



2018

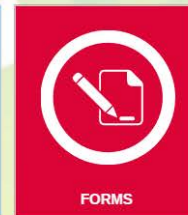
YOUR
Marathon Petroleum
BENEFITS



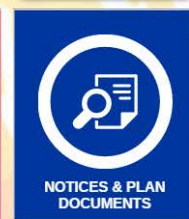


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Meet ALEX:
Your personal benefits counselor



Questions? Please call 1-888-421-2199 or email Benefits@MarathonPetroleum.com



Meet ALEX, your benefits counselor!

ALEX walks you through your benefits and helps you make decisions.

ALEX provides a summary of your benefits and is accurate to the best of our knowledge. But you should fully review all of your benefits documents before enrolling. ALEX may provide estimates or suggestions, but only you can elect benefits to best suit your needs. This is not an application for enrollment.

By clicking "Get Started," you acknowledge that you understand this and agree to the [Terms of Service](#) and [Privacy Policy](#).

[Get Started](#) ▶

Remember, this is not an application for enrollment. You will still need to take note of your selections and enroll later.

[READ MORE](#) ▶

- Benefits effective on the date you enroll
- 60 days to enroll
- Dependents
 - Cannot be added until documentation is received
- Benefits Open Enrollment
- Qualifying Life Events
 - Marriage
 - Divorce
 - Birth of a Child
 - Change in Spouse's Employment Status or Retirement
 - Loss of Other Coverage

Basic Benefits Definitions

Premiums The money taken from your paycheck to pay for medical insurance.

Copay A fixed amount you pay for a covered health care service, such as doctor visits and prescription drugs, when you receive the service; the Health Plan pays the remaining costs. For example, you may have a \$20 copay for a doctor visit.

Deductible How much you will pay in medical or dental expenses before the Plan starts to pay its share each year.

Coinsurance This is the amount you pay after you meet your deductible. For MPC plans, it is 20% of the covered health care service (MPC pays 80%). For example, if an office visit is \$100 and you've met your deductible, the Health Plan would pay \$80 and you would \$20.

Out-of-Pocket Maximum (OOPM) The most that you will have to pay out of your own pocket for medical expenses each year. Once your medical expenses reach this amount, the Health Plan pays 100% of your remaining eligible medical expenses for that year.

Health Plan Coverage

- Two Health Plan Options
 - Classic Option
 - Saver HSA Option
 - Health Savings Account (HSA)
- Includes medical/surgical and prescription drug coverage
- Administrators
 - Health Plan - Anthem Blue Cross Blue Shield PPO
 - Prescription Plan - Express Scripts

Two Health Plan Options

	Classic	Saver HSA
Annual Premiums	Higher	Lower
Deductible	Lower	Higher
Copays	\$20-Primary \$50-Specialist Prescription Drugs	No
Coinsurance	80/20	80/20

Comparing Health Plan Options

- Monthly Contributions

	Classic	Saver HSA
Employee Only	\$106	\$72
Employee + Spouse	\$242	\$166
Employee + Children	\$210	\$144
Family	\$327	\$224

Comparing Health Plan Options

- Deductibles

	Classic	Saver HSA
Individual	\$600	\$1,400
Family	\$1,200	\$2,800

Comparing Health Plan Options

- Copays, Coinsurance, Charges

	Classic	Saver HSA
Primary Care Office Visit	\$20	You pay 20% after deductible
Specialist Office Visit	\$50	You pay 20% after deductible
ER Charge	\$200 charge, then deductible plus 20% coinsurance	Deductible, then \$200 charge, then 20% coinsurance

Comparing Health Plan Options

- Out-of-Pocket Maximum

	Classic	Saver HSA
Individual	\$3,500	\$5,000
Family	\$7,000	\$10,000

- Preventive services and tests covered at 100%
 - Must be in-network
 - No deductible
 - Examples
 - Routine physical
 - Well-baby care
 - Screening tests
 - Immunizations/Vaccinations
 - Refer to myMPCbenefits.com for covered preventive services

Note: It is important for the doctor to code the services and tests as preventive

- Administered by Express Scripts
- Mail Order – maintenance medications
 - Automatic Refills
 - On-line Management
 - No deductible
- Smart90 Walgreens
 - Maintenance prescriptions
 - \$100 deductible (Classic Plan)
- Retail pharmacy – one off prescriptions
 - No plan coverage after 2 refills of a maintenance medication
 - Be sure to use an in-network pharmacy
 - \$100 deductible (Classic Plan)

Prescriptions

	Classic	Saver HSA*
Mail Order Prescriptions (90 day supply)	\$25 (Generic) \$75 (Preferred Brand) \$150 (Non-Preferred Brand)	20% after deductible
Retail Deductible	\$100 individual \$200 family	Combined with Medical
Retail Prescriptions (30 day supply)	ALL after retail deductible \$10 (Generic) \$30 (Preferred Brand) \$60 (Non-Preferred Brand)	20% after deductible

*Certain generic preventive medications are covered at 100% in the Saver HSA option.

Savings Accounts for Medical Expenses

- Accounts Offered
 - Health Care Flexible Spending Account (FSA)
 - Health Savings Account (HSA)
- Both Accounts
 - Pre-tax contributions/reduce taxable income
 - Cover eligible medical, prescription, dental and vision expenses

	FSA	HSA
Who is eligible	Classic Option Waived in Health	Saver HSA Option
Company Contribution	None	\$350 employee only \$700 w/dependent(s)
Administrator	PayFlex	Fidelity
Maximum Contribution	\$2,600	\$3,450 employee only \$6,900 w/dependent(s) \$1,000 catch-up (age 55)
Rollover	No	Yes
Portable	No	Yes
Investment	No	Yes
Election Changes	Only during open enrollment or at qualifying event	Anytime
Funds Availability	When account is elected	When money is deposited

- Administered by Cigna
- Choice of any licensed dentist
 - Discounted rates in the Cigna DPPO Network
- No ID cards

- \$2,000 individual annual maximum
 - Includes preventive services
- \$2,000 individual lifetime orthodontia max
- \$50 deductible for all non-preventive services

Type of Service	Coverage
Preventive Services (twice per year)	100%
Basic Dental Services	80%
Major Dental Services	50%
Orthodontia Services	50%

- Employee Contributions

Coverage Level	Monthly
Employee Only	\$13
Employee + Spouse	\$27
Employee + Children	\$29
Employee + Family	\$45

Anthem Blue View Vision

Frequency of Service	Coverage (In-Network Benefits)*
Exams	Once every calendar year
Lenses/Contacts	Once every calendar year
Frames	Once every other calendar year
Benefit Coverage	
Exams	No copay
Frames	No copay (Up to \$130 retail)
Lenses	\$10 copay
Contact Lenses	Up to maximum allowance of \$130
(in lieu of eyeglass lenses)	(applies to ONE order per year)

*Out-of-Network benefits significantly reduced

Employee Contributions

Coverage Level	Monthly
Employee Only	\$7
Employee + Spouse	\$12
Employee + Children	\$13
Employee + Family	\$20

Basic & Contributory Life Insurance

- Administered by MetLife
- Basic life insurance of two times annual gross pay
 - Automatically enrolled, no cost to you
- You can buy additional coverage
 - 1 to 6 times annual gross pay
 - Initial enroll – 6 times
- You can increase level of coverage by 1 time annually during Benefits Open Enrollment

Dependent Life Insurance

- Spouse
 - \$10,000 - \$100,000 coverage
 - Initial enroll – \$50,000
 - Can increase by \$10,000 during BOE
- Eligible Dependent Children
 - \$10,000 / \$20,000 / \$30,000

Accidental Death & Dismemberment (AD&D)

- Basic AD&D of 1x annual gross pay
 - Automatically enrolled at no cost to you
- You can buy additional coverage
 - Up to \$250,000
- Benefit for dependents is a percentage of principal amount
- Dismemberment benefit based on schedule

Occupational Accidental Death

- Automatically enrolled at no cost to you
- Applies if death results from accident while on Company duty
- Benefit is \$500,000 or two times your annual gross pay (not to exceed \$1,500,000)

Long-Term Disability (LTD)

- Automatically enrolled at no cost to you
- Replaces 60% of base pay
- To receive benefits:
 - Must be on medical leave of absence for at least 6 months
 - Application must be approved by Matrix (Administrator)

- Administered by Fidelity
- Immediate eligibility and vesting
- Company matches 7% if you contribute 6%
 - \$1.17 for every \$1.00 contributed
- Enroll by logging onto www.netbenefits.com
- You direct investments
- Direct rollovers from previous employers accepted
- Current calendar year contributions through a previous employer should be reported to the Benefits Service Center

- Cash Balance Benefit
- Company makes annual contributions to your retirement account based on your age and service:

Age + Service	Annual Percentage of Eligible Pay Credited
Under 50	7%
50-69	9%
70 and over	11%

- Interest Credits will be applied monthly. The minimum annual rate is 3%.
- 3-Year Vesting

Employee Assistance Program

- Covers up to eight free counseling sessions a year
- Covers all employees and household members
- Issues addressed include:
 - Marital/family concerns
 - Financial
 - Legal
 - Work-related issues
- Administered by Anthem Blue Cross Blue Shield
www.AnthemEAP.com ~ 800-865-1044

- Benefits Issues – MPC Benefits Service Center
 - www.myMPCbenefits.com
 - 1-888-421-2199
 - Email Help, Benefits from Outlook email
Benefits@MarathonPetroleum.com
- Payroll Issues
 - MPCConnect, SAP On-Line Services for pay information/time information
 - Benefits Service Center: 1-888-421-2199; select the payroll option
 - Email Help, Payroll from Outlook email
- Employment Issues
 - Local HR Office