



Marathon Petroleum
BENEFITS GUIDE

2018



AVAILABLE RESOURCES

Need help? No problem. We understand that the numerous benefit options available to you can be confusing. In addition to this Benefits Guide, there are plenty of resources available to help you find out about your benefits:

- 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.”

- Use ALEX, your personal benefits counselor, at <https://www.myalex.com/mpc/2018>.
- Contact the Benefits Service Center at 1-888-421-2199 or send an email to benefits@marathonpetroleum.com.

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



phone: 1-888-421-2199

fax: 419-421-3057

web: www.myMPCbenefits.com

email: benefits@marathonpetroleum.com



At **Marathon Petroleum**, our employee benefit plans are designed to provide you and your family members with:

- Quality, comprehensive health care coverage.
- Income protection benefits that offer a financial safety net if illness or injury prevent you from working.
- Savings and retirement programs to help you invest in your financial future.

In this *Benefits Guide*, you'll find information about our employee benefit offerings.

Detailed information on Marathon Petroleum's benefit plans is available at www.myMPCbenefits.com. Here you can access the Summary Plan Descriptions (SPDs) and Summaries of Benefits and Coverage (SBCs), which provide important plan rules and provisions.

This website will be your primary source of information on Marathon Petroleum's benefit plans, so please familiarize yourself with its contents and share this information with any family members who may be eligible for coverage as your dependents.

If you have any questions, be sure to contact the Benefits Service Center. This internal team of benefit experts is just an email or phone call away.

PRINTED SUMMARY PLAN DESCRIPTIONS AND SUMMARIES OF BENEFITS AND COVERAGE AVAILABLE

The Summary Plan Descriptions and Summaries of Benefits and Coverage are available at www.myMPCbenefits.com under "Notices and Plan Documents." 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.





Marathon Petroleum's **2018 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, 2018.

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.

Table of Contents

Enrolling in Benefits Coverage	3
125 Plan	4
Eligibility	4
Health Plan Options	6
Health Care Flexible Spending Account (FSA)	11
Health Savings Account (HSA)	12
Dental Plan	13
Vision Plan	14
Accidental Death and Dismemberment (AD&D) Insurance Plan	15
Life Insurance	16
Dependent Life Insurance	16
Occupational Accidental Death (OAD) Benefit Plan	18
Beneficiary Designation for Life and Accident Insurance	18
Long Term Disability (LTD) Plan	18
Wellness Program	18
Employee Assistance Program (EAP)	19
Adoption Assistance Program	19
Vacation	20
Sick Benefit Plan	20
Holidays	20
Thrift Plan	21
Retirement Plan	22
Family Leave	22
Educational Reimbursement Plan	22
Marathon Petroleum Scholars Program	23
Matching Gifts Program	23
Volunteer Incentive Program (VIP)	23
Miscellaneous Services	23
Contacts	24
Appendices	25
Important Notices	35
Marketplace Notices	38

Enrolling in Benefits Coverage

Step 1

Before you make your elections ...

Review this package:

- This *Benefits Guide* will provide you with information about your plan options, along with the costs for each option.
- You can access more detailed information about all of Marathon Petroleum's benefit plans at www.myMPCbenefits.com.

Step 2

Make your benefit elections

Your benefits are effective the date you enroll online or the date your enrollment form is received by a Company representative, but no earlier than your date of employment or qualifying life event change. Therefore, it is very important for you to be ready to make your benefit elections as soon as you are eligible.

You have two ways of making your benefit elections:

- **Online:** You can complete your benefit elections online from MPCConnect. Select Employee Center then "SAP Online Services" (using your assigned network User ID and Password to log on). Choose the HR Services tab then "My First Days" under the Quicklinks menu.
 - Follow the screens to complete your enrollment.
 - Print a Benefits Confirmation at the end of the enrollment process and keep it for your records.
 - If you have dependents, please be sure to return page two of the Enrollment/Change Form along with supporting documentation to the Benefits Service Center. They will update your marital status, if applicable, and add spouse and dependent children to your record and the benefit plans you have selected.

- **Paper:** If you cannot make your elections online, complete and sign the enclosed enrollment form (or obtain the form from www.myMPCbenefits.com).

The completed form should be returned to the Benefits Service Center in the Findlay office by one of the following methods:

- Faxed to 1-419-421-3057.
- Scanned and emailed to benefits@marathonpetroleum.com.
- If you are unable to fax or scan and email your form, please provide it to Human Resources or your supervisor to send to the Benefits Service Center after they have signed and dated the form to verify receipt.
- Mailed to:
 - Marathon Petroleum Benefits Service Center
 - Room D-03-105
 - P.O. Box 1
 - Findlay, OH 45839-9980.

After your elections are entered by the Benefits Service Center, a Benefits Confirmation will be mailed to your home address.

The effective date of benefits is determined by when you make your elections. Elections made prior to or on the first day of employment will be effective on the first day of employment. Elections can be made:

- Online from MPCConnect.
- By paper, signed and dated by a Company representative.

Note: Any election made between days two and 60 of employment will be effective on the day coverage is elected.



Step 3

Verify your benefit elections

Review your Benefits Confirmation statement for accuracy. We also encourage you to review your pay statement for the first full pay period to make sure your benefit elections are reflected correctly. If you detect any problems, please report them to the Benefits Service Center as soon as possible by calling 1-888-421-2199.

Important Note: For new hires, if you don't actively enroll within the first 60 days of your employment, benefits coverage (with the exception of Company-paid benefits) will be waived. Keep in mind that your benefits are not effective until you enroll online or your enrollment form is received by a Company representative. You will not have an opportunity to enroll in coverage again until the annual Benefits Open Enrollment period, unless you experience a qualifying life event as provided in the 125 Plan.

125 Plan

As permitted under law, the 125 Plan automatically excludes your premium contributions to the Health, Dental, Vision, Accidental Death and Dismemberment Plans, and your Health Savings Account contributions, from gross pay for income tax purposes.

Eligibility

Member Eligibility

You are eligible to participate in the Marathon Petroleum benefit plans if you are an employee working on:

- A Regular Full-Time basis (normal work schedule of at least 40 hours per week or 80 hours on a biweekly basis).
- A Regular Part-Time basis (non-supervisory employee with a normal work schedule of a minimum of 20 hours but less than 35 hours per week and not on a time, special job completion or call-when-needed basis).
- Casual employee's should refer to the Casual Employee Benefit Summary found on www.myMPCbenefits.com for eligibility information.

Employees and their dependents are eligible for coverage on their first day of employment.

You are not eligible to participate in the benefit plans if you are:

- A leased employee.
- An independent contractor.



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
Accidental Death & Dismemberment (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). Spouse includes a legally married same-sex spouse.
- 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.



DOCUMENTATION REQUIREMENTS

If you're adding a dependent to any of the MPC benefit plans, you'll need to submit documentation to verify the eligibility of those dependents. Here's what you'll need to submit:

- For a spouse, a copy of your marriage certificate.
- For a common-law spouse, you and your common-law spouse must complete the Marathon Petroleum Affidavit of Common-Law Marriage form, provide copies of documentation as stated on the form, and have the completed form notarized.
- For a domestic partner, you and your domestic partner must complete the Marathon Petroleum Affidavit of Domestic Partner Relationship form, provide copies of documentation as stated on the form, and have the completed form notarized.
- For child(ren), a copy of one of the following:
 - A birth certificate verifying the child is your natural child (or your spouse or domestic partner's natural child).
 - Legal adoption papers placing the child with you for adoption.
 - Legal custody papers if both the child's parents are deceased.

In addition, if you need to make a change to any of the MPC benefit plans during the year due to a qualifying life event, you'll need to submit documentation to verify the date and reason for the change.

IS YOUR SPOUSE AN MPC OR SPEEDWAY EMPLOYEE?

If your spouse and/or dependents are enrolled for benefits under another plan sponsored by a subsidiary of Marathon Petroleum Corporation, they are not eligible for coverage as a dependent under your benefits. For example, if you work for MPC and your spouse works for MPC or Speedway, only one of you may cover your dependent children. Similarly, your spouse cannot carry coverage on you at the same time you elect your own coverage. For optional life and AD&D coverage, if your spouse or dependent is also an MPC employee, he or she can enroll in their own optional coverages as an employee or be covered as your dependent, but not both. This does not apply to basic life insurance coverage, as employees are automatically enrolled in this coverage.

DEPENDENT RECORD REVIEW

If you and your spouse are both employed by a subsidiary of Marathon Petroleum Corporation, this is a good time to compare your basic dependent information unrelated to benefits coverage. You and your children should be listed on your spouse's record; similarly, your spouse and your eligible children should be listed on your record. If the information doesn't match up, complete page 2 of the Enrollment/Change Form, located by accessing the Forms tab on www.myMPCbenefits.com.

Dependent Children Covered by QMCSOs

The Plan will determine if a "medical child support order" [as that term is defined under the Employee Retirement Income Security Act of 1974 (ERISA) Section 609] is a "qualified medical child support order" (QMCSO) [as that term is also defined under ERISA Section 609] in accordance with the Plan's QMCSO procedures. 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. A copy of the Plan's QMCSO procedures is available by contacting the Benefits Service Center.

Health Plan Options

Marathon Petroleum's Health Plan, administered by **Anthem BlueCross BlueShield** (for medical expenses) and **Express Scripts** (for prescription drug coverage), offers two options: Classic and Saver HSA. The primary difference between the two options is how you pay for your health care expenses, so the Classic and Saver HSA options will have different premiums, deductibles and out-of-pocket maximum limits. The chart on the next page offers a side-by-side comparison of the Classic and Saver HSA options. See pages 10 – 12 for more information.

Premiums and Deductibles	
Classic Option	Saver HSA Option
<ul style="list-style-type: none"> A “pay up-front” option with higher monthly premiums, but lower annual deductibles and out-of-pocket maximums. The individual annual in-network deductible for medical care under the Classic option is \$600 and the in-network family deductible is \$1,200. After the annual deductible is met, the Classic option pays 80% of eligible expenses for health care received in-network. With Family coverage, until the in-network family deductible is met, each covered family member must meet the individual deductible before the Health Plan starts paying coinsurance. 	<ul style="list-style-type: none"> A “pay as you go” option with lower monthly premiums, but higher annual deductibles and out-of-pocket maximums. The annual in-network deductible for Employee Only coverage is \$1,400. For Employee + Dependents coverage, which includes all other coverage levels, the annual in-network deductible is \$2,800. After you meet the annual deductible, the Saver HSA option pays 80% of your eligible expenses for care received in-network. With Employee + Spouse, Employee + Child(ren) or Employee + Family coverage, once any combination of covered family members reaches the annual in-network deductible (including prescription drugs), the Health Plan starts paying coinsurance for all family members. Qualifies as a High Deductible Health Plan (HDHP).
Copays and Coinsurance	
Classic Option	Saver HSA Option
<ul style="list-style-type: none"> Includes copays instead of coinsurance for office visits and prescription drugs. Coinsurance applies for all other services. Regardless of whether you have met your deductible, you will only be responsible for copays for in-network doctor visits. 	No copays; only coinsurance.
Out-of-Pocket Maximum	
Classic Option	Saver HSA Option
The annual in-network out-of-pocket maximum for medical care is \$3,500 per individual and \$7,000 per family.	The annual in-network out-of-pocket maximum for medical care is \$5,000 per individual and \$10,000 per family.
Prescription Drug Coverage	
Classic Option	Saver HSA Option
<ul style="list-style-type: none"> Separate deductibles for medical and retail prescription drugs. Prescription drugs have copays (retail drugs are subject to a smaller, separate deductible that must be met before copays apply). 	<ul style="list-style-type: none"> Annual deductible includes both medical and prescription drug expenses. Certain generic preventive drugs covered at 100%. (The list of these drugs can be found on www.myMPCbenefits.com.) You pay all your medical and prescription drug costs in full until you reach your deductible (with the exception of preventive care and certain generic preventive medications). You pay 20% after deductible for retail and mail-order drugs.
Health Care Flexible Spending Account and Health Savings Account	
Classic Option	Saver HSA Option
Eligible for a Health Care Flexible Spending Account (FSA).	<ul style="list-style-type: none"> Offers a portable Health Savings Account (HSA) that includes triple-tax advantages. Company contributes \$350 for Employee Only coverage or \$700 for Employee + Spouse, Employee + Child(ren) or Employee + Family coverage.
Both Health Plan Options	
<p>Regardless of which Health Plan option you choose, both options:</p> <ul style="list-style-type: none"> Offer the same Anthem preferred provider network. Cover in-network preventive care at 100%, with no deductible. Cover the same services. Include in-network out-of-pocket maximums. The out-of-pocket maximum amounts differ between the options and are listed above. This means that the most you'll pay for covered in-network medical (including prescription drug) expenses out of your own pocket in a calendar year is the out-of-pocket maximum for your selected Health Plan option. 	

Note: the information detailed above covers in-network services. For details on out-of network benefits, please refer to the chart on page 11.



Anthem Health Services

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

Anthem's LiveHealth Online

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

With Anthem's LiveHealth Online, you get:

- Immediate, 24/7 access to board-certified doctors.
- Medical care for common health conditions like cold and flu symptoms, allergies, sinus infections, pink eye and more.
- Prescriptions sent to the pharmacy of your choice, if needed.

How much does it cost to use Anthem's LiveHealth Online if you are a member of the Health Plan?

- **Classic option:** \$10 copay.
- **Saver HSA option:** \$49 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 \$9.80.

If you are not a member of the Health Plan, you can use LiveHealth Online for the cost of \$49.

All Marathon Petroleum employees can access the visits provided through the Employee Assistance Plan (EAP - page 19) through LiveHealth Online. Just call the EAP at 1-800-865-1044 and ask about online visits.

Other Health Plan Services

Additional Anthem BCBS services include:

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

Levels of Care

Know 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.

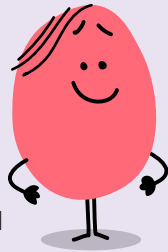
Medical Action	Classic co-pays	Saver (before/after deductible is met)
Anthem's 24/7 Nurseline	\$0	\$0
Anthem's LiveHealth Online	\$10	\$49/\$9.80
Doctor's Office	\$20	\$125*/\$25
Urgent Care	\$50	\$190*/\$38
Emergency Room**	\$200 then deductible + 20%	Deductible then \$200 + 20%

*average cost of doctor's/urgent care visit
 **average cost of ER visit is \$1,200

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.

ASK ALEX!

We understand that navigating the numerous benefit options available can be confusing. ALEX, your favorite personal benefits counselor, is here to offer you assistance in understanding your benefits and choosing the right Health Plan option for you and your family. He's smart, fun and explains your benefit options in simple terms.



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

Find ALEX at www.myMPCbenefits.com.

BEST DOCTORS®

Nothing matters more than your health and the health of your family members. That's why we continue to offer Best Doctors at no cost to Health Plan members. Many employees have already benefited from this service.

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

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





2018 Health Plan Monthly Employee Contributions

	Monthly Contributions (pre-tax payroll deductions)	
	Classic Option	Saver HSA Option
Employee Only	\$106	\$ 72
Employee + Spouse	\$242	\$ 166
Employee + Children	\$210	\$ 144
Family	\$327	\$224

Company Contribution to Health Savings Account

	Classic Option	Saver HSA Option
HSA Funding	None	\$350 Employee Only/ \$700 Employee + Dependents**

2018 Health Plan Options Comparison

Health Plan (includes Medical, Surgical, Mental Health and Chemical Dependency)

	Classic Option <i>In-network benefits</i>	Saver HSA Option <i>In-network benefits</i>
Deductible	\$600 Individual	\$1,400 Employee Only
	\$1,200 Family	\$2,800 Employee + Dependents**
Out-of-Pocket (OOP) Maximum*	\$3,500 Individual	\$5,000 Individual
	\$7,000 Family	\$10,000 Family
Coinsurance	You pay 20% after deductible	You pay 20% after deductible
Office Visit	\$20 for primary care; \$50 for specialist and urgent care	You pay 20% after deductible
Preventive Services	Plan covers at 100% (no deductible)	Plan covers at 100% (no deductible)
ER Charge	\$200 charge, then deductible plus 20% coinsurance	Deductible, then \$200 charge, then 20% coinsurance

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

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

	Classic Option <i>Out-of-network benefits</i>	Saver HSA Option <i>Out-of-network benefits</i>
Deductible	\$1,200 Individual	\$2,800 Employee Only
	\$2,400 Family	\$5,600 Employee + Dependents**
Out-of-Pocket (OOP) Maximum*	\$7,000 Individual	\$5,000 Individual
	\$14,000 Family	\$10,000 Family
Coinsurance	You pay 40% after deductible	You pay 40% after deductible
Office Visit	You pay 40% after deductible	You pay 40% after deductible
Preventive Services	You pay 40% after deductible	You pay 40% after deductible
ER Charge	\$200 charge, then deductible plus 20% coinsurance	Deductible, then \$200 charge, then 20% coinsurance

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

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



Prescription Drugs (Rx)

Marathon Petroleum’s prescription drug coverage for both Health Plan options is administered by **Express Scripts**. You will automatically receive prescription drug coverage if you enroll in either Health Plan option. 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
Out-of-Pocket Maximum	Combined with medical	
Prescription Annual Deductible	Retail Only — \$100 individual; \$200 family	Combined with medical
Retail (30-day supply)**:		
• Generic Drugs*	\$10 after deductible	You pay 20% after deductible*
• Preferred Brand Drugs	\$30 after deductible	
• Non-Preferred Brand Drugs	\$60 after deductible	
Mail Order or Smart90 (90-day supply)**:		
• Generic Drugs*	\$25	You pay 20% after deductible*
• Preferred Brand Drugs (includes Specialty Drugs)	\$75	
• Non-Preferred Brand Drugs	\$150	

* 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.

** 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 a participating retail pharmacy. You will pay 100% of the cost of the medication.

Health Care Flexible Spending Account (FSA)

Marathon Petroleum’s **Health Care Flexible Spending Account (FSA)**, administered by **PayFlex**, is available if you select the Health Plan’s **Classic option** or waive coverage under the Health Plan. The Health Care FSA allows you to save pre-tax money to help pay for medical, dental or vision expenses including copays, deductibles, prescriptions and other services incurred by you and your eligible dependents that other benefit programs do not cover. The minimum annual contribution is \$120 and the maximum annual contribution is \$2,600. You can use your 2018 Health Care FSA election amount to pay, or be reimbursed for, eligible expenses that occur from January 1, 2018, through March 15, 2019. You must submit all claims by May 31, 2019. Any funds not used or claimed by that date will be forfeited.

Health Care FSA deductions are taken out through regular, equal payroll deductions on a pre-tax basis. This lowers the overall amount of your taxable income, which means you have less deducted from your paycheck for taxes. **You must actively elect to participate in the Health Care FSA each year since your elections do NOT roll over from year to year.** Be sure to keep this Plan rule in mind as you consider your elections each year for Benefits Open Enrollment.

Reimbursement forms for the Health Care FSA are available at www.myMPCbenefits.com, or from PayFlex online at www.payflex.com or by calling 1-844-PAYFLEX (1-844-729-3539).



Health Savings Account (HSA)

The **Health Savings Account (HSA)**, administered by **Fidelity**, is a triple-tax-advantaged account that you can use to pay for qualified health-related expenses, including copays, coinsurance and deductibles for medical, prescription drug, dental and vision expenses. You are eligible to open an HSA only if you enroll in the **Saver HSA option** of the Health Plan.

If you open an HSA, Marathon Petroleum contributes \$350 for Employee Only coverage or \$700 for Employee + Dependents coverage to your HSA. The Company will contribute to your HSA each year that you enroll in the Saver HSA Option. You can also make tax-free contributions to your HSA, up to the IRS limits. For 2018, the IRS limits are:

- \$3,450 for Employee Only coverage (\$350 MPC contribution + \$3,100 employee contribution).
- \$6,900 for Employee + Dependents coverage (\$700 MPC contribution + \$6,200 employee contribution).
- Plus an additional \$1,000 in catch-up contributions if you're age 55 or over.

You manage this account. You can choose to save and invest the money with tax-free earnings or use it to pay eligible expenses during the year, up to your current balance. If you had an HSA with a previous health plan, you can transfer it to your Fidelity HSA.

Your HSA has a triple-tax advantage because:

- The contributions you make are tax-free.
- Any investment earnings are tax-free.
- Payments from the account for qualified health care expenses are tax-free.

HSA funds roll over from year to year and belong to you so you will always have access to these funds. You do not need to submit receipts for reimbursement. However, it's recommended you save receipts and records in case the IRS requests proof that these funds were used for qualified health care expenses.

The Health Care FSA and HSA are used to reimburse eligible health care expenses. To view a list of eligible Health Care FSA and HSA expenses, refer to IRS Publication 502, which you can obtain through your local IRS office or from the IRS's website at www.irs.gov. Please be aware that the rules governing IRS-qualified health care expenses are subject to change from year to year.

For more detailed information on how the Health Care FSA works, go to www.myMPCbenefits.com. For more detailed information on the HSA, go to www.netbenefits.com/marathonpetroleum.



Dental Plan

Marathon Petroleum's Dental Plan is administered by **Cigna Dental**. Under the Dental Plan, you can receive care from any licensed dentist. However, you can save more when you receive care from a dentist in the **Cigna Dental Preferred Provider Organization (DPPO) Advantage Network**, since these dentists have agreed to give Plan members the largest discounts. To find a Cigna Advantage Network provider, call Cigna at 1-800-244-6224 or go to www.cigna.com. The Dental Plan is designed to pay the following (subject to individual calendar year deductible/maximum and lifetime maximum):

Type of Service	Coverage
Preventive services (twice a year)	100% [†]
Basic dental services	80%*
Major dental services	50%*
Orthodontia services	50%*

* Of Reasonable and Customary (R&C) Charge when using an out-of-network provider. R&C is determined by the average usual charge for a given procedure charged by most dentists in a given geographic area.

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



2018 Dental Plan Monthly Employee Contributions

	Monthly Contributions (pre-tax payroll deductions)			
	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Cigna Dental PPO	\$13	\$27	\$29	\$45

2018 Dental Plan Highlights

	Cigna Dental PPO
Selecting a Dentist	You can see any licensed dentist. However, if you receive care from a Cigna Advantage Network provider, you pay a discounted rate for services.
Benefits	<ul style="list-style-type: none"> • No deductible for preventive and diagnostic services. • \$50 deductible per individual on other services. • \$2,000 calendar year maximum per individual (not including orthodontic expenses). • \$2,000 lifetime orthodontia maximum per individual.
Claims	ID cards are not issued for the Dental Plan. Claims can be filed via paper forms or online through your dental office.

The Dental Plan details and the claim form can be found at www.myMPCbenefits.com.



Vision Plan

The Marathon Petroleum Vision Plan is administered by **Anthem Blue View Vision**. Vision coverage includes regular eye exams and the opportunity to purchase glasses and contact lenses at discounted rates. You can receive care from any licensed eye care professional, but if you see an Anthem in-network provider, you receive a higher level of benefits and there are no claim forms to file.



If you see an out-of-network provider, you receive a lesser discount on services and must file a claim for reimbursement.

2018 Vision Plan Monthly Employee Contributions

	Monthly Contributions (pre-tax payroll deductions)			
	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Vision Plan	\$7	\$12	\$13	\$20

2018 Vision Plan Highlights

Plan Features	In-Network	Out-of-Network
Frequency of Service <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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

The Vision Plan Summary and the out-of-network claim form can be found at www.myMPCbenefits.com.

To find in-network providers, call Anthem at 1-866-723-0515 or go to www.anthem.com.

Accidental Death and Dismemberment (AD&D) Insurance Plan

Marathon Petroleum provides a Company-paid accidental death and dismemberment benefit of one times your annual covered compensation at no cost to you. You may elect to purchase optional (contributory) AD&D coverage in increments of \$10,000 up to \$100,000 and thereafter in increments of \$50,000 up to \$250,000. Based on the type of coverage you elect, your spouse and/or children may also be covered.

If you enroll for dependent coverage, the principal sum amounts of AD&D Insurance applicable to your eligible dependents will be a percentage of the principal sum amount of AD&D Insurance applicable to you, as follows:

Type of Coverage	Percentage of Your Principal Sum of AD&D Insurance		
	Employee	Spouse	Each Child
Employee Only	100%	0%	0%
Employee + Spouse	100%	60%	0%
Employee + Children	100%	0%	25%*
Employee + Family	100%	50%	15%*

* Subject to a maximum of \$37,500.

2018 AD&D Employee Monthly Contributions

Principal Sum	Monthly Contributions (after-tax payroll deductions)			
	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
\$ 10,000	\$0.16	\$0.22	\$0.19	\$0.22
\$ 20,000	\$0.32	\$0.44	\$0.38	\$0.44
\$ 30,000	\$0.48	\$0.66	\$0.57	\$0.66
\$ 40,000	\$0.64	\$0.88	\$0.76	\$0.88
\$ 50,000	\$0.80	\$1.10	\$0.95	\$1.10
\$ 60,000	\$0.96	\$1.32	\$1.14	\$1.32
\$ 70,000	\$1.12	\$1.54	\$1.33	\$1.54
\$ 80,000	\$1.28	\$1.76	\$1.52	\$1.76
\$ 90,000	\$1.44	\$1.98	\$1.71	\$1.98
\$100,000	\$1.60	\$2.20	\$1.90	\$2.20
\$150,000	\$2.40	\$3.30	\$2.85	\$3.30
\$200,000	\$3.20	\$4.40	\$3.80	\$4.40
\$250,000	\$4.00	\$5.50	\$4.75	\$5.50





Life Insurance

Marathon Petroleum provides Company-paid basic life insurance coverage equal to two times your annual covered compensation. The only action required on your part is to designate a beneficiary (see instructions on www.myMPCbenefits.com or on page 18 of this *Benefits Guide*).

Optional (Age-Based) Life Insurance

You may also elect optional employee life insurance coverage from one to six times your annual covered compensation at age-based premium rates (paid via after-tax payroll deductions) that range from \$0.034 to \$1.561 per \$1,000 of coverage per month.

Employees are required to complete a Statement of Health with MetLife when the amount of their optional life insurance exceeds \$750,000.

Optional (Age-Based) Employee Life Insurance Monthly Contributions

Monthly Contributions* (after-tax payroll deductions)	
Age Category	Per \$1,000 of Coverage
< 25	\$0.034
25 – 29	\$0.042
30 – 34	\$0.055
35 – 39	\$0.065
40 – 44	\$0.071
45 – 49	\$0.106
50 – 54	\$0.163
55 – 59	\$0.305
60 – 64	\$0.471
65 – 69	\$0.903
70 +	\$1.561

* Rates are determined based on your age on December 31 of the tax year for which the coverage is in effect.

Dependent Life Insurance

You may also purchase dependent life insurance coverage for your spouse and/or eligible child(ren) — no statement of health (e.g., a physical exam) is required. You pay premiums via after-tax payroll deductions.

To elect dependent coverage, you must be enrolled in optional life insurance for yourself, and your dependent must meet the definition of an “eligible dependent” (see “Dependent Eligibility” on page 5).

Dependents are not eligible for dependent coverage if they are already enrolled as an employee under another optional life plan sponsored by an employer of the controlled group to which Marathon Petroleum belongs.

Dependent Life Insurance Options

Life insurance options for your dependents are:

- **Spouse Life Insurance:** You can elect new coverage in \$10,000 increments up to a maximum of \$50,000. Additional coverage can be purchased during Benefits Open Enrollment in the fall (subject to limits).
- **Child Life Insurance:** You may purchase child life insurance coverage of \$10,000, \$20,000 or \$30,000. Premiums 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.

Please note: Spouse and child coverage cannot exceed the sum of your Company-paid basic life insurance and your own optional life insurance.

2018 Dependent Life Insurance Monthly Employee Contributions

Monthly Contributions (after-tax payroll deductions)			
Spouse		Child(ren)	
Age of Spouse	Cost per \$1,000 of Coverage per Month*	Coverage	Cost per Month
< 25	\$0.036	\$10,000	\$0.99
25 – 29	\$0.045	\$20,000	\$1.98
30 – 34	\$0.059	\$30,000	\$2.97
35 – 39	\$0.069		
40 – 44	\$0.076		
45 – 49	\$0.113		
50 – 54	\$0.173		
55 – 59	\$0.324		
60 – 64	\$0.501		
65 – 69	\$0.961		
70 +	\$1.661		

* Rates are determined based on your age on December 31 of the tax year for which the coverage is in effect.

For information on additional programs offered through the Life Insurance Plan, see “Appendix A: Miscellaneous Services,” page 25.





Occupational Accidental Death (OAD) Benefit Plan

Marathon Petroleum provides Company-paid OAD coverage. The Plan 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 automatically enrolled in this Plan, and coverage is provided at no cost to you. The only action required on your part is to designate a beneficiary. Beneficiary designation instructions can be found on www.myMPCbenefits.com or below on this page.

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. It is critical that beneficiary records be as up-to-date as possible. All changes to your beneficiary designations will be made directly through MetLife.

You 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 beneficiary website. Please be sure to make your beneficiary designations and make changes as needed to fulfill your intentions.

You can also designate your beneficiary information with a paper form. You can contact a MetLife representative at 1-866-574-2864 to obtain the form, or access the form on www.myMPCbenefits.com.

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.

Well ALL Ways Website

This personalized tool can be accessed 24/7 and provides a complete set of wellness tools to help you take charge of your health in areas such as nutrition, physical activity or tobacco cessation. Your personal health information is always secure and password-protected.

- **Health Challenges:** Register for several online challenges throughout the year where employees learn to take small steps each day toward improving health.
- **Healthy Activity Points & Incentives:** Regular full- and part-time employees and spouses/domestic partners who participate in various health and wellness activities can earn Healthy Activity Points throughout the year. The program also provides incentives for receiving preventive exams for both employees and eligible family members.

For more details on the Well ALL Ways program, visit www.mympcwellallways.com.

Employee Assistance Program (EAP)

The EAP provides employees and their household members with a broad range of professional services, including:

- Counseling services.
- Work/life referral service and online resources.
- www.anthemead.com (online resource).

You are automatically enrolled in this program, at no cost to you.

EAP Counseling Benefits

The EAP service, administered by **Anthem**, provides around-the-clock access to trained counselors, who are experienced in addressing a wide range of personal and job-related issues, including:

- Counseling services for help with a range of issues, including:
 - Family/marital.
 - Parenting.
 - Identity protection monitoring.
 - Alcohol and drug abuse.
 - Emotional.
 - Stress.
 - Anxiety.
 - Depression.
 - Physical.
 - Financial.
 - Child care/elder care.
- Educational material on a variety of topics, including stress, eating disorders, depression, alcohol and drug abuse, financial issues and parenting.
- Self-assessment tools.
- Online resources for health issues, depression, relationship/family issues and workplace issues.
- Comprehensive EAP library, as well as support groups and community resources.

- 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.

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.

Anthem counselors are available by phone around the clock at 1-800-865-1044.

Employees and their household members can also access the EAP visits through Anthem's LiveHealth Online (page 8). Just call the EAP and ask about online visits.

Adoption Assistance Program

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





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. (Regular Full-Time, Exempt new hires with prior relevant industry/job-related work experience and/or Active Duty Service may be eligible for vacation service enhancement under the Vacation Plan for purposes of vacation benefit entitlement.) In subsequent years, employees become eligible for their full vacation entitlement 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.

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

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

Sick Benefit Plan

Plan benefits are based on your length of service and range from one week of full pay and two weeks at 60% pay upon your date of hire, to 26 weeks of full pay after 20 years. Plan details and a schedule of benefits can be located on www.myMPCbenefits.com.

Holidays

The following paid holidays are observed in most locations: New Year’s Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Day after Thanksgiving, Christmas Day, one additional day at Christmas and one floating day off.





Thrift Plan

To help you build a secure financial future, Marathon Petroleum offers the Thrift Plan. To be eligible to participate in the Thrift Plan, you must be a Regular Full-Time, Regular Part-Time or Casual employee.

Plan Highlights

You are immediately eligible and will receive enrollment information from Fidelity.

To enroll online, go to www.netbenefits.com/marathonpetroleum.

This feature will be available the second Tuesday after your hire date.

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.

To help your savings grow faster, 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 pay to get the maximum 7% match from the Company. It is important to note that 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 MPC Benefits Service Center at benefits@marathonpetroleum.com or 1-888-421-2199 at your earliest convenience.

Additionally, if you will reach age 50 or older by the end of the calendar year, you can take advantage of a “catch-up” election, which enables you to make an 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.

Eligible employees are immediately 100% vested (i.e., have ownership) in Company matching contributions, and you are always 100% vested in your own contributions.

The Plan may accept rollovers from other qualified plans as long as eligibility requirements are met. Please email benefits@marathonpetroleum.com to request a rollover packet. You may request the packet yourself once you are logged in to NetBenefits.

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.



Retirement Plan

Marathon Petroleum offers the Retirement Plan to help provide you with income during retirement. 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. No enrollment is necessary.

Plan Highlights

The Marathon Petroleum Retirement Plan is a “Cash Balance” benefit 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 below. Marathon Petroleum will also provide Interest Credits, which will be compounded monthly. 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.

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

Family Leave

The Company allows for up to two weeks of parental pay for the birth, adoption, or foster care placement of a child. For further details, reference the Parental Pay Policy.

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

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

In addition to the reasons listed above, the Family Medical Leave Act (FMLA) has been expanded to: a) Include “qualifying exigency,” which is related to a family member’s call to active duty; and b) Allow a 26-week unpaid FMLA leave for employees to care for a close family member who suffers a serious injury or illness while serving in the United States Armed Forces. Contact your local Human Resources Consultant for further information.

If an employee is off for their own serious medical condition, please reference the Medical Leave Policy available at www.myMPCbenefits.com. Medical leaves, if eligible, do run concurrent with FMLA.

Educational Reimbursement Plan

Marathon Petroleum encourages you to enhance your job-related knowledge and skills by helping you pay for outside educational opportunities.

The Company will reimburse all or a portion of your eligible tuition, required fees and textbooks, subject to a maximum reimbursement of \$675 per semester hour or \$450 per quarter hour for satisfactory completion of approved courses. Reimbursement of Certification and Licensing programs is also included. See plan for more details.

Marathon Petroleum Scholars Program

The Marathon Petroleum Scholars Program is designed to help your eligible children pursue their educational goals. The Program offers scholar awards of \$1,000 to \$2,500 annually for a limited number of high school students who are sons or daughters of Regular Full-Time or Regular Part-Time Marathon Petroleum employees and retirees.

Matching Gifts Program

The Matching Gifts Program offers you a way to double your contribution to a qualified institute of higher education. The program provides a dollar-for-dollar match, up to a maximum of \$10,000 in gifts per person per calendar year. Regular Full-Time and Regular Part-Time employees are eligible to have gifts matched under the program, along with retirees in the year of their retirement and through the end of the following year. The amount of your gift must be at least \$50 to be eligible for the Matching Gifts Program. The form can be found on www.myMPCbenefits.com.

Volunteer Incentive Program (VIP)

Marathon Petroleum believes in taking an active role in the communities where our employees work and live. We offer the Volunteer Incentive Program to encourage and support community involvement.

Regular Full-Time and Regular Part-Time employees and their spouses are eligible to participate by performing a minimum of 24 hours of volunteer service during a calendar year at a single eligible organization. Once service hours are completed, the participant may apply for a grant in the amount of \$500. Each participant can apply for one grant per calendar year. The maximum total grant per eligible couple is \$1,000 per year. The number of volunteer service hours performed by both the employee and the employee's spouse at a single organization may be combined to meet the 24-hour minimum.

Volunteer service includes volunteer activities that benefit the general community, such as committee work, fundraising, tutoring, mentoring or neighborhood revitalization.

Miscellaneous Services

529 College Savings

You have the opportunity to access 529 college savings arrangements through Fidelity Investments. This program is made available as a service to employees and is not a Company-sponsored benefit plan. For information, call 1-800-544-1914 to speak with a Fidelity representative or visit <https://www.fidelity.com/529-plans/overview>.

MetLife Property, Casualty & Automobile Insurance

MetLife offers a full line of personal property, casualty and automobile coverage at special group rates, along with the convenience of expanded payment options, including payroll deductions. MetLife home and auto benefits are an external service and not a Company-offered benefit. The Company does not sponsor, endorse or contribute to the cost of this program. You will receive information directly from MetLife providing program details. You may visit their website at <https://mybenefits.metlife.com> or call 1-800-438-6381.



Contacts

Plan or Service	Online	Phone
Marathon Petroleum Benefits Service Center	http://www.myMPCbenefits.com Email: benefits@marathonpetroleum.com	1-888-421-2199 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	http://www.anthem.com Group #: 003329993	1-855-698-5676 1-866-776-4793 1-888-596-9473 1-800-810-2583
Prescription Drug Program		
Express Scripts	http://www.express-scripts.com Group #: MARAPET	1-877-207-1357
Employee Assistance Program (EAP)		
Anthem EAP	http://www.anthemeap.com	1-800-865-1044
Dental Plan		
Cigna Dental PPO	http://www.cigna.com Group #: 3334609	1-800-244-6224
Vision Plan		
Anthem Blue View Vision	http://www.anthem.com	1-866-723-0515
Health Care Flexible Spending Account		
PayFlex	http://www.payflex.com	1-844-PAYFLEX (1-844-729-3539)
Life & Accident Insurance		
Life & Accident Insurance Beneficiary Designations – MetLife	http://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
Savings & Retirement		
Thrift, Retirement and Health Savings Account – Fidelity	http://www.netbenefits.com/marathonpetroleum	1-866-602-0595
529 College Savings Plan – Fidelity	https://www.fidelity.com/529-plans/overview	1-800-544-1914
Wellness		
Health Assessment, Programs, Education, and Tools – Health Fitness	http://www.mympcwellalways.com	1-800-851-5951 Option 1
Health Services Wellness Helpline		1-800-851-5951 Option 1
Miscellaneous Services		
Property, Casualty & Automobile Insurance – MetLife	https://mybenefits.metlife.com	1-800-438-6381



Appendices

Appendix A: Miscellaneous Services

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

Travel Assistance, ID Theft and Mobile Assist Program

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

You can obtain the help you need through more than 600,000 pre-qualified providers worldwide. Contact AXA Assistance USA, Inc. at 1-800-454-3679 (toll-free in the U.S. and Canada), 1-312-935-3783 (international), or visit <http://webcorp.axa-assistance.com> (login: axa, password: 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 Harris, Rothenberg International (HRI), Inc. at 1-855-609-9989 or visit <https://griefcounseling.harrisrothenberg.net/default.aspx> (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 financial professionals from Massachusetts Mutual Life Insurance Company (MassMutual) to be available for assistance in-person or by telephone to help with filing life insurance claims, government benefits and financial questions. Call 1-877-ASK-MET7 (1-877-275-6387) for additional details.

WillsCenter.com

The website www.willscenter.com 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 may 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 of 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 ahead as well as bereavement travel services - available 24 hours, 7 days a week, 365 days a year - to assist with time-sensitive travel arrangements to be with loved ones.

MetLife Infinity

Creating a digital legacy for your beneficiaries, estate administrators and others who play important roles in your major life events can be easy with MetLife Infinity. MetLife Infinity offers a unique way to capture and securely store your important documents including deeds, wills and life-stage planning documents, as well as photos and videos. You can also share important life events, milestones and other memorable activities for future use. Additional information about this service is available at www.metlifeinfinity.com.

The following additional services are available at no cost to employees who enroll in optional 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.

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 Hyatt Legal Plans, Inc., a MetLife company. To access these services, call 1-800-821-6400 and enter your company name and group number, which is #37600.

Refer to the Life Insurance Plan at www.myMPCbenefits.com for detailed information.



Appendix B: HIPAA Letter and Notification

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

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

Unless items 2 or 3 below apply to you, this letter is informational and no action from you is required.

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

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

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

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

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

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



3. If you rely on a relative or other individual to act on your behalf for purposes of your benefits coverage (for reasons such as disability or senility), that individual must provide the Plan with a valid signed Authorization Form or a Durable Power of Attorney that specifically gives that individual authority over making health care claims and decisions before any information can be released to them regarding your Protected Health Information. For example, if you are confined to a nursing home and have someone designated to pay bills on your behalf, a Durable Power of Attorney for Health that designates that individual to act for you must be presented to the Company before we can provide any information to them or make any changes to your records that are requested by that individual. **If you wish to send a Durable Power of Attorney to permit someone to act on your behalf, you can send it to:**
- Benefits Policy
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
4. The Company cannot obtain diagnosis or treatment information from your physician or from one of the benefit plans' Third Party Payers (such as Express Scripts, Anthem, Cigna Dental, PayFlex or Alere) without your specific authorization to release that information to us. Moreover, the Company cannot release your information to someone else without your authorization or under the circumstances outlined in the attached Privacy Notice.
5. If you contact us about your own benefits or about the benefits of one of your covered dependents and you are the Plan member or the spouse of a Plan member, you will only be provided that information once you have identified to the satisfaction of the Service Center Representative that you are the individual you represent yourself to be. You will be required to answer correctly a series of questions before any information will be released to you.
6. The benefit plans' Third Party Payers (examples stated above) will have their own requirements regarding verifying identification, and those will vary from company to company. If you are the parent of a child aged 18 years or older (and in the case of some services provided by Anthem under the Employee Assistance Program, 12 years or older — depending on state law), you may not be able to receive any information regarding your child's Protected Health Information without having a durable Power of Attorney for Health or other written authorization signed by that child. Please note that HIPAA is broad legislation and affects the way the Company and the benefit plans do business. It also impacts benefit plans' Third Party Payers and your providers (physicians, hospitals, prescription drug providers, etc.). If you call the Company for assistance with one of the benefit plans, we will encourage you to contact the Third Party Payer first to address any payment or coverage issues. HIPAA was enacted by the federal government to protect you and your privacy and to establish specified standards for the transmittal of confidential information. While it adds a layer of protection for you, it also makes it more cumbersome for you, as a consumer, to get information from your benefit plans and from your providers. Again, unless item numbers 2 or 3 above applies to you, **no action is required on your part**, but you should take the time to read the attached material so that you understand your HIPAA rights. Please do not contact the Benefits Service Center with questions until you have a specific situation where you need our assistance.

Sincerely,

Joni Faeth
Benefits Policy Manager

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

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

Effective Date of Notice: September 1, 2017

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

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

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

Section 1. Notice of PHI Uses and Disclosures

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

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

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

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

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

Health care operations include, but are not limited to, quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review,



legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, the Plan may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

Other uses and disclosures that do not require authorization

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

Uses and disclosures that require your written authorization

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

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

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

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

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

- The information is directly relevant to the family or friend's involvement with your care or payment for that care.

- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

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

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

Prohibited uses and disclosures of PHI

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

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

Section 2. Rights of Individuals

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

Right for Access to Your PHI

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

Right to Request Restrictions on PHI Uses and Disclosures

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



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

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

Benefits Policy
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 Plan maintains the PHI.

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

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

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

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

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

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

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

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

Right to Receive a Copy of This Notice

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

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

Right to Receive Notice of a Breach

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

A Note About Personal Representatives

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

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

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

Section 3. The Plan's Duties

The Plan is required by law to maintain the privacy of PHI and to provide individuals with notice of its legal duties and privacy practices. This notice is effective beginning April 14, 2003, and revised September 1, 2016.

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



Minimum Necessary Standard

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

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

De-Identified Data

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

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

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

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

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

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

Section 5. Whom to Contact for More Information

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

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

Conclusion

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

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

Important Notices

PLEASE NOTE:

The following notices are current as of September 1, 2017.

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

Women's Health and Cancer Rights Act of 1998 Notice

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

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

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

Special Enrollment Notice

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

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

- Lose other coverage. You must request enrollment within 60 days after 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 60 days after 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 dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

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



If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov 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 August 10, 2017. 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)

COLORADO — Medicaid

Health First Colorado
Website: <https://www.healthfirstcolorado.com/>
Health First Colorado Member Contact Center:
Phone: 1-800-221-3943/ State Relay 711
CHIP+ Website: Colorado.gov/HCPF/Child-Health-Plan-Plus

FLORIDA — Medicaid

Website: <http://flmedicaidprecovery.com/hipp>
Phone: 1-877-357-3268

GEORGIA — Medicaid

Website: <http://dch.georgia.gov/medicaid>
– Click on Health Insurance Premium Payment (HIPP)
Phone: 404-656-4507

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: <http://www.indianamedicaid.com>
Phone 1-800-403-0864

IOWA — Medicaid

Website: <http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp>
Phone: 1-888-346-9562

KANSAS — Medicaid

Website: <http://www.kdheks.gov/hcf/>
Phone: 1-785-296-3512

KENTUCKY — Medicaid

Website: <http://chfs.ky.gov/dms/default.htm>
Phone: 1-800-635-2570

LOUISIANA — Medicaid

Website: <http://dhh.louisiana.gov/index.cfm/subhome/1/n/331>
Phone: 1-888-695-2447

MAINE — Medicaid

Website: <http://www.maine.gov/dhhs/ofi/public-assistance/index.html>
Phone: 1-800-442-6003
TTY: Maine relay 711

MASSACHUSETTS — Medicaid and CHIP

Website: <http://www.mass.gov/eohhs/gov/departments/masshealth/>
Phone: 1-800-462-1120

MINNESOTA — Medicaid

Website: <http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.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
Website: http://dwss.nv.gov Phone: 1-800-992-0900
NEW HAMPSHIRE – Medicaid
Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
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.nifamilycare.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://dma.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: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
RHODE ISLAND – Medicaid
Website: http://www.eohhs.ri.gov Phone: 855-697-4347

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
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282
WASHINGTON – Medicaid
Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
WEST VIRGINIA – Medicaid
Website: http://mywvhipp.com/ 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://wyequalitycare.acs-inc.com Phone: 307-777-7531

To see if any other states have added a premium assistance program since July 31, 2016, 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, 2017

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 three important facts.

- All Americans (other than a few excepted groups) are required to purchase qualified Health Insurance or face a penalty. Qualified coverage could include government-sponsored coverage (such as Medicaid), an individual policy or coverage offered through MPC.
- 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 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 2018 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 2018 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.



New 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 2017 for coverage starting as early as January 1, 2018.

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.

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 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.

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
Speedway LLC	31-1551430
Speedway Prepaid Card LLC	74-2997701

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.

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

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

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

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

*Benefits Service Center
Your Life. Your Benefits.*