative trained specifically on the details of the Marathon Petroleum Health Plan.

An Anthem Health Guide can also help with:

- A cost estimate for health care services or procedures.
- Scheduling a doctor appointment or procedure.
- Providing general health information about your condition.
- Pre-certification.
- Telling you about online educational tools.

# USING YOUR HEALTH PLAN

## BEST DOCTORS®

Nothing matters more than your health and the health of your family members. That's why we continue to offer Best Doctors to Health Plan members at no cost.

Best Doctors is a second-opinion service that gives you and your covered dependents access to medical advice from the world's leading physicians on everything from back pain and sports injuries to chronic diseases and life-threatening illnesses.



Best Doctors offers a range of services, including in-depth medical reviews, opportunities to ask the expert and resources to find a medical specialist when the need arises. For more information, visit [www.myMPCbenefits.com](http://www.myMPCbenefits.com).

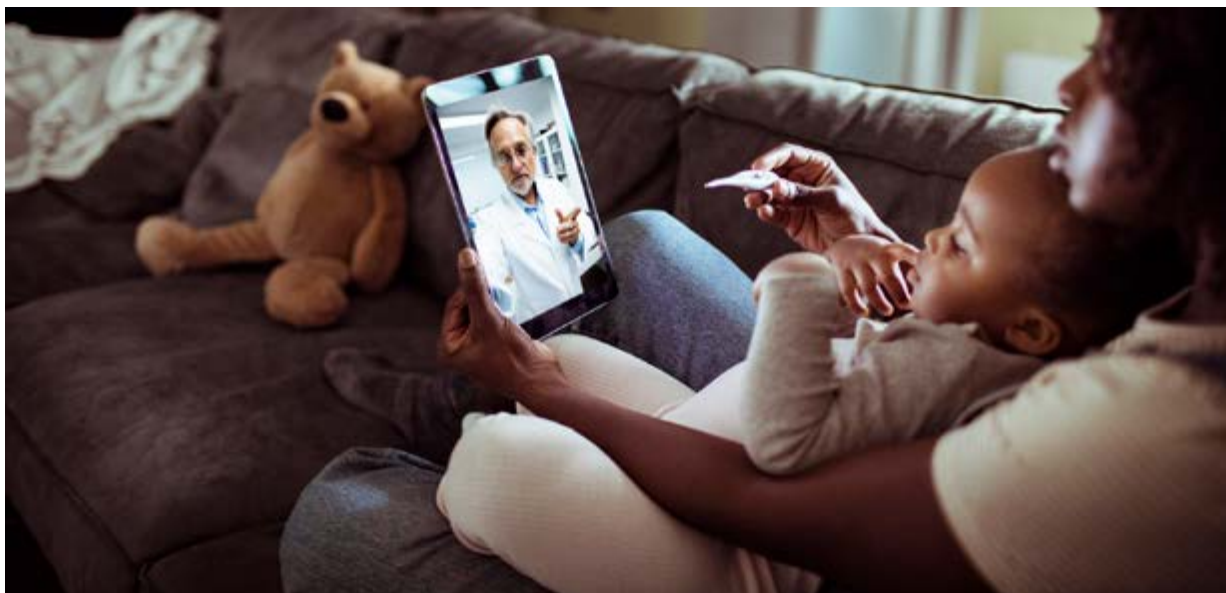
## KNOW WHAT LEVELS OF CARE ARE AVAILABLE TO YOU:

Enrollment in the Health Plan provides you several options if you or a covered dependent aren't feeling well. The chart represents the choices available to you and the associated costs, depending on your Health Plan option. The Anthem NurseLine phone number is 1-888-596-9473 and can be found on the back of your Anthem card.

	Classic Co-pays	Saver HSA (before/after deductible is met)
Anthem's 24/7 NurseLine	\$0	\$0
Anthem's LiveHealth Online	\$10	\$59 / \$11.80
Doctor's Office	\$20	\$125* / \$25
Urgent Care	\$50	\$190* / \$38
Emergency Room**	\$200, then deductible + 20%	Deductible then \$200 + 20%

\*Average cost of doctor/urgent care visit

\*\*Average cost of ER visit is \$1,500



## PRESCRIPTION DRUGS (RX) GROUP MARAPET

The prescription drug coverage is administered by [Express Scripts](#) and is included with your Health Plan coverage. Your prescription drug costs will depend on the Health Plan option you elect, whether you purchase at a retail pharmacy or through mail order, and the type of prescription drugs you buy (i.e., generic or brand name).



All prescription and specialty drugs **MUST** be purchased through Express Scripts mail order or at a participating network pharmacy, or there will be no coverage from the Plan.

	Classic Option		Saver HSA Option
	\$100 Individual/ \$200 Family Deductible <i>Retail and mail order combined</i>		30-Day Retail & 90-Day Mail Order
	30-Day Retail*	90-Day Mail order	
Generic	\$10	\$25	Deductible, 20%**
Preferred Brand	\$30	\$75 (Including Specialty)	Deductible, 20%
Non-Preferred	\$60	\$150	Deductible, 20%
Out-of-pocket Maximum	Combined with medical		

\* To encourage the use of Mail Order or Smart90-Walgreens, there will be no coverage for the third and subsequent fills of a "maintenance drug" purchased at other participating retail pharmacies. You will pay 100% of the cost of the medication.

\*\* Certain generic preventive drugs under the Saver HSA option are covered at 100%. A list of these drugs can be found at [www.myMPCbenefits.com](http://www.myMPCbenefits.com).

### MAINTENANCE MEDICATIONS

If you take medications on an ongoing basis for chronic conditions, they are classified as maintenance drugs and you will need to purchase a [90-day supply](#) from the Express Scripts mail order pharmacy or through Walgreens Smart90 (see below).

#### Express Scripts Mail Order

Your maintenance medications can be filled by [Express Scripts](#) and mailed to your home. Let your provider know to write your prescription for a 90-day supply and send it to Express Scripts.

#### Smart90-Walgreens

As an alternative to the mail order pharmacy from Express Scripts described above, you can choose to get your maintenance medications supplied through a Walgreens pharmacy. For more information click [here](#) or call Express Scripts at 1-877-207-1357.

#### SaveOnSP Program

Members in the Classic Option who enroll in the free program can get [certain specialty medications](#) at a \$0 copay.

### PRIOR AUTHORIZATION:

Prior authorization and step therapy encourage safe, cost-effective medication use by allowing coverage when certain conditions are met.

**Step Therapy:** If the formulary indicates you need prior authorization or step therapy (which requires the previous use of one or more medications before coverage for a specific drug is provided), your physician will need to submit a request to Express Scripts for approval. Contact Member Services at 1-877-207-1357 for assistance.

**Accredo** is the Express Scripts Specialty Pharmacy. Our plan requires that certain medications be obtained through Accredo. These medications require injection or infusion and have special shipping and handling needs. Find out if your medication is considered a specialty drug by calling the Accredo Specialty Pharmacy at 1-800-803-2523.



## TAX SAVINGS ACCOUNTS

No matter which Health Plan option you choose, you may need to pay some expenses out-of-pocket. Marathon Petroleum offers you three types of accounts to help you manage these expenses with pre-tax dollars. Each account is optional and has unique features, as shown below.

	Health Savings Account (HSA)	Flexible Spending Account (FSA)	Limited Purpose FSA (LPFSA)
Administered by	<a href="#">Fidelity</a>	<a href="#">PayFlex</a>	<a href="#">PayFlex</a>
Coordinates with which Health Plan option	Saver HSA	Classic, Waived or Kaiser	Saver HSA
Marathon Petroleum's 2021 contribution amount	Employee Only: \$500 Employee + Child(ren): \$1,000 Employee + Spouse: \$1,000 Employee + Family: \$1,000	\$0	\$0
Before-tax contribution limits (includes Company contributions)	Individual: \$3,600 Family: \$7,200 <small>Individuals who will be age 55 or above at any time in 2021 may contribute an additional \$1,000</small>	\$2,750	\$2,750
Use for Health Plan contributions	Generally, only if you are retired and age 65 or older	No	No
Use for medical, dental and vision expenses	Yes	Yes	Dental & Vision only + <a href="#">post-deductible medical expenses</a>
Portable if you leave Marathon Petroleum	Yes	No	No
When funds are available for use	Works like a checking account – you must have enough money available to cover the expense	Immediately	Immediately
Debit card	Yes	Yes	Yes
Potential to earn investment returns	Yes	No	No
Rollover from year to year	Yes	Up to \$500 carry over	Up to \$500 carry over
Enrollment without participation in Marathon-sponsored Health Plan	No	Yes	No

## FLEXIBLE SPENDING ACCOUNT (FSA)

The Marathon Petroleum Health Care Flexible Spending Account (FSA) is administered by [PayFlex](#) and available if you select the Classic option, Kaiser HMO, or waive coverage under the Health Plan. The FSA allows you to save pre-tax money to help pay for eligible medical, dental or vision expenses for you and your tax dependents throughout the year.

- The maximum annual contribution is \$2,750 (minimum is \$120 annually).
- Your FSA contributions are divided evenly throughout the year and deducted from each paycheck before taxes are withheld, but your full election is available for immediate use.
- Use the money in this account to pay for [eligible out-of-pocket health care](#), dental and vision expenses for yourself, your spouse or for any person you claim as a dependent on your federal income tax return, including family members who are not covered under other Marathon Petroleum plans.
- Eligible expenses (including deductibles, coinsurance and copays) are for services incurred between the date you enroll and December 31, 2021. Keep in mind that FSA claims must be filed by May 31, 2022.
- You are able to carry over up to \$500 into 2022.



## LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT (LPFSA)

If you are enrolled in the Saver HSA Health Plan option, you may enroll in a Limited Purpose Flexible Spending Account (LPFSA) that is limited to paying for **eligible dental and vision expenses**.

### Key Features

Contribute pre-tax dollars from your paycheck, up to the IRS limit of \$2,750 (minimum is \$120 annually).

- Your FSA contributions are divided evenly throughout the year and deducted from each paycheck before taxes are withheld, but your full election is available for immediate use.
- The LPFSA works great with an HSA, since it helps save your HSA dollars for future expenses.
  - Eligible expenses may include:
    - dental and orthodontia care, such as fillings, X-rays and braces,
    - vision care, including eyeglasses, contact lenses and LASIK surgery.
- Once you meet your deductible, you can use your funds to pay for **all eligible health care expenses**. But first, make sure you let PayFlex know you met your deductible by completing the [Post Deductible Certification Form](#).

### Other Claims Payment Options

If you have eligible claims not paid by the PayFlex Debit Card, you can file a [paper claim](#) with PayFlex for reimbursement from your FSA or LPFSA.

Claims may be uploaded from the PayFlex Mobile app, submitted online, faxed or mailed.



PayFlex has a mobile app to help you manage your FSA and Limited Purpose FSA.

## HEALTH SAVINGS ACCOUNT (HSA)

The Health Savings Account is administered by [Fidelity](#). If you enroll in the Saver HSA Health Plan option, you will automatically receive a Health Savings Account and a Company contribution to the account. You can use your HSA to help pay for current medical expenses with tax-free dollars, or to help you save for future medical expenses. The money in your HSA is yours to keep – even if you leave or retire from Marathon Petroleum.

### Key Features

- Triple tax advantaged account.
- Your balance in the HSA rolls over from year to year, so you can use it to save for future health care expenses even after you retire.
- If you leave the Company or retire, you can take your entire HSA with you, including Marathon Petroleum's contributions.
- You can choose investments for your account from a broad range of options, including a full range of Fidelity mutual funds, non-Fidelity funds and individual stocks and bonds.

### HSA Limits

<b>Employee Only Maximum</b>	<b>\$3,600</b>
<b>Company Contribution</b>	\$500
<b>Employee Contribution</b>	\$3,100
<b>Employee + Dependent(s) Maximum</b>	<b>\$7,200</b>
<b>Company Contribution</b>	\$1,000
<b>Employee Contribution</b>	\$6,200
<b>Employee Catch-Up Contribution age 55 or above at any time in 2021</b>	<b>\$1,000</b>

### HSA Eligibility Rules

- You must be enrolled in the high-deductible health plan option (Saver HSA).
- You cannot be claimed as a dependent on someone else's tax return.
- If you or your dependents are 65 and/or Medicare eligible, special rules apply. Please consult a tax advisor.
- You cannot have any other medical coverage (such as through your spouse's employer).
- If you are eligible for Veteran's benefits or TRICARE, special rules apply. Please consult a tax advisor.
- You cannot use HSA dollars for domestic partners unless they are qualified tax dependents.
- You (or your spouse) cannot contribute to, or receive reimbursement from, a regular Health Care Flexible Spending Account (FSA).





## SETTING UP YOUR HSA

When you enroll in the Saver HSA for the first time through BenefitSolver, you will need to accept the terms and conditions to open your Health Savings Account (HSA). BenefitSolver will notify Fidelity of your acceptance to open your HSA.

If you have an existing [Fidelity](#) account, simply log in and click **open your account** in the Health Savings Account tile. After your HSA is opened, you will receive a Fidelity HSA debit card and MPC will contribute to your HSA on the next payroll cycle.

For more information, please contact a Fidelity HSA representative at 1-800-544-3716.

*Note: Newly eligible employees can begin contributions to their accounts on the first of the month following enrollment in the Saver HSA option. To receive funding for the current year, the HSA must be opened by November 30.*

### Health Savings Account: A Triple Tax Advantage

If you are looking for ways to boost your savings and plan for retirement medical expenses, consider enrolling in the Saver HSA plan to take advantage of the tax savings. When you contribute to an HSA, you get a triple tax advantage. Here's how:

- **No taxes on contributions.** Any money you contribute to your HSA is exempt from federal income, Social Security and Medicare taxes.
- **No taxes on earnings.** The more you save, the more your money grows. If you invest your account balances, you will not be taxed on investment earnings.
- **No taxes when you use it.** As long as you use your HSA to pay for eligible health care expenses, you will not be taxed on those dollars.

For a more complete list of eligible expenses, refer to [IRS Publication 502](#).



### How the HSA Helps You Save for Retirement

The HSA can be a resource to help you reach your retirement goals. It combines many of the attributes you find in a traditional IRA and Roth IRA including tax-deductible contributions, tax-free growth and tax-free distributions.

If you can pay for most of your annual health care expenses out of pocket, or if your annual HSA contributions are more than your expenses, the money in your account will accumulate. This money rolls over from year to year and grows tax-free through any investment returns it may earn. You can use this money to pay for qualified health care expenses in the future, including medical expenses in retirement.

#### Important! Health Savings Account (HSA)

**Information** It is the responsibility of each HSA owner to ensure that he or she satisfies applicable HSA eligibility rules and complies with applicable contribution limitations. Contributions that are made by ineligible owners and contributions in excess of IRS prescribed limits are taxable to the owner and subject to an excise tax imposed on the HSA owner, unless distributed to the HSA owner within IRS-prescribed time frames. It is the HSA owner's responsibility to request a distribution of excess contributions (including Company contributions) within such time frames in order to avoid the excise tax.

## 2021 DENTAL PLAN

The Marathon Petroleum Dental Plan is administered by **Delta Dental**. You can receive care from any licensed dentist, however, providers in the Premier network and PPO network offer the lowest discounts.



### ***In-Network:***

- Negotiated provider rates that can save you money when you receive care from a provider in either network:
  - PPO (greatest discount)
  - Premier

### ***Out-of-Network:***

- You will be responsible for [filing your own claim\(s\)](#) to Delta Dental.
- Delta Dental will then pay you and you will be responsible for paying the provider.
- The provider may also balance bill you.



To find a Delta Dental PPO Network provider, call Delta at 1-800-524-0149 or click [here](#).

Monthly Contributions ( <i>pre-tax payroll deductions</i> )			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
\$13.50	\$31	\$27.50	\$48

Dental Plan Coverage		
<b>Annual Deductible:</b> \$50 per person		
<b>Calendar Year Maximum</b> (not including orthodontia): \$2,000 per person		
Type of Service	Service Examples	In-network Coverage
Preventive and Diagnostic	Exams (limited to two per year), x-rays, fluoride treatments	100%* (no deductible)
Basic dental services	Filling, extractions, root canals	80%* (after deductible)
Major dental services	Inlays, crowns, dentures	50%* (after deductible)
Orthodontia services (lifetime maximum: \$2,000)	Traditional Metal Braces	50%* (after deductible)

\* When you receive services from a nonparticipating dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dental Fee that will be paid for those services. This amount may be less than what the dentist charges or Delta Dental approves and you are responsible for that difference.

† \$50 individual deductible does not apply to preventive services.

## 2021 VISION PLAN

The Marathon Petroleum Vision Plan is administered by **Anthem Blue View Vision**. You can receive care from any licensed eye care professional, but if you see an Anthem in-network provider you'll get the best rates.



To find an in-network eye care provider call Anthem Blue View Vision at 1-866-723-0515, or follow [these instructions](#).

Monthly Contributions ( <i>pre-tax payroll deductions</i> )			
Employee Only	Employee + Child(ren)	Employee + Spouse	Employee + Family
\$7	\$13	\$12	\$20

Plan Features	In-network
Exams	A comprehensive eye exam annually covered at 100%
Contacts or Frames	\$130 allowance annually towards frames, or contacts. <ul style="list-style-type: none"><li>• Frames are covered every other year.</li><li>• Allowance applies to one order per year of contacts.</li></ul>
Lenses (Single vision, bifocal, trifocal)	\$10 copay

A full schedule of vision benefits, including out-of-network coverage, can be found [here](#).





## LIFE INSURANCE PLAN

Marathon Petroleum provides you with Company-paid Basic Life coverage equal to two times your covered compensation. You are automatically enrolled in Basic Life Insurance on your first day with Marathon Petroleum.

### OPTIONAL EMPLOYEE LIFE INSURANCE

You also may elect additional life insurance coverage from one to six times your covered compensation at age-based premiums. New employees are eligible to elect any level of coverage.\* Employees are required to complete a Statement of Health with MetLife when the amount of their Optional Life insurance exceeds \$750,000.

### OPTIONAL SPOUSE (DOMESTIC PARTNER) LIFE

You can elect coverage for an eligible spouse or domestic partner in \$10,000 increments, up to a maximum of \$100,000. Coverage over \$50,000 will require a Statement of Health. If you experience a qualifying event, you can enroll or increase coverage; subject to certain rules.

### OPTIONAL CHILD LIFE

You may elect child life insurance coverage of \$10,000, \$20,000 or \$30,000. Contributions are a fixed amount and do not vary with the number of children covered. Benefits are payable at the amount of coverage for each covered child. **Your dependents must be on your record and listed under this plan in BenefitSolver to have coverage.**

The following rates are age-based and are determined by your age (or your spouse/DP's age for Spouse/DP coverage) on December 31, 2021.

Monthly Contributions (after-tax payroll deductions)				
Age Category	Employee (per \$1,000 of Coverage)	Spouse/Domestic Partner (per \$1,000 of Coverage)	Child(ren)	
			Coverage	Cost per Month
< 25	\$0.025	\$0.032	\$10,000	\$0.89
25 – 29	\$0.031	\$0.041	\$20,000	\$1.78
30 – 34	\$0.041	\$0.053	\$30,000	\$2.67
35 – 39	\$0.048	\$0.062		
40 – 44	\$0.052	\$0.068		
45 – 49	\$0.077	\$0.102		
50 – 54	\$0.119	\$0.156		
55 – 59	\$0.223	\$0.292		
60 – 64	\$0.343	\$0.451		
65 – 69	\$0.659	\$0.865		
70 +	\$1.138	\$1.495		

*The following additional services are available at no cost to employees who enroll in Optional Employee Life Insurance coverage:*

### **FACE-TO-FACE WILL PREPARATION**

This service provides access to an in-network attorney to help you or your spouse create a will or living will, modify an existing will and create a power of attorney document. You may access an attorney as many times as you need to make updates to these documents. Reimbursement is also available for out-of-network attorneys with set fees. See more information [here](#).

### **FACE-TO-FACE ESTATE RESOLUTION SERVICES**

This service provides your beneficiaries and executors/administrators access to face-to-face legal representation for probating your and your spouse's estate. Probate services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs, and completion of correspondence necessary to transfer non-probate assets.

Will Preparation and Estate Resolution Services are offered by MetLife Legal Plans. To access these services, call 1-800-821-6400 and enter Marathon Petroleum and group number, which is #37600. Refer to the Life Insurance Plan for detailed information.

### **DIGITAL ESTATE PLANNING**

This service provides access for you to create and execute key estate planning documents all online by answering only a few simple questions. Documents that can be created include Last Will and Testament, Living Wills and Powers of Attorney. To access this service, visit [www.legalplans.com/estateplanning](http://www.legalplans.com/estateplanning) and follow the online instructions.



## ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE

Marathon Petroleum provides you with Company-paid Basic Accidental Death and Dismemberment (AD&D) Insurance equal to two times your covered compensation. You are automatically enrolled in Basic AD&D on your first day with Marathon Petroleum.

### OPTIONAL EMPLOYEE AD&D

You also may elect additional life insurance coverage in increments of \$25,000, up to a maximum of \$250,000.

### OPTIONAL SPOUSE (DOMESTIC PARTNER) AD&D

You can elect coverage for an eligible spouse or domestic partner in \$25,000 increments, up to a maximum of \$250,000.

### OPTIONAL CHILD AD&D

You may elect coverage for your child(ren) at \$10,000, \$20,000 or \$30,000. Contributions are a fixed amount and do not vary with the number of children covered. Benefits are payable at the amount of coverage for each covered child. Your dependents must be on your record and listed under this plan in BenefitSolver to have coverage.

The following rates are age-based and are determined by your age (or your spouse/DP's age for Spouse/DP coverage) on December 31, 2021.

Monthly Contributions (after-tax payroll deductions)				
Coverage Amount	Employee Cost per Month	Spouse/Domestic Partner Cost per Month	Child(ren)	
			Coverage	Cost per Month
\$25,000	\$0.30	\$0.30	\$10,000	\$0.12
\$50,000	\$0.60	\$0.60	\$20,000	\$0.24
\$75,000	\$0.90	\$0.90	\$30,000	\$0.36
\$100,000	\$1.20	\$1.20		
\$125,000	\$1.50	\$1.50		
\$150,000	\$1.80	\$1.80		
\$175,000	\$2.10	\$2.10		
\$200,000	\$2.40	\$2.40		
\$225,000	\$2.70	\$2.70		
\$250,000	\$3.00	\$3.00		

## OCCUPATIONAL ACCIDENTAL DEATH (OAD) BENEFIT PLAN

Marathon Petroleum provides Company-paid OAD coverage, which pays a benefit if you die as a result of an accident while you are engaged in Company duty. The OAD Plan benefit is equal to the greater of \$500,000 or two times your annual gross pay (not to exceed \$1,500,000). You are enrolled automatically in this Plan, and coverage is provided at no cost to you. The only action required on your part is to [designate a beneficiary](#).

### LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT OVERVIEW (EMPLOYEE ONLY)

Benefit	Enrollment	Description	Cost	Amount
<b>Basic Life Insurance</b>	Automatic	Company-paid life insurance equal to two times your covered compensation.	Company Paid	2x your covered compensation
<b>Optional Life Insurance</b>	Optional	Optional Employee Life insurance coverage from one to six times your covered compensation at age-based premium rates. Pays in addition to basic life insurance.	Employee Paid	Up to 6x your covered compensation
<b>Basic AD&amp;D</b>	Automatic	Company-paid AD&D coverage of two times your covered compensation. Paid in addition to basic life if death or injury is the result of an accident.	Company Paid	2x your covered compensation
<b>Optional AD&amp;D</b>	Optional	Optional Employee AD&D coverage in increments up to \$250,000 paid in addition to basic life and basic AD&D if death or injury is the result of an accident.	Employee Paid	Up to \$250,000
<b>Occupational Accidental Death</b>	Automatic	Company-paid coverage if you die as a result of an accident while you are engaged in Company duty.	Company Paid	The greater of \$500,000 or two times your annual gross pay. (Not to exceed \$1,500,000)

See plans for definition of covered compensation.

## BENEFICIARY DESIGNATION FOR LIFE AND ACCIDENT INSURANCE

As Marathon Petroleum's group life and accident insurance provider, MetLife provides a secure website, <https://mybenefits.metlife.com>, for electing, storing and updating your beneficiary designations for your life and accident insurance coverage.

New enrollments will receive a welcome letter from MetLife with information on how to designate a beneficiary for your life and accident coverage. The letter will include instructions on how to access the secure website. Please be sure to make your beneficiary designations and make changes as needed to fulfill your intentions.

Employees also can designate beneficiary information with a [paper form](#).



## LONG TERM DISABILITY (LTD) PLAN

Marathon Petroleum's LTD coverage helps provide income protection if you're unable to work due to a disabling condition. The Plan provides for 60% of your monthly base pay following six months of disability, up to a maximum monthly benefit of \$12,000. You are automatically enrolled in this Plan with coverage provided at no cost to you.

Employees currently waived in the LTD Plan are able to elect coverage at any time. In order for coverage to be effective, the employee must complete the [Evidence of Insurability](#) information provided by the vendor.

## METLIFE LEGAL PLANS

MetLife Legal Plans provides you with access to experienced attorneys for a variety of legal assistance matters. For \$15.75 a month, employees have access to an unlimited number of phone and office consultations, estate planning, financial consultation, family law assistance, real estate matters, traffic offenses, identity theft matters and more. Coverage also includes your spouse and eligible dependents.

More information can be found [here](#) or by visiting [www.info.legalplans.com](http://www.info.legalplans.com), Access code 9902519.

Client Service Center:  
1-800-821-6400, Monday - Friday,  
8 a.m. to 8 p.m. EST



## THRIFT PLAN

To help you build a secure financial future, Marathon Petroleum offers a Thrift Plan, commonly known as a 401(k) Plan.

### PLAN HIGHLIGHTS

- Marathon Petroleum offers a Company matching contribution of \$1.17 per \$1.00 contributed, on your pre-tax, after-tax and/or Roth deferral contributions up to an aggregate of 6% of your gross pay. That means you can contribute 6% of your pay to get the maximum 7% match from the Company.
- Eligible employees are immediately 100% vested (i.e., have ownership) in Company-matching contributions, and you are always 100% vested in your own contributions.
- You may contribute to the Plan by electing contributions of up to 75% of gross pay combined for Pre-Tax, Roth, After-Tax, Catch Up & Roth Catch Up, subject to dollar limits.
  - Employees determined by the IRS to be highly compensated may have additional limitations. For example, highly-compensated employees can make after-tax contributions of 1% or 2%.
- If you will reach age 50 or older by the end of the calendar year, you can take advantage of a “catch-up” contribution, which enables you to make additional Roth and/or pre-tax contribution to the Thrift Plan up to annual dollar limits regulated by the IRS.
- You can direct the investment of your own and the Company’s contributions in a variety of investment options, including Company stock, mutual funds or a stable value fund.
- While you are employed with Marathon Petroleum, you have access to your Thrift Plan accounts through a loan provision and a partial withdrawal feature that is subject to Plan guidelines. If you leave Marathon Petroleum, subject to Plan provisions, you may elect to:
  - Take the value of your vested accounts as a single lump-sum payment or in installments.
  - Leave the money in the Plan.
  - Roll the money over to another tax-advantaged plan.

### HOW TO ENROLL

You enroll for this plan separately from your medical, dental, life insurance and other benefits - and you can do so at any time. Enroll in the Thrift Plan anytime through Fidelity’s NetBenefits website or by calling Fidelity at 1-866-602-0595.

To enroll:

- Visit [netbenefits.com](https://netbenefits.com).
- Click on the welcome banner at the top of the page.
- Click on Start Easy Enroll or Start Standard Enrollment and follow the prompts.
- Don’t forget to designate your beneficiary online during your enrollment!

**Important:** If you made pre-tax or Roth contributions with another employer during this calendar year, we must be made aware of the amount of those contributions so you do not exceed IRS contribution limits. These amounts should be reported to the Marathon Petroleum Benefits Service Center at [benefits@marathonpetroleum.com](mailto:benefits@marathonpetroleum.com) or 1-888-421-2199 at your earliest convenience.

The Plan accepts rollovers from other qualified plans as long as eligibility requirements are met. Please email [benefits@marathonpetroleum.com](mailto:benefits@marathonpetroleum.com) to request a rollover packet. You may request the packet yourself once you are logged into NetBenefits.



## RETIREMENT PLAN

Marathon Petroleum offers a Retirement Plan to help provide you with income once you retire. To be eligible to participate in the Retirement Plan, you must be a Regular Full-time, Regular Part-time or Casual employee. Coverage is provided automatically when you begin employment; enrollment is not necessary.

Age + Cash Balance Service =	Annual Percentage of Eligible Pay Credited
Under 50	7%
50 – 69	9%
70 and over	11%

### PLAN HIGHLIGHTS

- The Marathon Petroleum Retirement Plan is an accrued benefit-type (cash balance) pension plan and is provided entirely at Company expense.
- Marathon Petroleum will provide annual Pay Credits at 7%, 9% or 11% of eligible pay. Pay Credit percentages are determined on December 31 each year, using the sum of your age and Cash Balance service, as shown in the chart. Marathon Petroleum also will provide Interest Credits, which are compounded monthly.
- The Retirement Plan is administered by Fidelity and can be viewed anytime at [www.netbenefits.com](http://www.netbenefits.com) or by calling Fidelity at 1-866-602-0595.
- You are vested in the Plan upon the completion of three years of vesting service.
- Once you are vested, you are eligible to receive your benefit if you retire or resign. Payment options include a lump sum and a variety of annuity options.





## VACATION

The vacation available to you during the calendar year you are hired is based on your month of hire and your “normal” scheduled hours. In subsequent years, employees become eligible for a vacation benefit under the Normal Vacation Benefit Schedule on January 1 of each calendar year, based on the amount of service that will be completed in that calendar year. At the end of each calendar year, any earned but unused vacation benefit will remain in your Vacation Bank for the following calendar year; however, the amount of vacation benefit in your Vacation Bank at any one time cannot exceed two times the amount of vacation you earn for a calendar year under the Normal Vacation Benefit Schedule.

Vacation for New Hire During First Year of Employment	
Hire Month	New Hire Vacation Will Be
January – March	100% of eligible weeks
April	90% of eligible weeks
May	80% of eligible weeks
June	70% of eligible weeks
July	60% of eligible weeks
August	50% of eligible weeks
September	40% of eligible weeks
October	30% of eligible weeks
November	20% of eligible weeks
December	10% of eligible weeks

Normal Vacation Benefit Schedule	
Starting With the Calendar Year an Employee Completes	Annual Vacation on January 1
1 – 4 years of service	2 weeks
5 – 9 years of service	3 weeks
10 – 19 years of service	4 weeks
20 – 29 years of service	5 weeks
30+ years of service	6 weeks

## SICK BENEFIT PLAN (LEGACY MPC EMPLOYEES)

Plan benefits are based on your length of service and range from three weeks of full sick pay upon your date of hire, to 26 weeks of full pay after 13 years. Plan details and a schedule of benefits can be found [here](#).

## HOLIDAYS

The following paid holidays are observed in locations that follow the corporate holiday schedule: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, one additional day at Christmas and two floating days off. See the schedule [here](#).

## LEGACY ANDEAVOR EMPLOYEES

### ***Paid Sick Leave***

The Paid Sick Leave program is for occasional and brief illnesses, and is a bridge to the Short-Term Disability Program, if needed. Paid Sick leave provides 7 days of paid leave each calendar year, up to a maximum of 14 days. Paid Sick Leave can also be used to meet specific needs for qualifying members or other close personal relations, as defined in the Paid Sick Leave Program.

### ***Short Term Disability***

For medical conditions of longer duration, continuation for all or part of your regular pay is in the form of STD benefits. There is a 7 day waiting period before benefits begin. The seven day waiting period can be covered by available Paid Sick Leave. Plan details and a schedule of benefits can be found [here](#).

*Please consult local HR for more information.*



## WELL ALL WAYS PROGRAM

MPC cares about your well-being and strives to provide resources to make the healthy choice the easy choice, which is at the core of the Well ALL Ways program. The program's mission is to encourage and empower all our employees and their families to live life fueled by healthy behaviors.

### WELL ALL WAYS INCENTIVE PROGRAM

MPC provides an annual financial incentive to eligible employees who fulfill specific participation requirements related to their well-being. Completion of an online health assessment and a preventive physical exam with an approved healthcare provider can earn the employee a \$400 payroll stipend. Completion of a physical exam by an eligible spouse or domestic partner will earn an additional \$200. For more information, contact Well ALL Ways at [WellALLWays@marathonpetroleum.com](mailto:WellALLWays@marathonpetroleum.com) or 866-808-5706.

### Additional Resources

In addition to the incentive, MPC offers a wide range of programs and activities to assist employees in improving and maintaining their personal and professional well-being.

- **Healthy living programs** - telephonic lifestyle coaching and online learning resources.
- **Corporate-wide challenges** – opportunities to participate in a fun and healthy challenge, either with a team or individually.
- **Engaging educational opportunities** - live webinars, on-site presentations, live workshops, health fairs and screening events.
- **Well ALL Ways Champion network** – volunteer employee liaisons who advocate and facilitate local wellness initiatives.

### For More Information

Contact the Well ALL Ways team for details on current programs, including requirements, eligibility, deadlines, and more.

- [WellALLWays@marathonpetroleum.com](mailto:WellALLWays@marathonpetroleum.com)
- 866-808-5706
- [www.mympcwellallways.com](http://www.mympcwellallways.com)



## ADOPTION ASSISTANCE PROGRAM

The Adoption Assistance Program helps you pay for qualifying adoption expenses up to \$7,500 per adoption with a lifetime maximum of \$15,000, with no limit on the number of adoptions. This is a Company-paid benefit.

For more details, please see the Adoption Assistance Plan [here](#).

## FAMILY LEAVE

Under the Family Medical Leave Act (FMLA), eligible employees are entitled to up to a total of 12 workweeks (maximum) of unpaid Family Leave during an applicable 12-month period for the serious illness of a family member.

By law, to be eligible for a Family Leave qualifying under FMLA, you must be employed with the Company for at least 12 months and have worked for at least 1,250 hours during the previous 12-month period. **However, under current corporate policy, the service requirement has been waived for Family Leave related to an employee's birth of his/her own child and for an employee's adoption/foster care placement of a child.**

In addition to the reasons listed above, the Family Medical Leave Act (FMLA) has been expanded to:

- a) Include "qualifying exigency," which is related to a family member's call to active duty; and
- b) Allow a 26-week unpaid FMLA leave for employees to care for a close family member who suffers a serious injury or illness while serving in the United States Armed Forces. Contact your local Human Resources Consultant for further information.

If an employee is off for their own serious medical condition, please reference the [Medical Leave Policy](#).

## PARENTAL LEAVE

Marathon Petroleum provides a paid parental leave program that includes 8 weeks of maternity leave for the birthing-parent at 100% pay and 4 weeks of paid parental pay for non-birthing parents including adoption and foster placement. For more details, please see the Parental Pay Policy [here](#).

## EDUCATIONAL REIMBURSEMENT PLAN

Marathon Petroleum encourages you to enhance your job-related knowledge and skills by helping you pay for outside educational expenses. The Company will reimburse expenses for your eligible tuition and required fees and textbooks, subject to a maximum reimbursement of \$5,250 per year for undergraduate studies, or \$9,000 per year for graduate studies, upon satisfactory completion of approved courses. Reimbursement of Certification and Licensing programs also is available. Click [here](#) for more information.

## MARATHON PETROLEUM SCHOLARS PROGRAM

The [Marathon Petroleum Scholars Program](#) is designed to help your eligible children pursue their educational goals. The Program offers a scholar award of \$4,000 annually for a limited number of high school students who are sons or daughters of regular full-time or regular part-time employees and retirees.



# CONTACTS

Plan or Service	Online	Phone
BenefitSolver	<a href="http://www.myMPCbenefits.com/mybenefits">www.myMPCbenefits.com/mybenefits</a>	1-844-408-2575 8:30 a.m. to 7:30 p.m. EST
Marathon Petroleum Benefits Service Center	<a href="http://www.myMPCbenefits.com">www.myMPCbenefits.com</a> Email: <a href="mailto:benefits@marathonpetroleum.com">benefits@marathonpetroleum.com</a>	1-888-421-2199 8:00 a.m. to 5:00 p.m. EST 1-419-421-3057 (Fax)
<b>Health Care</b>		
<b>Classic and Saver HSA Health Plan Options</b>		
<b>Anthem BlueCross BlueShield</b> <ul style="list-style-type: none"> <li>Find Providers, Claims and ID Cards</li> <li>Pre-Certification</li> <li>24/7 Nurseline</li> <li>Coverage/Traveling Overseas</li> </ul>	<a href="http://www.anthem.com">www.anthem.com</a> Group #: 003329993	1-855-698-5676 1-866-776-4793 1-888-596-9473 1-800-810-2583
Kaiser Permanente Health Plan	<a href="http://www.kp.org">www.kp.org</a>	1-800-278-3296
Best Doctors	<a href="http://www.bestdoctors.com/members">www.bestdoctors.com/members</a>	1-866-904-0910
Future Moms		1-800-828-5891
<b>Prescription Drug Program</b>		
Express Scripts	<a href="http://www.express-scripts.com">www.express-scripts.com</a> Group #: MARAPET	1-877-207-1357
<b>Employee Assistance Program (EAP)</b>		
Anthem EAP	<a href="http://www.anthemeap.com">www.anthemeap.com</a>	1-800-865-1044
<b>Dental Plan</b>		
Delta Dental	<a href="http://www.deltadentaloh.com">www.deltadentaloh.com</a>	1-800-524-0149
<b>Vision Plan</b>		
Anthem Blue View Vision	<a href="http://www.anthem.com">www.anthem.com</a>	1-866-723-0515
<b>Health Care Flexible Spending Account</b>		
PayFlex	<a href="http://www.payflex.com">www.payflex.com</a>	1-844-PAYFLEX (1-844-729-3539)
<b>Legal Services</b>		
MetLife Legal Plans	<a href="http://www.info.legalplans.com">www.info.legalplans.com</a> (access code 9902519)	1-800-821-6400, 8:00 a.m. to 8:00 p.m. EST, M-F
<b>Life &amp; Accident Insurance</b>		
Life & Accident Insurance Beneficiary Designations — MetLife	<a href="http://www.mybenefits.metlife.com">www.mybenefits.metlife.com</a>	1-866-574-2864
Travel Assistance — AXA Assistance USA, Inc.	<a href="http://webcorp.axa-assistance.com/">http://webcorp.axa-assistance.com/</a> Login: axa Password: travelassist	Within the U.S. and Canada: 1-800-454-3679 International (call collect): 1-312-935-3783
<b>Savings &amp; Retirement</b>		
Thrift, Retirement and Health Savings Account — Fidelity	<a href="http://www.netbenefits.com/marathonpetroleum">www.netbenefits.com/marathonpetroleum</a>	1-866-602-0595
<b>Wellness</b>		
Health Assessment, Programs, Education, and Tools — Health Fitness	<a href="http://www.mympcwellallways.com">www.mympcwellallways.com</a>	1-800-851-5951 Option 1
Health Services Wellness Helpline		1-800-851-5951 Option 1

## ADDITIONAL BENEFITS

### METLIFE PROPERTY, CASUALTY AND AUTOMOBILE INSURANCE

MetLife offers a full line of personal property, casualty and automobile coverage at special group rates, along with the convenience of expanded payment options, including payroll deductions. You will receive information directly from MetLife providing program details. You may visit their website at <https://mybenefits.metlife.com> or call 1-800-438-6381.

The MetLife property, casualty and automobile insurance described here is not a Marathon Petroleum-sponsored plan or benefit. It is not a plan covered under the federal law known as “ERISA”. Marathon Petroleum has simply chosen to allow MetLife to make its programs known and available to Marathon Petroleum employees. The MetLife insurance is entirely voluntary, and only you can decide whether it is appropriate for you and your family. Marathon Petroleum is not able to provide you with advice regarding the MetLife insurance. Your participation is your decision, completely voluntary and at your own expense.

### METLIFE MISCELLANEOUS SERVICES

*These services are part of the Life Insurance Plan and are included in the cost of coverage. Refer to the Life Insurance Plan at [www.myMPCbenefits.com](http://www.myMPCbenefits.com) for detailed information.*

#### Travel Assistance, ID Theft and Mobile Assist Program

While traveling internationally or domestically (if more than 100 miles from home), the Travel Assistance Program offers you and your dependents the advantage of medical, travel, legal, financial and concierge services, 24 hours a day, 365 days a year — whether for personal or work-related travel. Identity Theft Solutions is available to help educate you on identity theft prevention and provide assistance to alleviate the stress if you should become a victim of identity theft. Lastly, you also have access to Mobile Assist,

which provides information to help avoid expensive mobile telephone charges when traveling abroad and help effectively use overseas options.

You can obtain the help you need through more than 600,000 pre-qualified providers worldwide. Contact AXA Assistance USA, Inc. at 1-800-454-3679 (toll-free in the U.S. and Canada), 1-312-935-3783 (international), or visit [www.metlife.com/travelassist](http://www.metlife.com/travelassist).

#### Grief Counseling

Grief counseling services offer you and your beneficiaries up to five grief counseling sessions, either face-to-face or over the phone, and related concierge services to help cope with grief or mourning, no matter the circumstances — whether it’s a death, an illness or a divorce. Grief counseling sessions and related services provide valuable, confidential and professional support during a difficult time to help address personal and funeral planning needs. Contact Lifeworks at 1-888-319-7819 or visit <https://metlifegc.lifeworks.com> (Username: metlifeassist, Password: support).

#### Delivering the Promise

The Delivering the Promise service is designed to help beneficiaries sort through the details and serious questions about claims and financial needs during a difficult time. MetLife has arranged for third-party professionals to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and financial questions. Call 1-877-ASK-MET7 (1-877-275-6387) for additional details.



### **WillsCenter.com**

The website [www.willscenter.com](http://www.willscenter.com) offers an online document preparation service that can help you or your spouse prepare a will, living will, power of attorney and HIPAA authorization form. The site is available 24 hours a day, seven days a week and requires a simple one-time registration. You should note that WillsCenter.com does not provide access to an attorney or legal advice. Please consult with your financial, legal and tax advisors for advice with respect to such matters.

### **Funeral Discounts and Planning Services**

You and your family have access to funeral discounts, planning and support to help honor a loved one's life - at no additional cost to you. Dignity Memorial provides you and your loved ones access to discounts of up to 10% off funeral, cremation and cemetery services through the largest network of funeral homes and cemeteries in the United States.

When using a Dignity Memorial Network, you have access to convenient planning services – either online at [www.finalwishesplanning.com](http://www.finalwishesplanning.com), by phone (1-866-853-0954), or by paper - to help make final wishes easier to manage. You also have access to assistance from compassionate funeral planning experts to help guide you and your family in making confident decisions when planning as well as bereavement travel services – available 24 hours a day, seven days a week, 365 days a year – to assist with time-sensitive travel arrangements to be with loved ones.



***The following additional services are available at no cost to employees who enroll in Optional Employee Life Insurance coverage:***

### **Face-to-Face Will Preparation**

This service provides access to an in-network attorney to help you or your spouse create a will or living will, modify an existing will and create a power of attorney document. You may access an attorney as many times as you need to make updates to these documents. Reimbursement also is available for out-of-network attorneys with set fees.

### **Face-to-Face Estate Resolution Services**

This service provides your beneficiaries and executors/administrators access to face-to-face legal representation for probating your and your spouse's estate. Probate services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs, and completion of correspondence necessary to transfer non-probate assets.

Will Preparation and Estate Resolution Services are offered by MetLife Legal Plans. To access these services, call 1-800-821-6400 and enter Marathon Petroleum and group number, which is #37600.

Refer to the [Life Insurance Plan](#) for detailed information.

## APPENDIX: HIPAA LETTER AND NOTIFICATION

**To: Employees, retirees, spouses, surviving spouses and adult dependent children covered by any of the following Marathon Petroleum benefit plans:**

- Dental Plan
- Employee Assistance Program
- Exchange Health Reimbursement Account Plan
- Health Care Flexible Spending Account Plan
- Health Plan
- Health Reimbursement Account Plan
- Pre-65 Retiree Dental Plan
- Pre-65 Retiree Vision Plan
- Retiree Health Plan
- Vision Plan

**Unless items 2 (on this page) or 3 (on page 39) apply to you, this letter is informational and no action from you is required.**

We are required by provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to provide you with the HIPAA Privacy Notification. Unless your circumstance or preference falls within item numbers 2 (on this page) or 3 (on page 39) discussed below, YOU ARE NOT REQUIRED TO TAKE ANY ACTION AT THIS TIME. You should read the attached notice and keep it for future reference.

The purpose of this letter is to explain why you are receiving the HIPAA Privacy Notification and point out aspects of the notice to which you may wish to pay particular attention.

The HIPAA Notice is sent to all employees, retirees, spouses, surviving spouses and dependent children who are or will be age 18 or older this year and are covered by any of the Marathon Petroleum Company LP benefit plans listed above. Dependent children who are age 18 or older this year receive this notice because HIPAA applies to them and gives them certain rights and protections regarding their Protected Health Information.

The plans listed at left are all of the plans of Marathon Petroleum that are subject to the HIPAA privacy requirements. This letter is sent to explain the HIPAA Privacy Notice, and **does not imply that you are covered by all of the plans listed**. If you are not covered by any of the plans listed at left, please disregard this notice.

Protected Health Information maintained by the Plans consists primarily of eligibility, dependent and Plan information (for example, the option of the Health Plan you may be enrolled in). Items in the attached HIPAA Notice that you should be particularly aware of are as follows:

1. The Company's Benefits Service Center addresses a number of benefits questions including eligibility, claims and billing issues. If one of your immediate family members (usually the employee member or their spouse) calls the Benefits Service Center asking for information, not on themselves, but on one of their immediate family members, the Company may be limited in the amount of information it is permitted by the new regulations to provide to other adult family members, although they will answer their questions as best they can to facilitate the resolution of claims.
2. If you DO NOT want to allow someone else in your immediate family to obtain information from the Company regarding your Protected Health Information, you must provide the Company's Benefits Service Center with a completed form stating that you do not want to allow access to your records by another immediate family member. You can obtain the form by contacting the Benefits Service Center at 1-888-421-2199 and selecting the option to talk with a Benefits Service Center Representative. You can also email the Privacy Officer for the Company at [privacy@marathonpetroleum.com](mailto:privacy@marathonpetroleum.com) and request that a form be emailed to you. Please note that if you complete this form, the Company will not be able to discuss any eligibility, billing, claim issue or any other issue pertaining to you that is subject to the HIPAA privacy rules with an immediate family member. The Company will only be able to discuss these issues directly with you. If you do not submit the form, the Company will be able to discuss your Protected Health Information with one of your immediate family members.



3. If you rely on a relative or other individual to act on your behalf for purposes of your benefits coverage (for reasons such as disability or senility), that individual must provide the Plan with a valid signed Authorization Form or a Durable Power of Attorney that specifically gives that individual authority over making health care claims and decisions before any information can be released to them regarding your Protected Health Information. For example, if you are confined to a nursing home and have someone designated to pay bills on your behalf, a Durable Power of Attorney for Health that designates that individual to act for you must be presented to the Company before we can provide any information to them or make any changes to your records that are requested by that individual. **If you wish to send a Durable Power of Attorney to permit someone to act on your behalf, you can send it to:**  
  
Marathon Petroleum Company LP  
Benefits Policy  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840
4. The Company cannot obtain diagnosis or treatment information from your physician or from one of the benefit plans' Third-party Payers (such as Express Scripts, Anthem, Delta Dental, or PayFlex) without your specific authorization to release that information to us. Moreover, the Company cannot release your information to someone else without your authorization or under the circumstances outlined in the attached Privacy Notice.
5. If you contact us about your own benefits or about the benefits of one of your covered dependents and you are the Plan member or the spouse of a Plan member, you will only be provided that information once you have identified to the satisfaction of the Service Center Representative that you are the individual you represent yourself to be. You will be required to answer correctly a series of questions before any information will be released to you.

6. The benefit plans' Third-party Payers (examples stated on the left) will have their own requirements regarding verifying identification, and those will vary from company to company. If you are the parent of a child aged 18 years or older (and in the case of some services provided by Anthem BCBS under the Employee Assistance Program, 12 years or older — depending on state law), you may not be able to receive any information regarding your child's Protected Health Information without having a Durable Power of Attorney for Health or other written authorization signed by that child. Please note that HIPAA is broad legislation and affects the way the Company and the benefit plans do business. It also impacts benefit plans' Third-party Payers and your providers (physicians, hospitals, prescription drug providers, etc.). If you call the Company for assistance with one of the benefit plans, we will encourage you to contact the Third-party Payer first to address any payment or coverage issues. HIPAA was enacted by the federal government to protect you and your privacy and to establish specified standards for the transmittal of confidential information. While it adds a layer of protection for you, it also makes it more cumbersome for you, as a consumer, to get information from your benefit plans and from your providers. Again, unless item numbers 2 or 3 applies to you, **no action is required on your part**, but you should take the time to read the attached material so that you understand your HIPAA rights. Please do not contact the Benefits Service Center with questions until you have a specific situation where you need our assistance.

Sincerely,

*Joni Faeth*  
*Benefits Policy Manager*  
*Marathon Petroleum Company LP*

**Marathon Petroleum Notice of Privacy Practices for its Benefit Plans Affected by the Privacy and Confidentiality Requirements of the Health Insurance Portability and Accountability Act (HIPAA)**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Effective Date of Notice: September 1, 2020**

The Marathon Petroleum Health Plan, Retiree Health Plan, Dental Plan, Vision Plan, Employee Assistance Program, Health Care Flexible Spending Account Plan, Pre-65 Retiree Dental Plan, Pre-65 Retiree Vision Plan, Health Reimbursement Account Plan, Exchange Health Reimbursement Account Plan and plans sponsored by the subsidiaries of Marathon Petroleum Corporation are required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- The Plan's **uses and disclosures** of Protected Health Information (PHI).
- Your **privacy rights** with respect to your PHI.
- The Plan's duties with respect to the **security** of your PHI.
- Your right to file a **complaint** with the Plan and with the Secretary of the U.S. Department of Health and Human Services (HHS).
- **The person or office to contact** for further information about the Plan's privacy practices.

The term "Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, electronic) and including genetic information.

**Section 1. Notice of PHI Uses and Disclosures**

The plans are permitted by HIPAA to use and disclose your PHI without written authorization for certain legally permitted purposes or in certain situations, as described below. In all instances, the programs will limit the use or disclosure of your PHI to the "minimum necessary" use or disclosure.

**Uses and disclosures to carry out treatment, payment and health care operations (TPO)**

The Plan and its business associates will use PHI without your consent, authorization, or an opportunity to agree or object to carry out treatment, payment and health care operations. The Plan also will disclose PHI to the Plan Sponsor, Marathon Petroleum Company LP, and its subsidiaries for purposes related to treatment, payment and health care operations.

**Treatment** is the provision, coordination or management of health care and related services. It also includes, but is not limited to, consultations and referrals between one or more of your providers. For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

**Payment** includes, but is not limited to, actions to make coverage determinations and payment (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and utilization review, and pre-authorizations). For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.

**Health care operations** include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.



**Other uses and disclosures that do not require authorization**

- (1) When required by law.
- (2) When permitted for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
- (3) When authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives, although there may be circumstances under federal or state law when the parents or other representatives may not be given access to the minor's PHI.
- (4) The Plan may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
- (5) The Plan may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plan that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.
- (6) When required for law enforcement purposes (for example, to report certain types of wounds).
- (7) For law enforcement purposes, including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime, but only if the individual agrees to the disclosure, or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgment.
- (8) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.
- (9) The Plan may use or disclose PHI for research, subject to conditions.
- (10) When consistent with applicable laws and standards of ethical conduct if the Plan, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
- (11) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law. Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

### **Uses and disclosures that require your written authorization**

Prior authorization is required for any use or disclosure for purposes not described in this Notice of Privacy Practices. Therefore, except as described in this notice, we will not use or disclose your health information without written authorization from you. If you do authorize us to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time. If you revoke your authorization, we will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though we will be unable to take back any disclosures we have already made with your permission.

Prior authorization is required for most uses and disclosures of psychotherapy notes. As such, your written authorization is required before the Plan will use or disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. The Plan may use and disclose such notes when needed by the Plan to defend against litigation filed by you.

Prior authorization is required for any disclosure of health information in which the health plan receives compensation. If applicable, your authorization is required prior to use and disclosure of PHI for third-party marketing purposes and/or for any disclosure that constitutes a sale of PHI.

### **Uses and disclosures that require an opportunity to agree or disagree prior to use or release**

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care.
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

**Note:** Your consent may be obtained retroactively in emergency situations.

We may also contact you about use of PHI for fundraising purposes, at which time you may opt out from receiving these communications. Use or disclosure for fundraising purposes is limited to information related to demographics (including your contact information), dates of service and health insurance status.

### **Prohibited uses and disclosures of PHI**

The health plan is prohibited from using or disclosing PHI that is genetic information for underwriting purposes.

**Note:** Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy regulations.

## **Section 2. Rights of Individuals**

You have certain rights in regard to your protected health information. These rights include:

### ***Right for Access to Your PHI***

Upon your request, the Plan is required to give you access to certain PHI in order to inspect and copy it. If PHI is maintained electronically, it must provide access to the electronic information in the electronic form and format requested. If the form requested is not readily producible, you must be offered another readable, electronic format.

### ***Right to Request Restrictions on PHI Uses and Disclosures***

You may request the Plan to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request. The Plan will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.

The disclosure of PHI to a health plan can be restricted if the disclosure is for one of the TPO activities stated above, is not required by law, and pertains solely to a health care item or service for which the individual (or someone on behalf of the individual) has paid out-of-pocket in full.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Such requests should be made to the following officer:

Marathon Petroleum Company LP  
Benefits Policy  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
Email: [privacy@marathonpetroleum.com](mailto:privacy@marathonpetroleum.com)

#### ***Right to Inspect and Copy PHI***

You have a right to inspect and obtain a copy of your PHI contained in a “designated record set,” for as long as the Plan maintains the PHI.

***Protected Health Information (PHI)*** includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form.

***Designated Record Set*** includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

The requested information will be provided within 30 days if the information is maintained on-site, or within 60 days if the information is maintained off-site. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Request for access to PHI should be made to the following officer:

Marathon Petroleum Company LP  
Benefits Policy  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
Email: [privacy@marathonpetroleum.com](mailto:privacy@marathonpetroleum.com)

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

#### ***Right to Amend PHI***

You have the right to request the Plan to amend your PHI, or a record about you in a designated record set, for as long as the PHI is maintained in the designated record set. The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If the request is denied in whole or in part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to the following officer:

Marathon Petroleum Company LP  
Benefits Policy  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
Email: [privacy@marathonpetroleum.com](mailto:privacy@marathonpetroleum.com)

You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

#### ***Right to Receive an Accounting of PHI Disclosures***

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made:

- (1) To carry out treatment, payment or health care operations.
- (2) To individuals about their own PHI.
- (3) Prior to the compliance date.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

#### ***Right to Receive a Copy of This Notice***

With respect to the Plans, we maintain a website with information about our benefits. On this site, we also post the most recent Notice of Privacy Practices which describes how your health information may be used and disclosed, as well as the rights you have in regard to your health information. You have the right to request a copy of this Notice and may receive a paper copy or an electronic copy via email. To request a copy of this Notice, contact the following officer:

Marathon Petroleum Company LP  
Benefits Policy  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
Email: [privacy@marathonpetroleum.com](mailto:privacy@marathonpetroleum.com)

#### ***Right to Receive Notice of a Breach***

You have a right to receive a notification of any breach of your individual unsecured PHI.

#### ***A Note About Personal Representatives***

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:

- A power of attorney for health care purposes, notarized by a notary public.
- A court order of appointment of the person as the conservator or guardian of the individual.
- An individual who is the parent of a minor child.

The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

### **Section 3. The Plan's Duties**

The Plan is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices. This notice is effective beginning April 14, 2003, and revised September 1, 2020.

The Plan is required to comply with the terms of this notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to the above date. If a privacy practice or this Privacy Notice has a material change, we will post information regarding this change to the website, [www.myMPCbenefits.com](http://www.myMPCbenefits.com), for your review. In addition, a revised version of this notice will be provided to all individuals, as required. Such a notice will be either sent by U.S. Mail, intracompany mail, by email or a combination of the above.



### ***Minimum Necessary Standard***

When using or disclosing PHI or when requesting PHI from another entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment.
- Uses or disclosures made to the individual.
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services.
- Uses or disclosures that are required by law.
- Uses or disclosures that are required for the Plan's compliance with legal regulations.

### ***De-identified Data***

This notice does not apply to information that has been de-identified. De-identified information, for which there is no reasonable basis to believe the information can be used to identify an individual, is not considered individually identifiable health information. De-identified data can be used and disclosed, as needed, to conduct necessary business functions or activities.

The Plan may also use or disclose "summary health information" to the plan sponsor for obtaining premium bids or modifying, amending or terminating the group health plan. Summary health information summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan. In sharing summary data, the information is de-identified, and all identifying information is deleted in accordance with HIPAA.

### **Section 4. Your Right to File a Complaint With the Plan or the HHS Secretary**

If you believe that your privacy rights have been violated, you may file a complaint to the Plan in care of the following officer:

Marathon Petroleum Company LP  
Benefits Policy  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
Email: [privacy@marathonpetroleum.com](mailto:privacy@marathonpetroleum.com)

You may also file a complaint by sending a letter to the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights, 200 Independence Avenue S.W., Washington, D.C. 20201. You may also call 1-877-696-6775 or visit [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

**Note:** The Plan will not retaliate against you for filing a complaint.

### **Section 5. Whom to Contact for More Information**

If you would like to have a more detailed explanation of your rights as described in this Notice, if you would like to exercise one or more of these rights, and/or if you have questions regarding this Notice or the subject addressed in it, you may contact the following officer:

Marathon Petroleum Company LP  
Benefits Policy  
Attn: HIPAA Privacy Officer  
539 South Main Street  
Findlay, OH 45840  
Phone: 419-422-2121  
Email: [privacy@marathonpetroleum.com](mailto:privacy@marathonpetroleum.com)

### ***Conclusion***

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 10 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.

The Plan Sponsor has amended its plan documents to protect your PHI as required by federal law.

# IMPORTANT NOTICES

## PLEASE NOTE:

The following notices are current as of September 1, 2020.

Marathon Petroleum is required by law to provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage of health care plans.

## Women's Health and Cancer Rights Act of 1998 Notice

The Women's Health Act requires the publication of the following notice annually:

The Plan provides mastectomy coverage and also provides for reconstructive surgery in a manner determined in a consultation with the attending physician and the patient. Coverage includes reconstruction of the breast on which the mastectomy was performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

This notice is made solely to satisfy the Act's requirements. The Health Plan has always covered such procedures and in no way does this reflect a change in plan provisions.

## Special Enrollment Notice

Special enrollment events allow you and your eligible dependents to enroll for health coverage outside of the Annual Enrollment period under certain circumstances if you lose eligibility for other coverage, become eligible for state premium assistance under Medicaid or the State Children's Health Insurance Program (S-CHIP), or acquire newly eligible dependents. This is required under the Health Insurance Portability and Accountability Act (HIPAA).

If you decline enrollment in a medical plan for you or your dependents (including your spouse/domestic partner) because of other health insurance coverage, you or your dependents may be able to enroll in a medical plan without waiting for the next Benefits Annual Enrollment period if you:

- Lose other coverage. You must request enrollment within 31 days, including the date of the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption or placement for adoption. You must request enrollment within 31 days, including the date of the marriage, birth, adoption or placement for adoption.

- Lose Medicaid or Children's Health Insurance Program (S-CHIP) coverage because you are no longer eligible. You must request enrollment within 60 days after the loss of such coverage.

To request special enrollment or obtain more information, contact the Benefits Service Center at 1-888-421-2199.

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call 1-866-444-EBSA (3272).

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information on eligibility:

<b>ALABAMA — Medicaid</b>
Website: <a href="http://myalhipp.com">http://myalhipp.com</a> Phone: 1-855-692-5447
<b>ALASKA — Medicaid</b>
The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com">http://myakhipp.com</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>ARKANSAS — Medicaid</b>
Website: <a href="http://myarhipp.com">http://myarhipp.com</a> Phone: 1-855-MyARHIPP (855-692-7447)
<b>CALIFORNIA — Medicaid</b>
Website: <a href="https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx">https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx</a> Phone: 916-440-5676
<b>COLORADO — Health First Colorado (Colorado's Medicaid Program) &amp; Child Health Plan Plus (CHP+)</b>
Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a> Health First Colorado Member Contact Center: Phone: 1-800-221-3943/ State Relay 711 CHP+ Website: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): Website: <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 1-855-692-6442
<b>FLORIDA — Medicaid</b>
Website: <a href="https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html">https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html</a> Phone: 1-877-357-3268
<b>GEORGIA — Medicaid</b>
Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> – Click on Health Insurance Premium Payment (HIPP) Phone: 678-564-1162 ext 2131

<b>INDIANA — Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a> Phone: 1-877-438-4479 All other Medicaid Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a> Phone: 1-800-457-4584
<b>IOWA — Medicaid and CHIP (Hawki)</b>
Medicaid Website: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a> Medicaid Phone: 1-800-338-8366 Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a> Phone: 1-800-257-8563
<b>KANSAS — Medicaid</b>
Website: <a href="http://www.kdheks.gov/hcf/">http://www.kdheks.gov/hcf/</a> Phone: 1-785-296-3512
<b>KENTUCKY — Medicaid</b>
Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a> Phone: 1-800-635-2570
<b>LOUISIANA — Medicaid</b>
Website: <a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a> Phone: 1-888-695-2447
<b>MAINE — Medicaid</b>
Website: <a href="http://www.maine.gov/dhhs/ofi/public-assistance/index.html">http://www.maine.gov/dhhs/ofi/public-assistance/index.html</a> Phone: 1-800-442-6003 TTY: Maine relay 711
<b>MASSACHUSETTS — Medicaid and CHIP</b>
Website: <a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a> Phone: 1-800-862-4840
<b>MINNESOTA — Medicaid</b>
Website: <a href="https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> Phone: 1-800-657-3739
<b>MISSOURI — Medicaid</b>
Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 573-751-2005
<b>MONTANA — Medicaid</b>
Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084

<b>NEBRASKA — Medicaid</b>
Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178
<b>NEVADA — Medicaid</b>
Website: <a href="https://dhcfp.nv.gov">https://dhcfp.nv.gov</a> Phone: 1-800-992-0900
<b>NEW HAMPSHIRE — Medicaid</b>
Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 603-271-5218 Toll free number for the HIPPA program: 1-800-852-3345, ext 5218
<b>NEW JERSEY — Medicaid and CHIP</b>
Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> Medicaid Phone: 609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>NEW YORK — Medicaid</b>
Website: <a href="http://www.nyhealth.gov/health_care/medicaid">http://www.nyhealth.gov/health_care/medicaid</a> Phone: 1-800-541-2831
<b>NORTH CAROLINA — Medicaid</b>
Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 919-855-4100
<b>NORTH DAKOTA — Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid">http://www.nd.gov/dhs/services/medicalserv/medicaid</a> Phone: 1-844-854-4825
<b>OKLAHOMA — Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>OREGON — Medicaid</b>
Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>PENNSYLVANIA — Medicaid</b>
Website: <a href="http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm">http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm</a> Phone: 1-800-692-7462
<b>RHODE ISLAND — Medicaid and CHIP</b>
Website: <a href="http://www.eohhs.ri.gov">http://www.eohhs.ri.gov</a> Phone: 855-697-4347, or 401-462-0311 (Direct Rlthe Share Line)

<b>SOUTH CAROLINA — Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>SOUTH DAKOTA — Medicaid</b>
Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>TEXAS — Medicaid</b>
Website: <a href="http://gethipptexas.com">http://gethipptexas.com</a> Phone: 1-800-440-0493
<b>UTAH — Medicaid and CHIP</b>
Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>VERMONT— Medicaid</b>
Website: <a href="http://www.greenmountaincare.org">http://www.greenmountaincare.org</a> Phone: 1-800-250-8427
<b>VIRGINIA — Medicaid and CHIP</b>
Medicaid Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> CHIP Phone: 1-855-242-8282
<b>WASHINGTON — Medicaid</b>
Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>WEST VIRGINIA — Medicaid</b>
Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Phone: 1-855-MyWVHIPPA (1-855-699-8447)
<b>WISCONSIN — Medicaid and CHIP</b>
Website: <a href="https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf">https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf</a> Phone: 1-800-362-3002
<b>WYOMING — Medicaid</b>
Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/ebsa](http://www.dol.gov/ebsa)  
1-866-444-EBSA (3272)
- U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565



# MARKETPLACE NOTICES

SEPTEMBER 1, 2020

Re: Federally-Required Notice Regarding Health Insurance Marketplace Coverage Options

## What is this Notice?

The Affordable Care Act (Health Care Reform) requires Marathon Petroleum Company LP (MPC) to provide you with the attached notice. The notice provides information regarding the public health insurance Marketplaces, often referred to as “Exchanges.” Marketplaces are intended to be an online source to compare and elect individual qualified health insurance plans. It is important that you, as an employee of Marathon Petroleum, understand how this option may affect you and your family. To understand the impact here are two important facts.

- MPC is continuing to offer qualified, comprehensive health care coverage to our benefits-eligible employees and their families.
- Almost all MPC employees will find that enrolling in the Company’s Health Plan will be the best option for health insurance. This is because the Company pays approximately 80% of each employee’s Health Plan premium.

## What is the Impact?

Marketplace enrollment options are available for all Americans. If purchasing insurance from the Marketplace, the total cost of coverage would no longer include the contribution from MPC. However, a federal premium tax credit (subsidy) may be available to help pay for Marketplace coverage. Eligibility for a subsidy will depend on two factors: 1) Household income; and 2) Eligibility for the Marathon Petroleum Health Plan.

- **If Eligible for the Marathon Petroleum Health Plan for the 2021 Plan Year:**

You do not need to take further action if you are eligible and intend to enroll in the Marathon Petroleum Health Plan. MPC’s Health Plan exceeds the federal standard requiring employers to offer at least minimum value coverage at a generally affordable level. Therefore, you and your family members will not receive a government subsidy if you are also eligible for MPC’s Health Plan unless the premium for Employee-Only coverage exceeds 9.5% of your household income.

- **If Not Eligible for the Marathon Petroleum Health Plan for the 2021 Plan Year (for example — most Casual employees):**

You may access the plans available in the Marketplace in your state at [www.HealthCare.gov](http://www.HealthCare.gov). The attached notice contains information that you will need to enroll in Marketplace coverage. For answers to questions, call 1-800-318-2596 or visit [www.HealthCare.gov](http://www.HealthCare.gov).

## Health Insurance Marketplace Coverage Options and Your Health Coverage

Key parts of the health care law became effective in 2014 and there is now a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in November 2020 for coverage starting as early as January 1, 2021.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.<sup>1</sup>

**Note:** If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the **Marathon Petroleum Benefits Service Center toll-free at 1-888-421-2199 or via email at [Benefits@MarathonPetroleum.com](mailto:Benefits@MarathonPetroleum.com).**

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

## Information About Health Coverage Offered by Marathon Petroleum Company LP

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application. Note that the employers below are participating employers in the Marathon Petroleum Health Plan. Your pay stub contains the name of your employer for tax purposes.

<sup>1</sup> An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of plan costs.

Employer Name	Employer Identification Number (EIN)
Marathon Petroleum Company LP	31-1537655
Marathon Petroleum Corporation	27-1284632
Marathon Petroleum Logistics Services LLC	45-4876417
Marathon Petroleum Service Company	27-4862301
Marathon Refining Logistics Services LLC	82-0757637

If you have specific questions about your health care coverage, contact the following (information applies to all employers listed above):

MPC Benefits Service Center  
539 South Main St.  
Findlay, OH 45840  
1-888-421-2199  
[benefits@marathonpetroleum.com](mailto:benefits@marathonpetroleum.com)

## Here is some basic information about health care coverage offered by Marathon Petroleum Company LP:

The coverage your employer offers to eligible employees meets the minimum value standard, and the cost of this coverage is intended to be affordable, based on employee wages.<sup>2</sup>

- Eligible employees are:  
Those who work on a Regular Full-time basis (at least 40 hours per week or 80 hours on a biweekly basis) or Regular Part-time basis (at least 20 hours but less than 35 hours per week and not on a time, special job completion, or call when needed basis). If Regular, Full-time employee’s normal work schedule is reduced to 20 hours or more per week due to a bona fide health problem or a disability, such employee remains eligible for employer’s health plan.

Eligible employees also include those hired as a Casual employee who are anticipated to work a minimum of 30 hours per week for at least three months, a Casual employee who has worked an average of 30 or more hours per week during an initial measurement period (one year from date of hire), and a Casual employee who has worked an average of 30 or more hours per week during an ongoing measurement period (first full pay period in October looking back 12 months).

Specifically excluded from eligibility are leased employees and independent contractors. Also excluded are Casual employees and other employees not designated by the Company as “Regular” employees who work on a Full-Time or Part-Time basis who do not meet the work hour requirements described above.

- Eligible dependents are:  
Spouse or Domestic Partner; Children through end of month in which they turn age 26, including natural children of the first degree, children of domestic partner, legally adopted children and children placed for adoption, stepchildren, and children whose parents are both deceased and who permanently reside with employee and for whom employee has legal custody; Dependent Disabled Children age 26 and over but less than age 65, who are primarily dependent on member for support, and who became disabled before reaching the age of 19 and were covered under the Plan when they reached at 19; or, who became disabled between the ages of 19 and 26 and were covered under the Plan when they became disabled.

<sup>2</sup> Even though this coverage is intended to be affordable, you may will be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process.

