



Marathon Petroleum Corporation (MPC) 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: August 1, 2016

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

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

The term "Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plans, 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 Plans 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 Plans and business associates of the Plans will use PHI without your consent, authorization, or an opportunity to agree or object to carry out treatment, payment and health care operations. The Plans also will disclose PHI to the Plan Sponsor, Marathon Petroleum Company LP, and its subsidiaries for purposes related to treatment, payment and health care operations.

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

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

Health care operations 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 Plans may use information about your claims to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

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 Plans 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 Plans 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 Plans 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 Plans 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 Plans' 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 Plans may use or disclose PHI for research, subject to conditions.
10. When consistent with applicable law and standards of ethical conduct if the Plans, 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 Plans 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 Plans may use and disclose such notes when needed to defend against litigation filed by you.

Prior authorization is required for any disclosure of health information in which any of the Plans receive 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; and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

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

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 Plans are 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 compliance with the privacy regulations.



Section 2. Rights of Individuals

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

Right for Access to Your PHI

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

Right to Request Restrictions on PHI Uses and Disclosures

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

The disclosure of PHI to a Plan can be restricted if the disclosure is 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
E-Mail: Privacy@MarathonPetroleum.com

Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a "designated record set," for as long as the Plans maintain the PHI.

"Protected Health Information" (PHI) includes all individually identifiable health information transmitted or maintained by the Plans, 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 offsite. A single 30-day extension is allowed if the Plans are unable to comply with the deadline. You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. 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
E-Mail: Privacy@MarathonPetroleum.com

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

Right to Amend PHI

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

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
E-Mail: Privacy@MarathonPetroleum.com

You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

Right to Receive an Accounting of PHI Disclosures

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

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

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

Right to Receive a Copy of This Notice

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

Benefits Policy
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
Phone: 419-422-2121
E-Mail: 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; or
- An individual who is the parent of a minor child.

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



Section 3. The Plans' Duties

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

The Plans are required to comply with the terms of this notice. However, the Plans reserve the right to change privacy practices and to apply the changes to any PHI received or maintained by the Plans prior to the above date. If a privacy practice or this 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, intra company mail, by e-mail, or a combination of the above.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another entity, the Plans 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; and
- Uses or disclosures that are required for 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 Plans 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 Plans or the HHS Secretary

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

Benefits Policy
Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
Phone: 419-422-2121
E-Mail: Privacy@MarathonPetroleum.com

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

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



Section 5. Whom to Contact for More Information

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

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Attn: HIPAA Privacy Officer
539 South Main Street
Findlay, OH 45840
Phone: 419-422-2121
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Conclusion

PHI use and disclosure by the Plans 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.