



## 2018 Health, Dental and Vision Monthly Contributions

| Monthly Contributions for<br>Active Regular <i>Full-Time and Part-Time</i> Employees |               |                   |                       |                   |
|--|---------------|-------------------|-----------------------|-------------------|
| Benefit Plan   | Employee Only | Employee & Spouse | Employee & Child(ren) | Employee & Family |
| Dental: Cigna PPO  | \$ 13         | \$ 27             | \$ 29                 | \$ 45             |
| Health: Saver HSA Option*  | \$ 72         | \$166             | \$144                 | \$224             |
| Health: Classic Option   | \$106         | \$242             | \$210                 | \$327             |
| Vision   | \$ 7          | \$ 12             | \$ 13                 | \$ 20             |

\* Excludes employer HSA contribution.





## 2018 Health Plan Options Comparison

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

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

### Company Contribution to Health Savings Account

|                    | Saver HSA Option                                     | Classic Option |
|--------------------|--|----------------|
| <b>HSA Funding</b> | \$350 Employee Only/<br>\$700 Employee + Dependents* | None           |

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

(continued)





## 2018 Health Plan Options Comparison

### 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.

|  | Saver HSA Option               | Classic Option                                  |
|--|--------------------------------|---|
| <b>Out-of-Pocket Maximum</b>                       | Combined with medical          |   |
| <b>Prescription Annual Deductible</b>              | Combined with medical          | Retail Only —<br>\$100 Individual; \$200 Family |
| <b>Retail (30-day supply)*:</b>                    |                                |   |
| • Generic Drugs**                                  | You pay 20% after deductible** | \$10 after deductible                           |
| • Preferred Brand Drugs                            |                                | \$30 after deductible                           |
| • Non-Preferred Brand Drugs                        |                                | \$60 after deductible                           |
| <b>Mail Order or Smart90 (90-day supply)*:</b>     |                                |   |
| • Generic Drugs**                                  | You pay 20% after deductible** | \$25  |
| • Preferred Brand Drugs (includes Specialty Drugs) |                                | \$75  |
| • Non-Preferred Brand Drugs                        |                                | \$150   |

\* 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.

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





## 2018 Dental Plan and Vision Plan Overview

### Cigna Dental PPO Plan Highlights

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

The Dental Plan details and the claim form can be found at [www.myMPCbenefits.com](http://www.myMPCbenefits.com).

### Anthem Vision Plan Highlights

The Vision Plan is administered by **Anthem Blue View Vision**. You can receive care from any licensed eye care professional, but if you see an Anthem in-network provider, you receive a higher level of benefits and there are no claim forms to file.

| Plan Features  | In-Network   | Out-of-Network   |
|--|--|--|
| <b>Frequency of Service</b>  |  |  |
| <ul style="list-style-type: none"> <li>• Exams</li> <li>• Lenses/Contacts</li> <li>• Frames</li> </ul>   |  | Once every calendar year<br>Once every calendar year<br>Once every other calendar year                             |
| <b>Exams</b>   | No copay   | Up to a maximum allowance of \$35  |
| <b>Frames</b>  | No copay (Up to \$130 retail)  | Up to a maximum allowance of \$45  |
| <b>Lenses</b>  |  |  |
| <ul style="list-style-type: none"> <li>• Single Vision</li> <li>• Bifocal</li> <li>• Trifocal</li> </ul> | \$10 copay<br>\$10 copay<br>\$10 copay   | Up to a maximum allowance of \$25<br>Up to a maximum allowance of \$40<br>Up to a maximum allowance of \$55        |
| <b>Contact Lenses (in lieu of prescription eyeglass lenses)</b>  | Up to a maximum allowance of \$130<br>This benefit applies to <u>one</u> order of contact lenses per calendar year | Up to a maximum allowance of \$105<br>This benefit applies to <u>one</u> order of contact lenses per calendar year |

The Vision Plan details and the out-of-network claim form can be found at [www.myMPCbenefits.com](http://www.myMPCbenefits.com).



## 2018 Monthly COBRA Contributions

(Former Marathon Petroleum employees and dependents eligible to elect COBRA coverage)

| Option                   | Member Only    | Member & Spouse | Member & Child(ren) | Member & Family |
|--------------------------|----------------|-----------------|---------------------|-----------------|
| Dental: Cigna PPO        | \$ 33.66       | \$ 67.32        | \$ 73.44            | \$ 115.26       |
| Health: Saver HSA Option | \$ 459.85      | \$1,070.66      | \$ 920.72           | \$1,463.36      |
| Health: Classic Option   | \$ 520.20      | \$1,196.46      | \$1,040.40          | \$1,611.60      |
| Vision                   | \$ 7.14        | \$ 12.24        | \$ 13.26            | \$ 20.40        |
| Employee Assistance      | \$0 per person |                 |                     |                 |

