

**MARATHON PETROLEUM**  
**PROTECTED HEALTH INFORMATION (PHI) POLICY**

**Effective September 1, 2023**

## MARATHON PETROLEUM

### PROTECTED HEALTH INFORMATION (PHI) POLICY

The Health Insurance Portability and Accountability Act of 1996 and the Health Information Technology for Economic and Clinical Health Act (collectively referred to here as "HIPAA") are federal laws that, in relevant part establish rules (the "Privacy Rule") regarding the use of protected health information ("PHI") created or received by health plans. The Privacy Rule requires covered health plans to implement policies and procedures to ensure compliance with the Privacy Rule. The Privacy Rule standards address the use and disclosure of PHI to assure that individual health information is properly protected while allowing the flow of health information, as needed, to conduct necessary business functions or activities.

The Privacy Rule applies 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, and Exchange Health Reimbursement Account Plan (the "Plans") and includes genetic information. Note – genetic information cannot be used for underwriting purposes.

<b>INTERNAL USE OF PHI:</b>
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Marathon Petroleum Company LP ("MPC", and including its affiliates where the context requires the "Company") may need access to PHI to determine an employee's ability to safely perform essential job functions and/or to evaluate the safe return to active employment. PHI may also be necessary in determining eligibility for Sick Benefit/Short Term Disability or Long Term Disability Plan benefits and/or to appropriately evaluate workers' compensation claims.

In the event MPC Health Services needs to obtain employee PHI, the employee will be requested to authorize the use and disclosure of PHI by completing an ***Authorization to Use and Disclose Protected Health Information (PHI)*** form. The employee will be given two copies of the form, both of which must be signed and the employee should maintain one copy for their records. The second copy should be returned to the Health Services organization or to the employee's local refinery medical department. Such authorization permits the Company to obtain necessary health information from identified providers to assist in proper benefit administration.

The ***Authorization to Use and Disclose Protected Health Information*** form is available online at [www.myMPCbenefits.com](http://www.myMPCbenefits.com).

## EXTERNAL USE OF PHI:

The Plans and Business Associates will use PHI to the extent of and in accordance with the uses and disclosures permitted by HIPAA. Specifically, the Plans will use and disclose PHI for purposes related to health care treatment, payment for health care, and health care operations.

A “Business Associate” is an entity (not a member of the Company’s workforce involved in the Plans’ administration) that creates, receives, maintains, or transmits PHI for a function or activity regulated by HIPAA on behalf of a covered entity, such as a Plan. This includes any entity involved in a function or activity that involves the use or disclosure of individually identifiable health information, including claims processing or administration; data analysis, processing or administration; utilization review quality assurance; billing; benefit management; practice management and re-pricing; legal; actuarial; accounting; consulting; data aggregation management; administrative; accreditation or financial services.

A Plan will disclose PHI only to the Plan Administrator and other members of the Company's workforce who are authorized to receive such PHI, and only to the extent and in the minimum amount necessary for that person to perform Plan administrative functions. PHI may be used or disclosed without a Plan participant’s consent, authorization, or an opportunity to agree or object in order to carry out treatment, payment and health care operations.

Other uses of PHI by the Plans or Business Associates require your prior authorization. If necessary, you will be asked to complete an ***Authorization for Use or Disclosure of Protected Health Information (PHI)*** form before the disclosure occurs.

The ***Authorization to Use and Disclose Protected Health Information*** form is available online at [www.myMPCbenefits.com](http://www.myMPCbenefits.com).

For a complete list of authorized and prohibited uses and disclosures of PHI, please refer to the MPC’s Notice of Privacy Practices. More information regarding the use of PHI under HIPAA and the establishment of a security officer can be found in the Marathon Petroleum HIPAA Privacy Policy and the Marathon Petroleum HIPAA Security Policy. Copies of the notice and the policies may be found [www.myMPCbenefits.com](http://www.myMPCbenefits.com) or may be obtained by contacting:

MPC Benefits  
Attn: HIPAA Privacy Officer  
539 South Main St.  
Findlay, OH 45840  
E-mail: [privacy@MarathonPetroleum.com](mailto:privacy@MarathonPetroleum.com)