



Benefits Open Enrollment Guide

2018

Benefits Open Enrollment



BENEFITS OPEN ENROLLMENT:

November 1 - November 15, 2017

2018

It's About ...

*Your **Life.** Your **Benefits.***

Benefits Open Enrollment is Here

As we continue to see significant increases in health care costs, it has become very challenging to manage the impact of these costs for both employees and the Company. In fact, total costs for health care are projected to exceed \$200 million next year.

In addition to increasing premiums, we need to make plan design changes in 2018 that are focused on cost control. We will also continue to emphasize and incent employees and their families to utilize preventive care offered by the plan. This is for the well-being of employees and their families and also to manage the costs of providing health and wellness benefits to our employees. We will be sharing more changes in our Wellness Program in the coming weeks.

We understand your benefit options can be confusing. There are plenty of resources available to help you with Benefits Open Enrollment:

- Visit www.myMPCbenefits.com.
- Access the Summary Plan Descriptions (SPDs) and Summaries of Benefits and Coverage (SBCs), available at www.myMPCbenefits.com under “Notices and Plan Documents.”
- Join us on Facebook at <https://www.facebook.com/groups/mympcbenefits>.
- Contact the Benefits Service Center at 1-888-421-2199 or send an email to benefits@marathonpetroleum.com.

Don't forget! ALEX, your favorite personal benefits counselor, is here to help you navigate your benefit options.

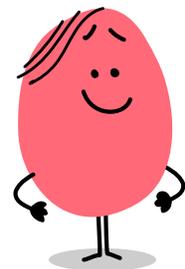
ALEX is available to employees 24/7 and can:

- Compare monthly premiums, 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 benefit from by enrolling in a Health Care Flexible Spending Account (available with the Classic option) or contributing to a Health Savings Account (available with the Saver HSA option).
- Review all of your benefits with you.

Visit ALEX at <https://www.myalex.com/mpc/2018>.

Make sure you understand all your options so that you can make the best choices for you and your family. Then enroll in your 2018 benefits. It's about ... Your Life. Your Benefits.

Remember this is your only opportunity to make changes to your benefit plans, unless you have a qualifying life event.



PRINTED SUMMARY PLAN DESCRIPTIONS (SPDs) AND SUMMARIES OF BENEFITS AND COVERAGE (SBCs) AVAILABLE

We have posted the SPDs and SBCs online to help ensure you have easy access to your benefits information. If you prefer to receive a printed copy of the SPDs or SBCs, we will provide one to you at no charge. Contact the MPC Benefits Service Center at 1-888-421-2199 or benefits@marathonpetroleum.com to request a printed copy.



Table of Contents

Electing Changes — What You Need to Do	3
Making Your 2018 Benefit Plan Elections.....	4
After You Complete Your Enrollment.....	5
Dependent Eligibility.....	6
Managing Health Care Benefits.....	7
Important Information for Health Savings Account and Flexible Spending Account Users	9
What’s Changing	10
Premium/Plan Design Changes	10
Walgreens: New to the Network	12
Infertility Coverage	12

The Company’s policies, plans, practices and procedures may be amended, terminated or changed at any time at the sole discretion of the Company. If that should occur, the material in this document will be superseded and the provisions of the official plan documents will be followed. If there are discrepancies between this document and the official plan documents, the official plan documents will always govern.

Electing Changes — What You Need to Do

Benefits Open Enrollment is November 1 – 15, 2017. You may or may not need to actively enroll — depending on your current benefits and the changes you wish to make for 2018.

Understand Your Options

- **Read** this guide to find out what's changing for 2018.
- **Review** your current benefit elections online or, if you're on a leave of absence, on the Personalized Benefits Summary in your Benefits Open Enrollment packet.
- **Use** ALEX, your online personal benefits counselor, to help you navigate your benefit options.
- **Contact** Marathon Petroleum's Benefits Service Center with any questions.
- **Access** detailed information about all of Marathon Petroleum's benefit plans, including Summary Plan Descriptions (SPDs) and Summaries of Benefits and Coverage (SBCs) at www.myMPCbenefits.com under "Notices and Plan Documents."



Answer These Questions

- Do you want to change your Health Plan option?
- Do you want to contribute to a Health Care Flexible Spending Account (FSA) for 2018?
- Do you need to add or remove a dependent from coverage?
- Do you want to change any of your current coverages?
- Do you want to enroll in a benefit in which you were not enrolled for 2017?

YES



Enroll

- Enroll or make changes to your benefit elections. See the next two pages for enrollment instructions.
- Contact the Benefits Service Center if you have any questions during your enrollment process. Simply call 1-888-421-2199 Monday through Friday, 8 a.m. to 5 p.m., Eastern Time, or send an email to benefits@marathonpetroleum.com.

NO



You're Done

- Your current elections will roll over, except for an FSA.
- **Important:** You cannot contribute to a tax-saving FSA unless you make a new election for 2018 by November 15.

Remember!

Benefits Open Enrollment is November 1 – 15, 2017. This is your only opportunity to make changes to your benefits, unless you experience a qualifying life event.



Making Your 2018 Benefit Plan Elections

You have three ways to enroll or make changes to your benefit plan elections.

1 Online

- On MPCConnect, select Employee Center then “SAP Online Services” and sign on with your normal network logon. 
- Select the HR Services tab, then “Benefits Open Enrollment” under Quicklinks.
- Make or change your elections.
- Review, print and save your “Benefits Confirmation.” **New for 2018, you will also receive a confirmation by email the morning after your changes have been entered.**

WHY IS IT IMPORTANT TO SAVE A “BENEFITS CONFIRMATION”?

After the close of the Benefits Open Enrollment period, we receive many calls from employees who think they made an election, but didn't save and review their elections or print a “Benefits Confirmation.” As a result, their elections weren't captured and they didn't get the coverage they wanted. Since this is your only time to make changes to your benefits all year, be sure to hit those “Save” and/or “Print” buttons! It is your responsibility to review your elections to ensure you have the benefits you want for 2018!



2 Email

- Complete a Benefits Enrollment/Change Form (available at www.myMPCbenefits.com) and email it to the Benefits Service Center at benefits@marathonpetroleum.com.



3 Phone

Contact the Benefits Service Center at 1-888-421-2199 and speak with a Benefits Service Center counselor Monday – Friday, 8 a.m. to 5 p.m., Eastern Time.



PHONE TIPS

Call volume is heavy during Benefits Open Enrollment. We typically return all calls within 24 hours.

If you leave a message:

- Follow the prompts to enter your callback phone number.
- Leave your name and employee number.
- Please allow a full 24 hours for your call to be returned.

After You Complete Your Enrollment

Review Your Benefits Confirmation Statement

- Your Benefits Confirmation for 2018 elections can be printed after making election changes through Benefits Open Enrollment on SAP Online Services.
- **NEW FOR 2018: Benefit Confirmations will be sent out via email each morning to reflect changes made the previous day.** Employees on a leave of absence will receive a confirmation of their elections at the end of Benefits Open Enrollment.
- If you make additional changes and receive multiple confirmations, be sure to keep the one with the most recent date.
- Review your confirmation carefully and if it does not reflect the changes you want to make for 2018, call the Benefits Service Center **immediately** at 1-888-421-2199 or send an email to benefits@marathonpetroleum.com.



Dependent Eligibility

You may cover your eligible dependents under the plans as follows:

Dependent Eligibility for Plan Participation				
	Spouse	Child Up to Age 26	Domestic Partner Up to Age 65	Child of Domestic Partner Up to Age 26*
Health	X	X	X	X
Dental	X	X	X	X
Vision	X	X	X	X
AD&D	X	X	N/A	N/A
Dependent Life Insurance	X	X	N/A	N/A

Eligible dependents include:

- Your legal spouse (regardless of age for an employee member and under age 65 for a retiree member).
 - Your common-law spouse (as determined by the criteria established in the “Marathon Petroleum Affidavit of Common-Law Marriage”).
 - Your domestic partner* (as determined by the criteria established in the “Marathon Petroleum Affidavit of Domestic Partner Relationship”) up to age 65.
 - Your children (and/or children of your spouse or domestic partner*), which include your:
 1. Natural children of the first degree.
 2. Legally adopted children and children placed with you for adoption.
 3. Stepchildren.
 4. Children whose parents are both deceased for whom you have legal custody as determined by a court of competent jurisdiction.
- Additional requirements are:
- Adult child through the end of the month in which they turn age 26.
 - A disabled child who has reached age 26 but is less than age 65 and is incapable of self-support due to a mental or physical disability is eligible if the child:
 - Became disabled before reaching age 19 and was covered under the Plan when he or she reached age 19.
 - Became disabled between the ages of 19 and 26 and was covered under the Plan when he or she became disabled.
 - Supporting court documents are required for children of adoption and legal custody.

*A domestic partner and child of a domestic partner are not eligible for Dependent Life Insurance and AD&D coverage. A child of your domestic partner is only eligible for plans in which your domestic partner participates.

QUALIFYING LIFE EVENTS

If you have a qualifying life event (e.g., marriage, divorce, or birth or adoption of a child), you have **60 days** to notify the Marathon Petroleum Benefits Service Center of the event, provide appropriate documentation, change your benefit elections and have your premiums adjusted accordingly. The change in benefits elections must be due to, and consistent with, the qualifying life event. To ensure you have the right coverage and are paying the appropriate premiums for your needs, be sure to notify the Benefits Service Center of any qualifying life event within 60 days.

Managing Health Care Benefits

At Marathon Petroleum, we invest considerable time and effort when determining employee premiums and benefit plan design. This process includes tabulating costs, projecting future expenses, and ensuring our benefits are market-competitive. Having employees who are engaged in learning about and understanding their benefits and utilizing available plan features is an important piece in managing our health care benefits.

We work extensively with our vendor partners to strategically participate in programs that save Health Plan dollars; the Health Plan is funded 80% by Company contributions and 20% by employee premiums.

Both Anthem and Express Scripts offer numerous programs designed to help provide the best value of care and save money at the same time. Marathon Petroleum chooses which programs to participate in based on a number of factors; two considerations include savings to the Health Plan (and members alike) and burden to the members. If a program would cause too large of a burden to plan members without a large enough return, the Company does not choose to participate in the program. Below are the 2016 results of some of the programs that Marathon Petroleum chose to adopt.

- In 2016, Anthem’s Sleep Program conducted clinical reviews and provided for redirection to home studies where applicable. This saved approximately \$195,000 in Health Plan costs.

- Best Doctors, our second opinion service, helped to confirm, modify or redirect medical care, saving the Health Plan over \$826,000.
- ScreenRx, an Express Scripts program designed to improve medication adherence, reduce avoidable medical care, and address other specific behavioral, clinical and cost barriers to medication issues saved nearly \$249,000 in Health Plan costs.
- Additionally, Express Scripts diligently manages prescriptions for Marathon Petroleum. This process will sometimes require obtaining extra approval from your physician for a medication or possibly trying a generic or another similar medication. Express Scripts pharmacists also look for harmful drug interactions of medication combinations. While these programs may sometimes be individually challenging, they saved the Health Plan over \$8.2 million in 2016.
- Another way we save money on prescriptions is with a Specialty Pharmacy. Many of our members utilize what are called “Specialty Drugs” which, in general, are very expensive or rare prescriptions. Express Scripts’ Specialty Pharmacy, Accredo, manages these prescriptions for our members and saved over \$3 million in 2016.





Doing Your Part to Manage Costs

The following four easy action items can help all of us work together toward being healthier, knowledgeable health care consumers.

Getting preventive health care. Ensure that you are living well by utilizing the Health Plan for preventive services covered at 100%, including vaccinations and screening tests. Taking care of yourself and utilizing these services are the best defense against more costly treatment resulting from illness or injuries left untreated. Only 27% of employees and 44% of spouses had a preventive exam in 2016.

Knowing what Levels of Care are available to you. Being enrolled in the Health Plan provides you a number of options if you or a covered dependent aren't feeling well. Understanding your options can save you time and money when you need care.

Medical Action	Classic co-pays	Saver (before/after deductible is met)
Anthem's 24/7 Nurseline	\$0	\$0
Anthem's LiveHealth Online	\$10	\$49/\$9.80
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's/urgent care visit
**average cost of ER visit is \$1,200

LEVELS OF CARE

The above chart represents the choices available to you and the associated costs, depending on your Health Plan option. The Anthem Nurseline is 1-888-596-9473 and can be found on the back of your Anthem card; you can download the LiveHealth Online app to use the service on your phone or computer.

Staying on track with medications. Not adhering to recommended dosages and medication schedules for chronic conditions (such as coronary heart disease, diabetes, high blood pressure, etc.) can negatively impact your health. This can also cause the Health Plan and its members to incur unnecessary expenses when a condition is exacerbated and needs extra medical care.

Shopping for health care. Most health care services are shoppable, meaning that just as you shop for better pricing on other large expenses, you can shop for better pricing for your health care needs as well. Marathon Petroleum has participated in Anthem's AIM program since 2015. This is a cost and quality program that helps you find low-cost providers for certain diagnostic services, such as CT scans, MRI scans and sleep apnea testing.

Here's how it works:

- The doctor lets Anthem know you will have a diagnostic procedure.
- Anthem will check to see if the provider who will perform the procedure offers a low cost for the service in your area. Anthem will also check other area providers.
- If the provider doesn't offer a low cost, Anthem will contact you to alert you to lower-cost providers nearby.
- You choose the provider that best meets your needs, whether it's the one recommended by your doctor or suggested by Anthem. There is no penalty if you choose not to take advantage of Anthem's suggestion.
- Members can also contact AIM at the High Tech Imaging Pre Cert number on the back of your card: 1-888-953-6703.

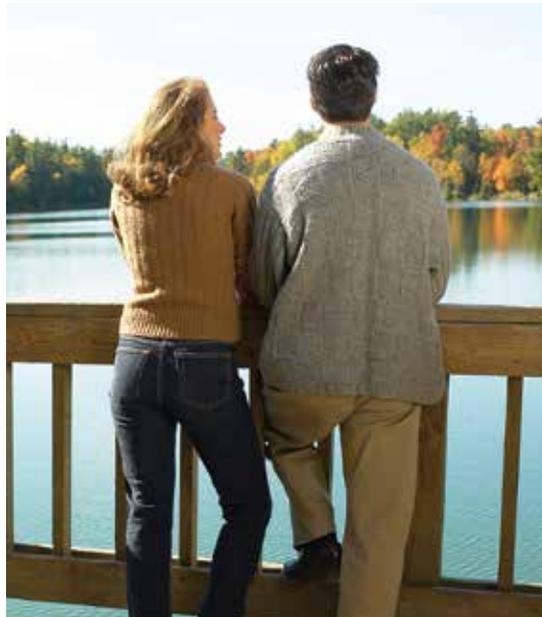
Important Information for Health Savings Account (HSA) and Health Care Flexible Spending Account (FSA) Users

Health Savings Account (HSA)

- Your 2017 Health Savings Account (HSA) contribution election will carry over for 2018. You CAN change your election for 2018 if you wish. Log in to your Fidelity account beginning December 6, 2017, to make your 2018 election. In order for a contribution change to be effective for your first payroll check of 2018, you MUST make the election through Fidelity's website BEFORE December 15, 2017.
- If you were enrolled in the Health Plan's Saver HSA option for 2017, and have not opened your HSA with Fidelity yet, you MUST open your HSA by November 30 in order to receive Company funding for 2017.
- The IRS contribution limits for 2018 are \$3,450 for employee only coverage and \$6,900 for all other coverage tiers. Employees age 55 or older are still allowed to contribute an additional \$1,000 in catch-up contributions. Payroll contributions are monitored to not exceed these limits. These limits DO include the Company contribution as well.
- If you are not currently enrolled in the Saver HSA option and elect this Health Plan option for 2018, Fidelity will be notified of your election the first week of December. You will be able to open your HSA after Fidelity has been notified of your election. Fidelity will send an email or mail a postcard to notify you to open your account.
- If you have a 2017 Health Care Flexible Spending Account (FSA) and wish to participate in the HSA in 2018, your FSA MUST have a \$0 balance by December 31, 2017. If you carry any of your flexible spending account funds into 2018 (the grace period for FSA), you will not be able to open your HSA or make or receive any contributions to your HSA until April 1, 2018. This includes Company funding to your HSA.

Health Care Flexible Spending Account (FSA)

- Your 2017 election for the FSA **DOES NOT ROLL OVER** to 2018. If you do not elect a 2018 FSA, you will not have a 2018 FSA.
- The annual contribution limit will increase to \$2,600 for 2018.
- If you have a 2017 FSA and wish to participate in the HSA in 2018, your FSA MUST have a \$0 balance by December 31, 2017. If you carry any of your flexible spending account funds into 2018 (the grace period for FSA), you will not be able to open your HSA or make or receive any contributions to your HSA until April 1, 2018. This includes Company funding to your HSA.





What's Changing

Benefit Updates for 2018

The following benefit changes will be effective January 1, 2018. If a benefit is not listed below, it is not changing for 2018. Details of all Marathon Petroleum benefit plans can be found in the 2018 Marathon Petroleum Benefits Guide found on www.myMPCbenefits.com. Changes are highlighted in blue.

Update on Employee Premiums

Premiums will **increase** for both the Classic and Saver HSA Health Plan options.

Monthly Employee Contribution Comparisons

	HEALTH PLAN-CLASSIC OPTION		HEALTH PLAN-SAVER HSA OPTION	
	2017	2018	2017	2018
Employee Only	\$101	\$106	\$69	\$72
Employee + Spouse	\$231	\$242	\$159	\$166
Employee + Children	\$201	\$210	\$138	\$144
Employee + Family	\$312	\$327	\$214	\$224

Premiums will **increase** for all tiers except employee only for the Dental Plan.

	DENTAL PLAN	
	2017	2018
Employee Only	\$13	\$13
Employee + Spouse	\$26	\$27
Employee + Children	\$28	\$29
Employee + Family	\$41	\$45

Premiums for optional employee life insurance will **decrease** in 2018.

OPTIONAL EMPLOYEE LIFE INSURANCE		
Age	2017*	2018*
Under 25	\$0.036	\$0.034
25 - 29	\$0.045	\$0.042
30 - 34	\$0.059	\$0.055
35 - 39	\$0.069	\$0.065
40 - 44	\$0.076	\$0.071
45 - 49	\$0.113	\$0.106
50 - 54	\$0.173	\$0.163
55 - 59	\$0.324	\$0.305
60 - 64	\$0.501	\$0.471
65 - 69	\$0.961	\$0.903
70 & Over	\$1.661	\$1.561

*Rates per \$1,000 of coverage per month. Rates are determined based on your age on December 31 of the tax year for which the coverage is in effect.

(continued)

Update on Health Plan Design

	HEALTH PLAN-CLASSIC OPTION IN-NETWORK BENEFITS		HEALTH PLAN-SAVER HSA OPTION IN-NETWORK BENEFITS	
	2017	2018	2017	2018
	Deductible	\$500 Individual \$1,000 Family	\$600 Individual \$1,200 Family	\$1,350 Employee Only \$2,700 Employee + Dependents**
Out-of-Pocket (OOP Maximum)*	\$3,000 Individual \$6,000 Family	\$3,500 Individual \$7,000 Family	\$5,000 Individual \$10,000 Family	\$5,000 Individual \$10,000 Family
Coinsurance	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible	You pay 20% after deductible
Office Visit	\$20 for primary care; \$50 for specialist and urgent care	\$20 for primary care; \$50 for specialist and urgent care	You pay 20% after deductible	You pay 20% after deductible
Preventive Services	Plan covers at 100% (no deductible)	Plan covers at 100% (no deductible)	Plan covers at 100% (no deductible)	Plan covers at 100% (no deductible)
ER Charge	\$150 charge, then deductible plus 20% coinsurance	\$200 charge, then deductible plus 20% coinsurance	Deductible, then \$150 charge, then 20% coinsurance	Deductible, then \$200 charge, then 20% coinsurance

*Medical and prescription drug expenses apply toward meeting the out-of-pocket maximum.

**Employee + Dependents covers Employee + Spouse, Employee + Child(ren) and Employee + Family.

	HEALTH PLAN-CLASSIC OPTION OUT-OF-NETWORK BENEFITS		HEALTH PLAN-SAVER HSA OPTION OUT-OF-NETWORK BENEFITS	
	2017	2018	2017	2018
	Deductible	\$1,000 Individual \$2,000 Family	\$1,200 Individual \$2,400 Family	\$2,700 Employee Only \$5,400 Employee + Dependents**
Out-of-Pocket (OOP Maximum)*	\$6,000 Individual \$12,000 Family	\$7,000 Individual \$14,000 Family	\$10,000 Individual \$20,000 Family	\$10,000 Individual \$20,000 Family
Coinsurance	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Office Visit	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
Preventive Services	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible	You pay 40% after deductible
ER Charge	\$150 charge, then deductible plus 20% coinsurance	\$200 charge, then deductible plus 20% coinsurance	Deductible, then \$150 charge, then 20% coinsurance	Deductible, then \$200 charge, then 20% coinsurance

*Medical and prescription drug expenses apply toward meeting the out-of-pocket maximum.

**Employee + Dependents covers Employee + Spouse, Employee + Child(ren) and Employee + Family.

(continued)



Update on Health Plan Benefits

Smart90 - Walgreens

Members may now obtain 90-day supplies at a Walgreens pharmacy via the Smart90-Walgreens program. Walgreens is now an in-network pharmacy for Marathon Petroleum prescription coverage. Members may continue to utilize the Express Scripts mail order pharmacy.

Maintenance Medications

To encourage the use of mail order or Smart90-Walgreens and to mitigate plan costs, 30-day supplies of maintenance medications will be limited to **TWO** fills at any in-network retail pharmacy. Members who continue to use retail pharmacies to obtain 30-day supplies will pay 100% of the prescription cost; the amount paid will not count toward the member's coinsurance or out-of-pocket maximum.

Infertility Coverage

In addition to prescription medications already covered by the Health Plan, coverage will now include one cycle of an infertility procedure per member, per lifetime through an in-network provider. Members will need to contact Anthem and obtain a pre-certification to determine coverage availability.

Health and Wellness Incentive Changes

In 2018, Benefits and Health Services have teamed up for a new and exciting way for you to earn rewards for participating in healthy activities such as obtaining a preventive exam, participating in challenges and other health and wellness activities. Reimbursements previously obtained for fitness expenses, weight watchers memberships and completion of the Wellness Assessment will be reallocated for 2018. Watch for more information about this in the coming months. For this year, don't forget to complete your Wellness Assessment to earn \$50 by December 31 and any reimbursement requests for fitness or Weight Watchers expenses need to be submitted no later than January 31, 2018.

THAT'S ALL THE CHANGES FOR 2018

To assist you as you review your benefits coverage and to identify changes you may want to make in 2018, details of Marathon Petroleum's health and welfare benefit plans can be found by accessing the 2018 Benefits Guide at www.myMPCbenefits.com under the Benefits Open Enrollment section. This guide also contains important legal notices.

