

2022 Benefits Guide



www.myMPCbenefits.com





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. The choices you make today will determine the type and level of coverage you have for 2022.



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 2022 Benefits Guide is a summary of the benefits available to Marathon Petroleum employees. Details of the plans are available at www.myMPCbenefits.com.

This guide reflects benefit levels and employee contributions as of January 1, 2022.

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 Whenever this occurs, the affected provisions of the policy, plan or program previously in effect are specifically superseded.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 Marathon Petroleum'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 2022 Benefits Guide is a summary of the benefits available to Marathon Petroleum employees.

Details of the plans are available at www.myMPCbenefits.com.

Eligibility for Benefits

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 dependent(s) under the benefit plans. **Documentation is required to verify dependent eligibility. See page 3 regarding making changes to benefits during the year, as well as the 31 day time limit, to provide required documentation. If documentation is not provided timely, your dependent(s) will not have 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 Marathon Petroleum Certification of Common Law Spouse Relationship Form and provide copies of documentation as stated on the form.
Your Domestic Partner	You and your domestic partner must complete the Marathon Petroleum Domestic Partner Certification Form 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 that includes your spouse's name as the parent
• Legally adopted children and children placed with you for adoption	Legal adoption papers placing the child with you for adoption
• Stepchildren	A birth certificate that includes your spouse's name as the parent
• Children whose parents are both deceased for whom you have legal custody as determined by a court of competent jurisdiction	Legal custody papers and documentation to verify both biological parents are deceased
• Your Domestic Partner's children	A birth certificate that includes your DP's name as the parent, 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">• Became disabled before age 19 and was covered under the Plan when he or she reached aged 19, or• Became disabled between the ages of 19 and 26 and was covered under the Plan when he or she became disabled.• Certification of disabled status needs to be completed with Anthem for any disabled dependent child over the age of 26.

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
Employee Assistance Program (EAP)	Company-paid coverage with access to professionals helps you and your family members when you have personal, family or work-related concerns.
Basic Life Insurance	Company-paid life insurance equal to two times your covered compensation.
Basic Accidental Death and Dismemberment (AD&D)	Company-paid AD&D coverage equal to two times your covered compensation.
Long Term Disability (LTD)*	Company-paid coverage to help provide income protection if you're unable to work due to a disabling condition.
Occupational Accidental Death (OAD)	Company-paid coverage if you die as a result of an accident while you are engaged in Company duty.

*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 life event.

Benefit Plan	Coverage
Medical	One Health Plan with Anthem (medical) and Express Scripts (prescription drug) that offers two options, Classic and Saver HSA. (Kaiser is an option for employees within service areas of California)
Dental	One Dental Plan option with Delta Dental.
Vision	One Vision Plan option with Anthem Blue View Vision.
Flexible Spending Accounts (FSAs)	Health Care Flexible Spending Account or Limited Purpose Flexible Spending Account options.
Health Savings Account (HSA)	Provided with enrollment in the Saver HSA option and includes a Company contribution.
Optional Life Insurance	Optional coverage for Employee, Spouse/Domestic Partner and Child.
Optional Accidental Death & Dismemberment	Optional coverage for Employee, Spouse/Domestic Partner and Child.
MetLife Legal Plan	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).

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

Making Changes During the Year

The benefits elections you make will be in effect through December 31, 2022. 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 life event**.

Examples of a **qualifying life 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 life 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](#).

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



Check Your Browser! Microsoft Internet Explorer is not supported on the BenefitSolver website. If you're logging in using Internet Explorer, please log out and use one of the supported browsers: Google Chrome, Mozilla Firefox, Microsoft Edge, or Apple Safari.



Follow the instructions below to complete your enrollment.

1. Visit BenefitSolver at 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 2022.
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 homepage. 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 in to 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 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	\$124.40	\$77.25
Employee + Spouse/Domestic Partner*	\$285.80	\$178.20
Employee + Child(ren)	\$248.40	\$154.50
Employee + Family	\$385.00	\$240.15

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	\$313.03	\$222.53
Employee + Spouse/Domestic Partner*	\$599.65	\$412.28
Employee + Child(ren)	\$506.06	\$367.45
Employee + Family	\$810.83	\$384.55

*The IRS considers the value of Domestic Partner coverage (if not a tax dependent) to be a taxable benefit, which is included as imputed income for participants if elected.

Both Health Plan Options

The Classic Option and the Saver HSA Option Both Include:
<ul style="list-style-type: none"> • 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
Deductible	\$600 Individual	\$1,400 Employee Only
	\$1,200 Employee + Dependent(s)*	\$2,800 Employee + Dependent(s)*
Copays and Coinsurance	<ul style="list-style-type: none"> • \$20 copay for primary care visits • \$50 copay for specialist visits • \$50 copay for Urgent Care • 20% coinsurance after deductible <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"> • No copays • 20% coinsurance after deductible <p>Members pay 100% of the cost of services and prescription drugs until deductible is met, then co-insurance.</p>
Out-of-pocket (OOP) Maximum <i>(Includes medical and prescription drug or drugs)</i>	\$3,500 Individual	\$5,000 Individual
	\$7,000 Employee + Dependent(s)*	\$10,000 Employee + Dependent(s)*
Prescription Drug	<ul style="list-style-type: none"> • Separate deductible for prescription drug coverage. • Prescription drug coverage has copays. (See page 11). 	<ul style="list-style-type: none"> • Deductible includes medical and prescription drug expenses. • You pay the full cost of all non-preventive prescription drug costs until you reach your deductible. • You pay 20% coinsurance after meeting your deductible for retail and mail-order drugs. • Certain generic preventive drugs are covered at 100%.
Preventive Care	Covered at 100%	Covered at 100%
	<ul style="list-style-type: none"> • Adult Physical Exams & Immunizations • Well Child Exams & Immunizations • Gynecological • Mammography • Well Man PSA/DRE • Screening and counseling for obesity, misuse of alcohol/drugs and tobacco use 	
Emergency Room	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
Deductible	\$1,200 Individual	\$2,800 Employee Only
	\$2,400 Employee + Dependent(s)*	\$5,600 Employee + Dependent(s)*
Copays and Coinsurance	<ul style="list-style-type: none"> • No copays • 40% coinsurance after deductible 	<ul style="list-style-type: none"> • No copays • 40% coinsurance after deductible <p>Members pay 100% of the cost of services and prescription drugs until deductible is met, then coinsurance.</p>
Out-of-Pocket (OOP) Maximum* <i>(Includes medical and prescription drug)</i>	\$7,000 Individual	\$10,000 Individual
	\$14,000 Employee + Dependent(s)*	\$20,000 Employee + Dependent(s)*
Preventive Care	Covered at 40% after deductible	Covered at 40% after deductible
Emergency Room	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 + Dependent(s) covers Employee + Spouse/Domestic Partner, Employee + Child(ren), and Employee + Family.

How to Find an Anthem In-Network Provider



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

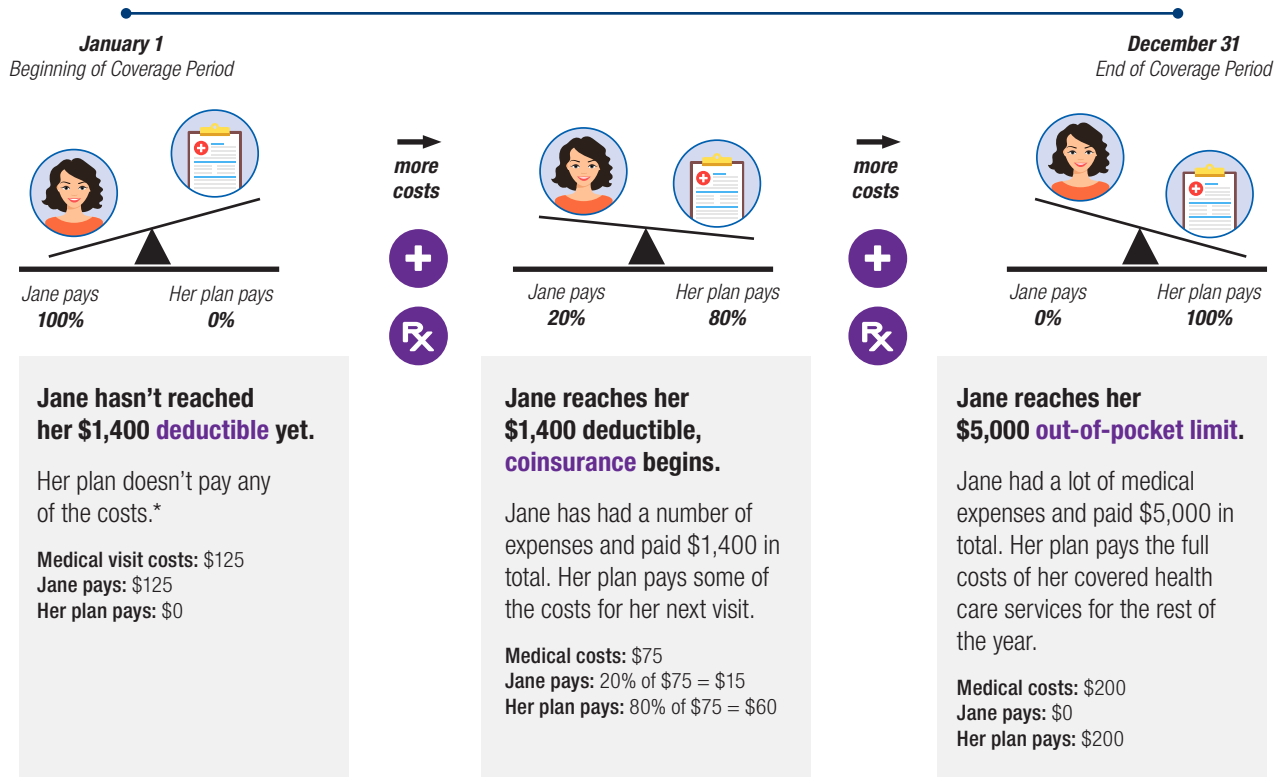
ANTHEM ID CARDS

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 to print 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 have access to 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.

LiveHealth Online provides:

- 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 the Future Moms program.



LiveHealth Online is available by downloading the app or visiting 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.

Other Health Plan Services

- **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

Teladoc Medical Experts

Nothing matters more than your health and the health of your family members. That’s why we continue to offer Teladoc Medical Experts to Health Plan members at no cost.



Teladoc Medical Experts is a second-opinion service that gives you and your covered dependent(s) 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.

Teladoc Medical Experts 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.

Note: Teladoc Medical Experts provides second opinion services only. Telehealth appointment services are provided through Anthem's LiveHealth Online.

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 1-800-700-9184 and can be found on the back of your Anthem card.

	Classic Copays	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)

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.

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 Smart90 Walgreens (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 AND STEP THERAPY:

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

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 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	Fidelity	PayFlex	PayFlex
Coordinates with which Health Plan option	Saver HSA	Classic, Waived or Kaiser	Saver HSA
Marathon Petroleum's 2022 contribution amount	Employee Only: \$500 Employee + Dependent(s): \$1,000	\$0	\$0
Before-tax contribution limits (includes Company contributions)	Employee Only: \$3,650 Employee + Dependent(s): \$7,300 <small>Individuals who will be age 55 or above at any time in 2022 may contribute an additional \$1,000</small>	\$2,850	\$2,850
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 + post-deductible medical expenses
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 \$570 carry over	Up to \$570 carry over
Enrollment without participation in Company-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 dependent(s) throughout the year.

- The maximum annual contribution is \$2,850 (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, 2022. Keep in mind that FSA claims must be filed by May 31, 2023.
- You are able to carry over up to \$570 into 2023.



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**.

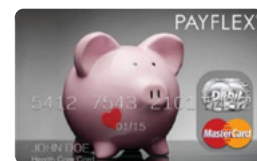
Key Features

Contribute pre-tax dollars from your paycheck, up to the IRS limit of \$2,850 (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](#) and submitting along with the EOB that shows your deductible has been met.
- Eligible expenses are for services incurred between the date you enroll and December 31, 2022. Keep in mind that LPFSA claims must be filed by May 31, 2023.
- You are able to carry over up to \$570 into 2023.

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 and want to participate in the Health Savings Account, you will need to accept the terms and conditions of the HSA in BenefitSolver. You will automatically receive a Company contribution to the account within 1-2 pay periods of enrollment. 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 HSA balance 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

Employee Only Maximum	\$3,650
Company Contribution	\$500
Employee Contribution	\$3,150
Employee + Dependent(s) Maximum	\$7,300
Company Contribution	\$1,000
Employee Contribution	\$6,300
Employee Catch-Up Contribution age 55 or above at any time in 2022	\$1,000

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.
- You cannot have any other non-high deductible medical coverage (such as through your spouse’s employer).
- If you or your dependent(s) are 65 and/or Medicare eligible, special rules apply. Please consult a tax advisor.
- If you are eligible for Veteran’s benefits or TRICARE, special rules apply. Please consult a tax advisor.
- HSA dollars cannot be used on your Domestic Partner unless the Domestic Partner is your qualified tax dependent.
- 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 Health Plan 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. HSA contributions are made by logging in to [Fidelity](#). Contribution elections may be changed anytime during the year, prospectively.

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 within 2 - 3 payroll cycles.

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 the Company contribution 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!

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.

2022 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 + Spouse/ Domestic Partner*	Employee + Child(ren)	Employee + Family
\$12.80	\$24.80	\$33.60	\$47.60

* The IRS considers the value of Domestic Partner coverage (if not a tax dependent) to be a taxable benefit, which is included as imputed income for participants if elected.

Dental Plan Coverage		
Annual Deductible: \$50 per person		
Calendar Year Maximum (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.

2022 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 (pre-tax payroll deductions)			
Employee Only	Employee + Spouse/ Domestic Partner*	Employee + Child(ren)	Employee + Family
\$6	\$10	\$11	\$17

* The IRS considers the value of Domestic Partner coverage (if not a tax dependent) to be a taxable benefit, which is included as imputed income for participants if elected.

Plan Features	In-Network	Out-of-Network
Frequency of Service • Exams • Lenses/Contacts • Frames	Once every calendar year Once every calendar year Once every other calendar year	Once every calendar year Once every calendar year Once every other calendar year
Exams Frames Lenses • Single Vision • Bifocal • Trifocal	No copay No copay (Up to \$130 retail) \$10 copay \$10 copay \$10 copay	Up to a maximum allowance of \$35 Up to a maximum allowance of \$45 Up to a maximum allowance of \$25 Up to a maximum allowance of \$40 Up to a maximum allowance of \$55
Contact Lenses (in lieu of prescription eyeglass lenses)	Up to a maximum allowance of \$130 This benefit applies to <u>one</u> order of contact lenses per calendar year	Up to a maximum allowance of \$105 This benefit applies to <u>one</u> order of contact lenses per calendar year

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 dependent(s) must be on your record and listed under this plan in BenefitSolver to have coverage.**

The following rates are aged based and are determined by your age (or your Spouse/DP's age for Spouse/DP coverage) on December 31, 2022.

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](#).

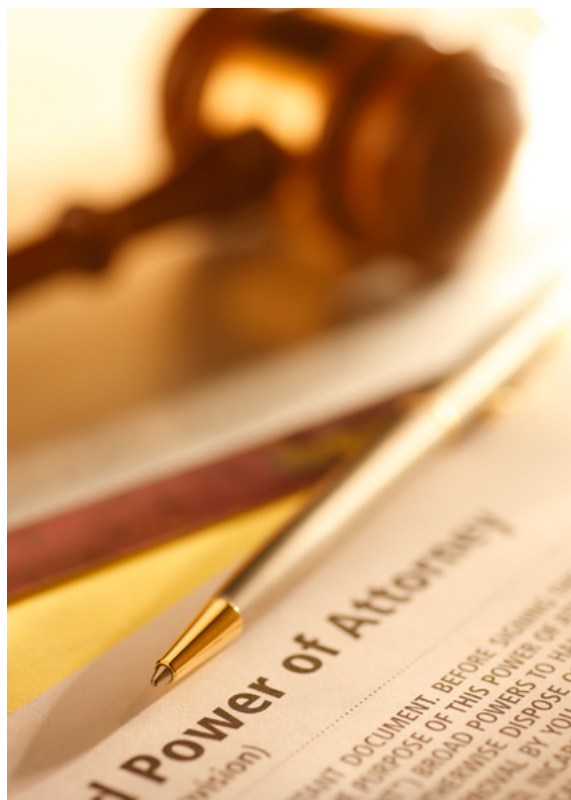
Face-to-Face Estate Resolution Services

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 Plan. 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 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 dependent(s) must be on your record and listed under this plan in BenefitSolver to have coverage.

Premiums are based on the type and amount of coverage you elect, as provided below.

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
Basic Life Insurance	Automatic	Company-paid life insurance equal to two times your covered compensation.	Company Paid	2x your covered compensation
Optional Life Insurance	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
Basic AD&D	Automatic	Company-paid AD&D coverage of two times your covered compensation. Paid in addition to basic and optional life if death or injury is the result of an accident.	Company Paid	2x your covered compensation
Optional AD&D	Optional	Optional Employee AD&D coverage in increments up to \$250,000 paid in addition to basic and optional life and basic AD&D if death or injury is the result of an accident.	Employee Paid	Up to \$250,000
Occupational Accidental Death	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 Plan

The MetLife Legal Plan 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 dependent(s).

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

Call the MetLife Legal Client Service Center at (800) 821-6400 Monday – Friday 7 a.m. to 7 p.m., Central Time. Be prepared to give the last four digits of your Social Security Number and Zip Code.



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 6%.
- 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.
- 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 or 1-888-421-2199 (option 1, then 3) at your earliest convenience.

The Plan accepts rollovers from other qualified plans, as long as eligibility requirements are met. You may request a rollover packet yourself, once you are logged into NetBenefits.



Retirement Plan

Marathon Petroleum provides 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 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

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 holidays. See the schedule [here](#).



Sick Benefit Plan

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. 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. 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. Please note that Collective Bargaining Agreements may have differing benefits.

Paid 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 Paid Parental Leave Policy [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 Business Partner for further information.

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

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, a preventive physical exam with an approved healthcare provider, and providing COVID-19 vaccination status, 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 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
- 866-808-5706
- www.mympcwellallways.com



Contacts

Plan or Service	Online	Phone
BenefitSolver	www.myMPCbenefits.com/mybenefits <i>Internet Explorer is not supported</i>	1-844-408-2575 8:30 a.m. to 7:30 p.m. EST
Marathon Petroleum Benefits Service Center	www.myMPCbenefits.com Email: benefits@marathonpetroleum.com	1-888-421-2199 (option 1, then 3) 8:00 a.m. to 5:00 p.m. EST 1-419-421-3057 (Fax)
Health Care		
Classic and Saver HSA Health Plan Options		
Anthem BlueCross BlueShield • Find Providers, Claims and ID Cards • Pre-Certification • 24/7 NurseLine • Coverage/Traveling Overseas	www.anthem.com Group #: 212077	1-855-698-5676 1-866-776-4793 1-800-700-9184 1-800-810-2583
Kaiser Permanente Health Plan	www.kp.org	1-800-278-3296
Teladoc Medical Experts	www.Teladoc.com/medical-experts	1-855-380-7828
Future Moms		1-800-828-5891
Prescription Drug Program		
Express Scripts	www.express-scripts.com Group #: MARAPET Bin #: 610014	1-877-207-1357
Employee Assistance Program (EAP)		
Anthem EAP	www.anthemep.com	1-800-865-1044
Dental Plan		
Delta Dental	www.deltadentaloh.com	1-800-524-0149
Vision Plan		
Anthem Blue View Vision	www.anthem.com	1-866-723-0515
Health Care Flexible Spending Account		
PayFlex	www.payflex.com	1-844-PAYFLEX (1-844-729-3539)
Legal Services		
MetLife Legal Plan	www.legalplans.com (access code 9902519)	1-800-821-6400, 7:00 a.m. to 7:00 p.m. CT, M-F
Life & Accident Insurance		
Life & Accident Insurance Beneficiary Designations	www.mybenefits.metlife.com	1-866-574-2864
Travel Assistance — AXA Assistance USA, Inc.	http://webcorp.axa-assistance.com/ Login: axa Password: travelassist	Within the U.S. and Canada: 1-800-454-3679 International (call collect): 1-312-935-3783
Health Savings Account		
Fidelity	www.netbenefits.com/marathonpetroleum	1-866-602-0595
Wellness		
Health Assessment, Programs, Education, and Tools — Health Fitness	www.mympcwellalways.com	1-800-851-5951 Option 1
Health Services Wellness Helpline		1-800-851-5951 Option 1

Additional Information

Farmer's Group Select, Home and Automobile Insurance

Farmer's Insurance offers home and automobile coverage at special group rates, automated payment options including payroll deductions, along with claim-free driving discounts and more! You will receive information directly from Farmer's Insurance providing program details. More information may also be found by visiting www.myautohome.farmers.com or call 1-800-438 6381.

The Farmer's Group Select home 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 Farmer's Group Select to make its programs known and available to Marathon Petroleum employees. The Farmer's 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 Farmer's 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](#) 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 dependent(s) 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.

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.willsceneter.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, 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.



Notice of Privacy Practices

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

Who Will Follow This Notice

This Notice describes the legal obligations of the Marathon Petroleum Health Plan, Health Plan, Dental Plan, Pre-65 Retiree Dental Plan, Vision Plan, Vision Plan, Employee Assistance Program, Health Care Flexible Spending Account Plan, Health Reimbursement Account Plan, and Exchange Health Reimbursement Account Plan (individually, called a “Plan”, and collectively, the “Plans”), under the Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act (in this Notice these two laws are referred to as “HIPAA”). Individuals who are enrolled in the Kaiser HMO coverage option under the Marathon Petroleum Health Plan will receive a separate Notice of Privacy Practices from Kaiser.

We are required to provide this Notice of Privacy Practices (“Notice”) to you pursuant to HIPAA.

Effective Date

This Notice is effective July 1, 2021 and it replaces the prior version of the Notice.

Our Commitment Regarding Medical Information

Marathon Petroleum Company LP and the administrators of the Plans (referred to in this Notice as “we”) understand that medical information about you and your health is personal. We are committed to protecting medical information about you. We create a record of the health claims reimbursed under the Plans for plan administration purposes. This Notice applies to all medical records we maintain under the Plans. Your personal doctor or health care provider may have different policies and notices regarding the doctor’s use and disclosure of your medical information created in the doctor’s office or clinic. The Plans are required by law to:

- Maintain the privacy of your Protected Health Information (“PHI”);

- Provide you a copy of the Plans’ uses and disclosures of PHI;
- Provide you with certain rights with respect to your PHI;
- Inform you of your right to file a complaint with the respective Plan and to the Secretary of the U.S. Department of Health and Human Services; and
- Inform you of the person or office to contact for further information about the respective Plan’s privacy practices.

The term “PHI” includes all individually identifiable health information (including genetic information) created, collected or received by a health care provider, a health care clearinghouse, a health plan or your employer on behalf of a group health plan and regardless of form (oral, written, electronic), that relates to your past, present or future physical or mental health or condition; the provision of health care to you; or the past present or future payment for the provision of health care to you.

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 Plans will limit the use or disclosure of your PHI to the “minimum necessary” use or disclosure.

Required PHI Uses and Disclosures

Upon your request, each Plan is required to disclose to you certain PHI in order to inspect and copy it. We are also required, upon request, to provide you with an accounting of most disclosures of your PHI if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the PHI was not disclosed pursuant to your individual authorization.

Use and disclosure of your PHI may be required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine the respective Plan’s compliance with the HIPAA privacy regulations.

Uses and Disclosures to Carry Out Treatment, Payment and Health Care Operations

As permitted by law, the Plans and their respective 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 Plans 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. The Plan Sponsor has amended the respective Plan document to protect your PHI as required by federal law. All of the ways we are permitted to use and disclose information will fall into one of the below-described categories.

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 Plans 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 Plans may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plans.

Health care operations, 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. The Plans are prohibited from using or disclosing PHI that is genetic information about an individual for underwriting purposes.

For example, the Plans 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.

Business Associates. The Plans may contract with individuals or entities to perform various functions on the Plans’ behalf or to provide certain types of services (“Business Associates”). To perform these functions, the Business Associate will receive, create, and maintain your PHI, but only after, the Business Associate agrees in writing with the Plan to implement appropriate safeguards regarding protection of your PHI. These uses and disclosures are necessary to administer each Plan. For example, the Plan may give your information to a Business Associate to refer you to a disease management program, project future benefit costs, or audit the accuracy of its claims processing, but only after the Business Associate enters into a Business Associate Agreement with Plan.

As Required By Law. The Plans will disclose PHI about you when required to do so by federal, state or local law. For example, the Plans may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety. When consistent with applicable law and standards of ethical conduct if the Plans, in good faith, believe 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. For example, the Plans may disclose your PHI in a complaint proceeding regarding the licensure of a physician.

Special Situations

In addition to the above, the following categories describe other possible ways that the Plan may use or disclose your PHI. Not every use or disclosure in a category will be listed; however, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, the Plans may release PHI to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans. If you are a member of the armed forces, the Plans may release PHI about you as required by military command authorities. The Plans may also release PHI about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. The Plans may release PHI about you to the extent necessary to comply with Workers' Compensation or other similar programs established by law. These programs provide benefits for work-related injuries or illness.

Public Health Risks. The Plans may disclose PHI about you for public health activities. These activities generally include the following:

- to prevent or control disease, injury or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading disease or condition;
- to notify the appropriate government authority if the Plan believes a Plan participant has been the victim of abuse, neglect or domestic violence. The Plan will only make this disclosure if you agree or when required or authorized by law;
- to notify a school of proof of immunization related to an individual who is a student or prospective student of the school.

Health Oversight Activities. The Plans may disclose PHI to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, the Plans may disclose PHI about you in response to a court or administrative order. The Plans may disclose PHI about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

Law Enforcement. The Plans may release PHI if asked to do so by a law enforcement official:

- in response to a court order, subpoena, warrant, summons or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, the Plans are unable to obtain the victim's agreement;
- about a death if the Plan believes the death may be the result of criminal conduct;
- about criminal conduct; and
- in emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors. The Plans may release PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. The Plans may also release PHI about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities. The Plans may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement official, the Plans may disclose PHI about you to the correctional institution or law enforcement official. This disclosure must be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. The Plans may disclose your PHI to researchers when: (1) the individual identifiers have been removed; or (2) when an institutional review board or privacy board has (a) reviewed the research proposal; and (b) established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your PHI we are required to make.

Government Audits. We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services when the Secretary is investigating or determining our compliance with the Privacy Rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

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; or
- An individual who is the parent of a minor child.

The Plans retain 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.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under a Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested restrictions or confidential communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for restrictions or confidential communications.

Authorization. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose psychiatric notes about you; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

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; and
- 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.

Section 2. YOUR RIGHTS

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

Right for Access to your PHI

Upon your request, the Plans are 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 Plans 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 Plans are not required to agree to your request. The Plans will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations.

The disclosure of PHI to a Plan can be restricted if the disclosure is not for one of the treatment, payment or health care operations 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 must be sent to:

MPC Benefits
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
Phone: 419-422-2121
Email: 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 Plans maintain the PHI.

“*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 offsite. A single 30-day extension is allowed if the Plans are 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.

A request for access to PHI must be sent to:

MPC Benefits
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
Phone: 419-422-2121
Email: 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 Plans 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 Plans have 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. If the request is denied in whole or in part, the Plans 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.

A request for amendment of PHI in a designated record set must be sent to:

MPC Benefits
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
Phone: 419-422-2121
Email: 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 Plans will also provide you with an accounting of disclosures 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; or
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 Plans 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 describing our customer service and 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:

MPC Benefits
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
Phone: 419-422-2121
Email: privacy@marathonpetroleum.com

Right to Request Confidential

Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

To request confidential communications, you must make your request in writing to:

MPC Benefits
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
Phone: 419-422-2121
Email: privacy@marathonpetroleum.com

We will not ask you the reason for your confidentiality request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Receive Notice of a Breach

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

SECTION 3. THE PLANS' DUTIES

The Plans are required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices.

The Plans are required to comply with the terms of this Notice. However, the Plans reserve the right to change privacy practices and to apply the changes to any PHI received or maintained by the Plans prior to the above date. If a privacy practice or this Notice has a material change, we will post information regarding this change to the website www.myMPCbenefits.com for your review. In addition, a revised version of this Notice will be provided to all individuals, as required. Such revised Notice will be either sent by U.S. Mail, intra-company mail, by e-mail, or a combination of the above.

SECTION 4: YOUR RIGHT TO FILE A COMPLAINT WITH THE PLANS OR THE HHS SECRETARY

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

MPC Benefits
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
Phone: 419-422-2121
Email: privacy@marathonpetroleum.com

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

All complaints must be in writing.

The Plans 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, contact:

MPC Benefits
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
Phone: 419-422-2121
Email: privacy@marathonpetroleum.com

Important Notices

Marathon Petroleum is required by law to provide you with certain notices that inform you about your rights regarding privacy, 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 dependent(s) 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 dependent(s). This is required under the Health Insurance Portability and Accountability Act (HIPAA).

If you decline enrollment in a medical plan for you or your dependent(s) (including your spouse/domestic partner) because of other health insurance coverage, you or your dependent(s) 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.

If you or your dependent(s) 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 dependent(s) are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependent(s) 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 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 dependent(s) 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 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, 2021. Contact your State for more information on eligibility:

ALABAMA — Medicaid
Website: http://myalhipp.com Phone: 1-855-692-5447
ALASKA — Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx
ARKANSAS — Medicaid
Website: http://myarhipp.com Phone: 1-855-MyARHIPP (855-692-7447)
CALIFORNIA — Medicaid
Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Email: hipp@dhcs.ca.gov
COLORADO — Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: Phone: 1-800-221-3943/ State Relay 711 CHP+ Website: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): Website: https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
FLORIDA — Medicaid
Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA — Medicaid
Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp – Click on Health Insurance Premium Payment (HIPP) Phone: 678-564-1162 ext 2131
INDIANA — Medicaid
Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

IOWA — Medicaid and CHIP (Hawki)
Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562
KANSAS — Medicaid
Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884
KENTUCKY — Medicaid
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov
LOUISIANA — Medicaid
Website: www.medicicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)
MAINE — Medicaid
Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740. TTY: Maine relay 711
MASSACHUSETTS — Medicaid and CHIP
Website: https://www.mass.gov/info-details/masshealth-premium-assistance-pa Phone: 1-800-862-4840
MINNESOTA — Medicaid
Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739
MISSOURI — Medicaid
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
MONTANA — Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084
NEBRASKA — Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178

NEVADA — Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900
NEW HAMPSHIRE — Medicaid
Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
NEW JERSEY — Medicaid and CHIP
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
NEW YORK — Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid Phone: 1-800-541-2831
NORTH CAROLINA — Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100
NORTH DAKOTA — Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid Phone: 1-844-854-4825
OKLAHOMA — Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
OREGON — Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA — Medicaid
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462
RHODE ISLAND — Medicaid and Chip
Website: http://www.eohhs.ri.gov Phone: 855-697-4347, or 401-462-0311 (Direct Rlite Share Line)
SOUTH CAROLINA — Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820
SOUTH DAKOTA — Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059

TEXAS — Medicaid
Website: http://gethipptexas.com Phone: 1-800-440-0493
UTAH — Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT— Medicaid
Website: http://www.greenmountaincare.org Phone: 1-800-250-8427
VIRGINIA — Medicaid and CHIP
Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
WASHINGTON — Medicaid
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
WEST VIRGINIA — Medicaid
Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN — Medicaid and CHIP
Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
WYOMING — Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 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
1-866-444-EBSA (3272)
- U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Marketplace Notices

September 1, 2021

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 2022 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 2022 Plan Year (for example — most Casual employees):**
You may access the plans available in the Marketplace in your state at 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.

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 2021 for coverage starting as early as January 1, 2022.

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.¹

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.**

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.

¹ 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

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.²

- 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 dependent(s) 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.

² 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.

