The choices you make today will determine the type and level of coverage you have for 2019. Be sure to review all the benefits offered and carefully make your elections to ensure you and/or your family have the coverage you need. Also, keep this guide for a handy reference throughout the year.

**New Employees:** Don’t forget to enroll for your health and life insurance benefits within 60 days of becoming eligible for benefits, or you’ll miss out! If you do nothing, you will have only the default coverage for the rest of 2019. You’ll still be eligible for Company-paid Life, AD&D, Long Term Disability, the EAP and the Retirement Plan, and you can enroll in the Thrift Plan anytime.

**Transitioning Andeavor employees** will enroll in benefits during Annual Enrollment, November 5-16, 2018.

**Follow These Steps Within 60 Days of Becoming Eligible**

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
</tr>
</thead>
</table>
| Step 1 | Learn about Marathon Petroleum’s benefits offerings  
Review the enrollment information in this guide and online at www.myMPCbenefits.com. Know your options, how they work, and their costs. |
| Step 2 | Carefully choose the benefits that make the most sense for you and your family. |
| Step 3 | Enroll in your benefits  
Enroll yourself and any dependents in medical, dental and vision coverages, life insurance and elect your Flexible Spending Account, or Limited Purpose Flexible Spending Account. |
| Step 4 | Enroll in the Thrift Plan (401k)  
- See page 26 for more details about this valuable program and how the Company match can help you save for retirement.  
- Go to netbenefits.com anytime to enroll. |
| Step 5 | Use your benefits wisely  
- Understand your health care coverage and Levels of Care (page 15), so you can spend your dollars wisely.  
- Use your preventive care and wellness benefits to get healthy and stay healthy.  
- Prepare for retirement by taking full advantage of the Thrift Plan Company match, or increase your contributions. Use the tools and resources, like the Retirement Calculator, available through Fidelity’s NetBenefits®, to help you manage savings.  
- Keep your dependent and beneficiary information updated. |

This guide reflects benefit levels and employee contributions as of January 1, 2019.

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.

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. Marathon Petroleum’s 2019 Benefits Guide is a summary of the benefits available to Marathon Petroleum employees.

Details of the plans are available at www.myMPCbenefits.com.
ELIGIBILITY FOR BENEFITS

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 employees 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:

<table>
<thead>
<tr>
<th>Dependent Eligibility for Plan Participation</th>
<th>Spouse</th>
<th>Child Up to Age 26</th>
<th>Domestic Partner Up to Age 65*</th>
<th>Child of Domestic Partner Up to Age 26*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Dental</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Vision</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Accidental Death &amp; Dismemberment (AD&amp;D)</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Dependent Life Insurance</td>
<td>X</td>
<td>X</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Eligible dependents include:

- Your legal spouse (regardless of age for an employee member and under age 65 for a retiree member).
- 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.

- Casual employee’s should refer to the Casual Employee Benefit Summary found on www.myMPCbenefits.com for eligibility information.

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.
DOCUMENTATION REQUIREMENTS

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

- Spouse - A copy of your marriage certificate.
- 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.
- 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.
- 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 of the child’s parents are deceased.

Also, 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.

If the required documentation is not received within 60 days after your hire date, your dependents will not have benefits coverage. Please contact your benefits group to submit documentation.

**Note:** It is important to ensure your eligible dependents are on your record, even if they are not enrolled in your benefit plans.

IS YOUR SPOUSE OR CHILD 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, contact your benefits group.

**Dependent Children Covered by QMCSOs**

The Plan will determine if a Medical Child Support Order (as defined under the Employee Retirement Income Security Act of 1974 (ERISA) Section 609) is a “qualified medical child support order” (QMCSO) (as 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.
Default Coverage (for new employees)

Transitioning Andeavor employees will enroll in benefits during Annual Enrollment, November 5-16, 2018. If you do not make any elections during this time, you will automatically be mapped to the closest available option.

<table>
<thead>
<tr>
<th>BENEFITS PLAN</th>
<th>YOUR COVERAGE IF YOU DON’T ENROLL WITHIN 60 DAYS OF ELIGIBILITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td>No coverage</td>
</tr>
<tr>
<td>Dental</td>
<td>No coverage</td>
</tr>
<tr>
<td>Vision</td>
<td>No coverage</td>
</tr>
<tr>
<td>Employee Assistance Program</td>
<td>Company-provided coverage</td>
</tr>
<tr>
<td>Flexible Spending Accounts (FSAs)</td>
<td>No participation</td>
</tr>
<tr>
<td>Basic Life, Basic Accidental Death &amp; Dismemberment</td>
<td>Company-provided coverage</td>
</tr>
<tr>
<td>Optional Life</td>
<td>No coverage</td>
</tr>
<tr>
<td>Optional A&amp;D&amp;D</td>
<td>No coverage</td>
</tr>
<tr>
<td>Long Term Disability</td>
<td>Company-provided coverage</td>
</tr>
<tr>
<td>Occupational Accidental Death (OAD)</td>
<td>Company-provided coverage</td>
</tr>
</tbody>
</table>

Making Changes During the Year

The benefits elections you make during enrollment will be in effect through December 31, 2019. You may only make changes if you experience a change in your work or family status during the year, which is also known as a qualifying event.

Examples of a qualifying event are marriage, divorce, birth or adoption of a child, or change in a dependent’s employment. All changes to your benefits must be consistent with your family status change.

You must contact the Marathon Petroleum Benefits Service Center, or Businessolver for transitioning Andeavor employees, within 60 days of the qualifying event to initiate benefits coverage change, to ensure you have the right coverage and are paying the appropriate contributions for your needs. If you don’t, you must wait until the next Annual Enrollment period to make a change. Supporting documentation will be required and must be submitted within that timeframe, but you should not wait for documentation to report the change.

If you go on a leave of absence, the status of your benefits may be affected. Contact the Benefits Service Center, or contact Businessolver (if you are a transitioning Andeavor employee) to find out what happens to each benefit during your leave, including eligibility, coverage amounts and how you pay for coverage.

NEED HELP CHOOSING YOUR BENEFITS?

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 contributions, 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, or Limited Purpose Flexible Spending Account (with the Saver HSA option).
- Review all of your benefits with you.

ENROLLING IN BENEFITS COVERAGE

New Hire Employees at Legacy Marathon Petroleum Locations
You have two ways to enroll in your benefit plan elections.

ONLINE through SAP Online Services
- From MPCConnect, visit the Employee Center - Employee Services - SAP Online Services.
- Once logged into SAP, select the HR Services Tab and then proceed to “Benefits Annual Enrollment” under Quicklinks.
- Make your elections.
- Review and print or save your Benefits Confirmation. You will also receive a confirmation to your email.

EMAIL
- Complete a Benefits Enrollment/Change Form (available at www.myMPCbenefits.com) and email it to the Benefits Service Center at benefits@marathonpetroleum.com
- For questions, please call 1-888-421-2199 to speak with a Marathon Petroleum Benefits Service Center Counselor Monday - Friday, 8 a.m. to 5 p.m., Eastern Time.

Transitioning Andeavor Employees and New Hire Employees at Former Andeavor Locations
1. Log on to Businessolver benefits enrollment site at www.myMPCbenefits.com/mybenefits (also available at Western’s intranet under the Career/Benefits/Pay tab.)
2. You will need your user name and password. New users may need to register.
3. The benefits enrollment site allows you to elect your 2019 benefits. It also allows you to add or modify your current dependents and beneficiaries for Life and AD&D insurance.
4. Review your elections and, if satisfied, click on the Approve button.
5. Keep a copy of your confirmation statement as a record of your selections for future reference by printing it or saving it as a PDF.

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.

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

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. The Classic and Saver HSA options have different contributions, deductibles and out-of-pocket maximum limits. The chart on page 6 offers a side-by-side comparison of the Classic and Saver HSA options.

In California, for transitioning Andeavor employees, additional local Health Maintenance Organization (HMO) options may be available. Local medical options may change from year to year. Please contact Businessolver for more information.

Both Health Plan Options
Regardless of which Health Plan option you choose, both options:

Know Your Options: Before you make an election, be sure you understand how the Plan options work, the associated costs, and the potential annual savings when choosing one option over another. Ask ALEX if you need help sorting through plan options! www.myalex.com/mpc/2019

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Regardless of which Health Plan option you choose, both options:

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Both Health Plan Options
Regardless of which Health Plan option you choose, both options:

Include in-network and out-of-pocket maximums. The out-of-pocket maximum amounts differ between the options and are listed on the next page. 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.
<table>
<thead>
<tr>
<th>Premiums and Deductibles</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classic Option</strong></td>
<td><strong>Saver HSA Option</strong></td>
</tr>
<tr>
<td>• A pay-up-front option with higher monthly premiums, but lower annual deductibles and out-of-pocket maximums.</td>
<td>• A pay-as-you-go option with lower monthly premiums, but higher annual deductibles and out-of-pocket maximums.</td>
</tr>
<tr>
<td>• 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.</td>
<td>• 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.</td>
</tr>
<tr>
<td>• When one covered family Member or any combination of covered family Members meet the family deductible, the Plan will start paying benefits for all covered family Members.</td>
<td>• 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.</td>
</tr>
<tr>
<td>• Qualifies as a High Deductible Health Plan (HDHP).</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Copays and Coinsurance</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classic Option</strong></td>
<td><strong>Saver HSA Option</strong></td>
</tr>
<tr>
<td>• Includes copays instead of coinsurance for office visits and prescription drugs. Coinsurance applies for all other services.</td>
<td>No copays; only coinsurance.</td>
</tr>
<tr>
<td>• Regardless of whether you have met your deductible, you will only be responsible for copays for in-network doctor visits.</td>
<td></td>
</tr>
<tr>
<td>• Copays do not apply toward your deductible. They do apply to your out-of-pocket maximum.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classic Option</strong></td>
<td><strong>Saver HSA Option</strong></td>
</tr>
<tr>
<td>• The annual in-network out-of-pocket maximum is $3,500 per individual and $7,000 per family.</td>
<td>• The annual in-network out-of-pocket maximum is $5,000 per individual and $10,000 per family.</td>
</tr>
<tr>
<td>• Includes medical and prescription drug.</td>
<td>• Includes medical and prescription drug.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prescription Drug Coverage</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classic Option</strong></td>
<td><strong>Saver HSA Option</strong></td>
</tr>
<tr>
<td>• Separate deductibles for medical and retail prescription drugs.</td>
<td>• Annual deductible includes both medical and prescription drug expenses.</td>
</tr>
<tr>
<td>• Prescription drugs have copays (retail drugs are subject to a smaller, separate deductible that must be met before copays apply).</td>
<td>• Certain generic preventive drugs covered at 100%. (The list of these drugs can be found on <a href="http://www.myMPCbenefits.com">www.myMPCbenefits.com</a>.)</td>
</tr>
<tr>
<td></td>
<td>• 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).</td>
</tr>
<tr>
<td></td>
<td>• You pay 20% after deductible for retail and mail-order drugs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Care Flexible Spending Account and Health Savings Account</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Classic Option</strong></td>
<td><strong>Saver HSA Option</strong></td>
</tr>
<tr>
<td>Eligible for a Health Care Flexible Spending Account (FSA).</td>
<td>• Offers a portable Health Savings Account (HSA) that includes triple-tax advantages. See page 18 for details.</td>
</tr>
<tr>
<td></td>
<td>• Company contributes $500 for Employee Only coverage or $1,000 for Employee + Dependent(s)*</td>
</tr>
<tr>
<td></td>
<td>• Eligible for a Limited Purpose Flexible Spending Account (LPFSA) for dental and vision expenses. It can also be used for post-deductible medical expenses.</td>
</tr>
</tbody>
</table>

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

Note: the information detailed above covers in-network services. For details on out-of-network benefits, please refer to the chart on page 10.
Important Terms to Know

Allowed Amount / Allowable Charge
Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “contracted rate” or “negotiated rate.” If your out-of-network provider charges more than the allowed amount, you may have to pay the difference. (See Balance Billing).

Balance Billing (Applies to out-of-network services)
When a provider bills you for the difference between the provider’s charge and the allowed amount. For example, if the provider’s charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. An in-network provider cannot balance bill you for the covered services.

Coinsurance
Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health plan’s allowed amount for an x-ray is $100 and you’ve met your deductible, your coinsurance payment of 20% would be $20. The health plan pays the rest of the allowed amount.

Copay
A fixed amount (for example, $20) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible
The amount you owe for health care services before your health plan begins to pay. For example, if your deductible is $1,000, your plan won’t pay anything until you’ve met your $1,000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Durable Medical Equipment (DME)
Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

Explanation of Benefits (EOB)
A statement sent by your health plan to covered members explaining what medical treatment and/or services were paid for on their behalf.

Out-of-pocket Limit or Maximum
The most you pay during a plan year before your health plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health plan doesn’t cover.

Preauthorization
A decision by your health plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. It’s sometimes called prior authorization, prior approval or precertification. Your health plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn’t a promise your health plan will cover the cost.

Primary Care Physician
A physician (M.D. - Medical Doctor or D.O. - Doctor of Osteopathic Medicine), nurse practitioner, clinical nurse speciality or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services.
How You and Marathon Petroleum Share Costs - Example

Jane’s Plan Deductible: $1,400  |  Coinsurance: 20%  |  Out-of-pocket Limit: $5,000

January 1st
Beginning of Coverage Period

Jane pays 100%
Her plan pays 0%

Jane hasn’t reached her $1,400 deductible yet.
Her plan doesn’t pay any of the costs.*
Medical visit costs: $125
Jane pays: $125
Her plan pays: $0

Jane reaches her $1,400 deductible, coinsurance begins.
Jane has had a number of expenses and paid $1,400 in total. Her plan pays some of the costs for her next visit.
Medical costs: $75
Jane pays: 20% of $75 = $15
Her plan pays: 80% of $75 = $60

December 31st
End of Coverage Period

Jane reaches her $5,000 out-of-pocket limit.
Jane had a lot of medical expenses and paid $5,000 in total. Her plan pays the full costs of her covered health care services for the rest of the year.
Medical costs: $200
Jane pays: $0
Her plan pays: $200

*In the Classic option, Jane would pay the copay for her office visits and prescriptions, and her plan would pay the remainder before meeting her deductible.

How to Find an Anthem In-network Doctor

Online
Visit www.anthem.com and select Find a Doctor under the Individual and Family tab.
• In the Search as Member Section, enter the Alpha Prefix: ANT
• You will then be taken to the Find a Doctor page.
• Enter the Provider Type and/or enter the name of the doctor, facility or other health care provider. You may narrow your search further by entering an address, city and ZIP code.

On your mobile device
Visit www.anthem.com from your mobile phone’s web browser and click on Find a Doctor or Hospital. Or download the Anthem Anywhere app for your iPhone® or Android® phone. If you use your GPS location or input a ZIP code, the app can pinpoint the closest provider locations for you.

On the phone
Call 855-698-5676 to speak to an Anthem Health Guide.
Anthem ID Cards
Anthem ID cards will arrive in the mail within 2-3 weeks after you initially enroll in coverage. For elections made during Annual Enrollment, cards should be received before the beginning of the plan year. To obtain a card sooner, you can log into www.anthem.com to print off a temporary card.

Comparing Health Plan Features
Your Health Plan options have both in- and out-of-network coverage, but you'll get the most benefit when you use in-network providers. To learn more about how out-of-network claims are paid, see the Summary Plan Description at www.myMPCbenefits.com.

### Monthly Contributions (pre-tax payroll deductions)

<table>
<thead>
<tr>
<th></th>
<th>Classic Option</th>
<th>Saver HSA Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$116</td>
<td>$72</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$266</td>
<td>$166</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>$232</td>
<td>$144</td>
</tr>
<tr>
<td>Family</td>
<td>$359</td>
<td>$224</td>
</tr>
</tbody>
</table>
Health Plan (includes Medical, Surgical, Mental Health and Substance Abuse)

<table>
<thead>
<tr>
<th></th>
<th>Classic Option In-network benefits</th>
<th>Saver HSA Option In-network benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$600 Individual</td>
<td>$1,400 Employee Only</td>
</tr>
<tr>
<td></td>
<td>$1,200 Family</td>
<td>$2,800 Employee + Dependents**</td>
</tr>
<tr>
<td><strong>Out-of-pocket (OOP) Maximum</strong></td>
<td>$3,500 Individual</td>
<td>$5,000 Individual</td>
</tr>
<tr>
<td></td>
<td>$7,000 Family</td>
<td>$10,000 Family</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>You pay 20% after deductible</td>
<td>You pay 20% after deductible</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>$20 for primary care;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$50 for specialist and urgent care</td>
<td></td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>Plan covers at 100% (no deductible)</td>
<td>Plan covers at 100% (no deductible)</td>
</tr>
<tr>
<td><strong>ER Charge</strong></td>
<td>$200 charge, then deductible</td>
<td>Deductible, then $200 charge,</td>
</tr>
<tr>
<td></td>
<td>plus 20% coinsurance</td>
<td>then 20% coinsurance</td>
</tr>
<tr>
<td><strong>HSA Funding</strong></td>
<td>None</td>
<td>$500 Employee Only/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$1,000 Employee + Dependents**</td>
</tr>
<tr>
<td><strong>Flexible Spending Account</strong></td>
<td>Employee contributions up to $2,650 per year</td>
<td>Limited Purpose Flexible Spending Account, employee contributions up to $2,650 per year</td>
</tr>
</tbody>
</table>

*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.

Preventive Care

<table>
<thead>
<tr>
<th></th>
<th>Classic Option In-network benefits</th>
<th>Saver HSA Option In-network benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult Physical Exam/Immunizations</strong></td>
<td>Plan covers at 100% (no deductible)</td>
<td>Plan covers at 100% (no deductible)</td>
</tr>
<tr>
<td><strong>Well Child Exam/Immunizations</strong></td>
<td>Plan covers at 100% (no deductible)</td>
<td>Plan covers at 100% (no deductible)</td>
</tr>
<tr>
<td><strong>Gynecological</strong></td>
<td>Plan covers at 100% (no deductible)</td>
<td>Plan covers at 100% (no deductible)</td>
</tr>
<tr>
<td><strong>Mammography</strong></td>
<td>Plan covers at 100% (no deductible)</td>
<td>Plan covers at 100% (no deductible)</td>
</tr>
<tr>
<td><strong>Well Man PSA/DRE</strong></td>
<td>Plan covers at 100% (no deductible)</td>
<td>Plan covers at 100% (no deductible)</td>
</tr>
<tr>
<td><strong>Screening and Counseling for Obesity, Misuse of Alcohol/Drugs and Tobacco Use</strong></td>
<td>Plan covers at 100% (no deductible)</td>
<td>Plan covers at 100% (no deductible)</td>
</tr>
</tbody>
</table>

Out-of-network Benefits

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

*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.

<table>
<thead>
<tr>
<th></th>
<th>Classic Option</th>
<th>Saver HSA Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Out-of-pocket Maximum</strong></td>
<td>Combined with medical</td>
<td>Combined with medical</td>
</tr>
<tr>
<td><strong>Prescription Annual Deductible</strong></td>
<td>Retail Only — $100 individual; $200 family</td>
<td>Combined with medical</td>
</tr>
<tr>
<td><strong>Retail (30-day supply)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Generic Drugs*</td>
<td>$10 after deductible</td>
<td>You pay 20% after deductible*</td>
</tr>
<tr>
<td>• Preferred Brand Drugs</td>
<td>$30 after deductible</td>
<td></td>
</tr>
<tr>
<td>• Non-Preferred Brand Drugs</td>
<td>$60 after deductible</td>
<td></td>
</tr>
<tr>
<td><strong>Mail Order or Smart90 (90-day supply)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Generic Drugs*</td>
<td>$25</td>
<td></td>
</tr>
<tr>
<td>• Preferred Brand Drugs</td>
<td>$75</td>
<td></td>
</tr>
<tr>
<td>(includes Specialty Drugs)</td>
<td>$150</td>
<td></td>
</tr>
<tr>
<td>• Non-Preferred Brand Drugs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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 other participating retail pharmacies. You will pay 100% of the cost of the medication.

**Mail Order Overview**

If you take medications on an ongoing basis for chronic conditions, they are classified as maintenance drugs and you will need to purchase a 90-day supply from the Express Scripts mail order pharmacy, or through Walgreens Smart90 (see below).

If your doctor is prescribing a maintenance drug, you should ask for two prescriptions - one for a 30-day supply to fill at retail (so you can start your medication right away) and one for a 90-day supply with three refills.

**Smart90-Walgreens Overview**

As an alternative to the mail order pharmacy from Express Scripts described above, you can choose to get your maintenance medications supplied through a Walgreens pharmacy. For more information on the Smart90 program, please visit www.myMPCbenefits.com or call Express Scripts at 1-877-207-1357.

**Express Scripts Mobile App**

The app allows you to:

- Refill and renew your home delivery prescriptions
- Set reminders to take your medications
- Track the status of your home delivery prescription orders
- Compare drug prices for home delivery and at pharmacies
MPC participates in Express Scripts’ Opioid Management Program which uses a three-prong approach to combat the opioid epidemic.

The patient: Additional care and support is provided to educate about safety concerns and proper use and disposal of medications.

The pharmacy: Express Scripts will mandate responsible dispensing through all pharmacy options.

The doctor’s office: Express Scripts alerts physicians when a patient has accumulated an unsafe amount of opioid medication, possibly from multiple providers. These daily alerts are sent via electronic medical records, faxes and letters to the providers.

The program will impact members in the following ways:

1. Member education starts at the first fill of a member new to opioid therapy. Members will be sent a letter pointing out the risks and simple safety tips for taking their new opioid prescription, and proper disposal of unused medication.

2. Simple-to-use drug deactivation kits will be provided to members who need a safe and easy way to dispose of unused opioids.

3. For members where Express Scripts has substantiated concerning behavior, a member can be required to utilize one specified pharmacy and/or prescriber.

4. Enhanced Prior Authorization for Long Acting Opioids - doctors will need to complete a prior authorization for the patient to fill a prescription for a long acting opioid if it is the first fill for an opioid. This is because as initial therapy, patients and doctors are redirected to safer, short-acting formulas. To date, approximately 87% of patients with Express Scripts have been redirected to this therapy.

5. Quantity limits - regardless of the quantity the prescription is written for, the patient will only receive a seven (7) day prescription. If more pills are required, the patient will need to visit the pharmacy for a refill.

CERTAIN PRESCRIPTIONS MAY REQUIRE PRIOR AUTHORIZATION OR STEP THERAPY:

Prior authorization and step therapy encourage safe, cost-effective medication use by allowing coverage when certain conditions are met. A team of physicians and pharmacists develops and approves the clinical program and criteria for medications that are appropriate for these programs by reviewing U.S. Food and Drug Administration (FDA) approved labeling, scientific literature and nationally recognized guidelines. You can view which medications are designated for prior authorization or step therapy by viewing the plan formulary at www.myMPCbenefits.com.

If the formulary indicates you need prior authorization or step therapy (which requires the previous use of one or more medications before coverage for a specific drug is provided), your physician will need to submit a request to Express Scripts for approval. Contact Member Services at 1-877-207-1357 for assistance.

Accredo is the Express Scripts Specialty Pharmacy. Our plan requires that certain medications be obtained through Accredo. These medications require injection or infusion, and have special shipping and handling needs. Find out if your medication is considered a specialty drug by calling the Accredo Specialty Pharmacy at 1-800-803-2523.

Controlled substances are medications that have been categorized by the federal government as having a higher-than-average potential for abuse or addiction. Our plan allows you to send a prescription for a controlled substance to the Express Scripts Pharmacy, which you must send by mail. Express Scripts will fill prescriptions for controlled substances for up to a 90-day supply, if requested, subject to state regulations and physician restrictions.
**Best Doctors®**

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

Best Doctors is a second-opinion service that gives you and your covered 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, visit [www.myMPCbenefits.com](http://www.myMPCbenefits.com).

**Anthem Health Services**

As a Marathon Petroleum Health Plan member, you are offered a range of Anthem 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.

LiveHealth Online is available by downloading the app on your smartphone or visiting [www.livehealthonline.com](http://www.livehealthonline.com).

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.
- **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, or a family member, are not part 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 15) through LiveHealth Online. Just call the EAP at 1-800-865-1044 and ask about online visits.

You can also use LiveHealth Online to access free lactation and nutrition support through Future Moms.

**Future Moms Program**

As a member of the Marathon Petroleum Health Plan, you or your spouse can enroll in the Future Moms program and be eligible for $150 in gift cards. The program provides:

- 24/7 access to speak to a nurse.
- Free phone calls with pharmacists, nutritionists, and other specialists.
- Screening to check your health risks, including depression or early delivery.
- A booklet and other materials on tips to help you and your baby be safe and live well, including information on how to prepare for labor and delivery.
- Visit [www.myMPCbenefits.com](http://www.myMPCbenefits.com) to learn more.
Shopping for health care with AIM
Most health care services are shoppable, meaning that just as you shop for better pricing on other large expenses, you can shop for better pricing for your health care needs as well. Anthem’s AIM is a cost and quality program that helps you find low-cost providers for certain diagnostic services, such as CT scans, MRI scans and sleep apnea testing.

Here’s how it works:
• The doctor lets Anthem know you will have a diagnostic procedure.
• Anthem will check to see if the provider who will perform the procedure offers a low cost for the service in your area. Anthem will also check other area providers.
• If Anthem is able to find a lower-cost option in your area, they will reach out to you.
• You choose the provider that best meets your needs, whether it’s the one recommended by your doctor or suggested by Anthem. There is no penalty if you choose not to take advantage of Anthem’s suggestion.
• Members can also contact AIM at the High Tech Imaging Pre-Cert number on the back of your ID card: 1-888-953-6703.

Other Health Plan Services
Additional Anthem 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.

An Anthem Health Guide can also help with:
• A cost estimate for health care services or procedures.
• Scheduling a doctor appointment or procedure.
• Providing general health information about your condition.
• Pre-certification.
• Telling you about online educational tools.
Using Your Health Plan

Use the resources built into your Benefits

- **Centers of Excellence:**
  Anthem companies recognize select doctors, hospitals and other health care facilities as Blue Distinction® for the safe, effective care they provide to their patients. Each must meet a specific set of rigorous standards to receive the Blue Distinction designation.

- **Blue Distinction Centers:**
  Medical facilities that deliver better overall care for high-risk, high-cost areas of specialty care, including bariatric surgery, cardiac care, transplants, complex/rare cancers, knee/hip replacement and spine surgery. Contact Anthem to help locate a Blue Distinction Center.

- **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. The chart to the right 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.

<table>
<thead>
<tr>
<th>Medical Action</th>
<th>Classic co-pay</th>
<th>Saver co-pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem’s 24/7 NurseLine</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Anthem’s LiveHealth Online</td>
<td>$10</td>
<td>$15/$10</td>
</tr>
<tr>
<td>Doctor’s Office</td>
<td>$20</td>
<td>$125/$25</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$50</td>
<td>$190/$38</td>
</tr>
<tr>
<td>Emergency Room**</td>
<td>$200 then deductible + 20%</td>
<td>Deductible then $200 + 20%</td>
</tr>
</tbody>
</table>

*average cost of doctor/urgent care visit
**average cost of ER visit is $1,500

**LEVELS OF CARE**

**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 services and online resources.

**Plan Highlights**

- You are automatically enrolled in this program, at no cost to you.
- Administered by Anthem, it provides around-the-clock access to trained counselors, who are experienced in addressing a wide range of personal and job-related issues.
- 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 24/7 at 1-800-865-1044.
- Employees and their household members (regardless if they are in MPC benefit plans) can also access the EAP visits through Anthem’s LiveHealth Online. Just call the EAP and ask about online visits.
- www.anthemEAP.com

The EAP provides support for the following areas:

- Family/marital, parenting, alcohol and drug abuse, emotional, stress, anxiety, depression, and financial.
- Self-assessment tools, Online resources for health issues, depression, relationship/family issues and workplace issues.
- Free identity monitoring and theft resolution services through IDNotify.
- 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.
TAX SAVINGS ACCOUNTS

No matter which medical option you choose, you may need to pay some expenses out-of-pocket. Marathon Petroleum offers you three types of accounts to help you manage these expenses with before-tax dollars. You don’t have to elect any type of account - they are voluntary - but remember, you must open your Fidelity HSA to receive company contributions.

Each account has different features shown in the chart below. For more information about each account, continue reading the next three pages.

<table>
<thead>
<tr>
<th>Coordinates with which Health Plan option</th>
<th>Health Savings Account HSA</th>
<th>Flexible Spending Account</th>
<th>Limited Purpose FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marathon Petroleum’s 2019 contribution amount</td>
<td>Saver HSA</td>
<td>Classic, or Waived</td>
<td>Saver HSA</td>
</tr>
<tr>
<td>Marathon Petroleum’s 2019 contribution amount</td>
<td>Employee Only: $500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marathon Petroleum’s 2019 contribution amount</td>
<td>Employee + Spouse: $1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before-tax contribution limits (includes Company contributions)</td>
<td>Individual: $3,500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before-tax contribution limits (includes Company contributions)</td>
<td>Individuals who will be 55 and older may contribute an additional $1,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use for Health Plan contributions</td>
<td>Generally, only if you are age 65 or older</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Use for medical, dental and vision expenses</td>
<td>Yes</td>
<td>Yes</td>
<td>Dental &amp; Vision Only post-deductible medical expenses</td>
</tr>
<tr>
<td>Portable if you leave Marathon Petroleum</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>When funds are available for use</td>
<td>Works like a checking account – you must have enough money available to cover the expense</td>
<td>Immediately</td>
<td>Immediately</td>
</tr>
<tr>
<td>Debit card</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Potential to earn investment returns</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Rollover from year to year</td>
<td>Yes</td>
<td>$500 carry over</td>
<td>$500 carry over</td>
</tr>
<tr>
<td>Enrollment without participation in Marathon-sponsored health plan</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Flexible Spending Account (FSA)

Marathon Petroleum’s Health Care Flexible Spending Account (FSA) is administered by PayFlex and available if you select the Classic option, or waive coverage under the Health Plan. The FSA allows you to save pre-tax money to help pay for eligible medical, dental or vision expenses for you and your tax dependents throughout the year.

Note: IRS rules do not allow FSA reimbursement of expenses for a domestic partner or the partner’s children unless they qualify as your dependents for income tax purposes.

- The maximum annual contribution is $2,650 (minimum is $120 annually).
- Your FSA contributions are divided evenly throughout the year and deducted from each paycheck before taxes are withheld, but your full election is available for immediate use.
- Use the money in this account to pay for eligible out-of-pocket health care, dental and vision expenses for yourself, your spouse or for any person you claim as a dependent on your federal income tax return, including family members who are not covered under other Marathon Petroleum plans.
- Eligible expenses (including deductibles, coinsurance and copays) are for services incurred between the date you enroll in this FSA and December 31, 2019. Keep in mind that FSA claims must be filed by May 31, 2020.
- NEW! You are able to carry over up to $500 into 2020.

Limited Purpose Flexible Spending Account (NEW)

If you are enrolled in the Saver HSA, you may establish a Limited Purpose Flexible Spending Account (LPFSA) that is limited to paying for eligible dental and vision expenses.

Key Features:

Contribute pre-tax dollars from your paycheck, up to the IRS limit of $2,650 (minimum is $120 annually).
- Your FSA contributions are divided evenly throughout the year and deducted from each paycheck before taxes are withheld, but your full election is available for immediate use.
- The LPFSA works great with an HSA, since it helps save your HSA dollars for future expenses.
  - Eligible expenses may include:
    - dental and orthodontia care, such as fillings, X-rays and braces,
    - vision care, including eyeglasses, contact lenses and LASIK surgery.
- Once you meet your deductible, you can use your funds to pay for all eligible health care expenses. But first, make sure you let PayFlex know you met your deductible.

Other Claims Payment Options

If you have eligible claims not paid by the PayFlex Debit Card, you can file a paper claim with PayFlex for reimbursement from your FSA, or LPFSA. Claims may be uploaded from the PayFlex Mobile app, submitted online, faxed or mailed.

PayFlex has a mobile app to help you manage your FSA and Limited Purpose FSA.

Important! Ask for and keep all receipts and corresponding EOBs of transactions paid by your PayFlex Debit Card, as PayFlex may send you a “Request for Documentation” of an eligible expense. Your card may be deactivated if requested documentation is not received by PayFlex, so be sure to respond to any notifications promptly. If you do not provide the necessary documentation the unsubstantiated claims will be reported as taxable income on your W-2.
Health Savings Account (HSA)

If you enroll in the Saver HSA Health Plan option, you can use an HSA to help pay for current medical expenses with tax-free dollars, or to help you save for future medical expenses. The money in your HSA is yours to keep—even if you leave or retire from Marathon Petroleum. Money you take out of your HSA is not taxable if used for qualified medical expenses at any time in the future.

**Key Features**

- Triple tax advantage account. See page 19 for more details.
- For 2019, Marathon Petroleum will contribute to your HSA: $500 for Employee Only; $1,000 for all Employee + Dependent(s) options.
- While there are no minimum contribution requirements, the IRS limits the amount of money you can put into an HSA each year. For 2019, the maximum contributions allowed:
  - Employee only: $3,500
  - Employee + Dependent(s): $7,000
  - Participants age 55 and older may make on additional $1,000 catch-up contribution.
- Your balance in the HSA rolls over from year to year, so you can use it to save for future health care expenses even after you retire.
- If you leave the Company or retire, you can take your entire HSA with you, including Marathon Petroleum’s contributions.
- You can choose investments for your account from a broad range of options, including a full range of Fidelity mutual funds, non-Fidelity funds and individual stocks and bonds.
- HSA participants may not have a Health Care FSA.
- HSA participates may have a Limited Purpose FSA.

**HSA Eligibility Rules**

- You must be enrolled in a high-deductible health plan.
- You cannot be claimed as a dependent on someone else’s tax return.
- If you or your dependents are 65 and/or Medicare eligible, special rules apply. Please consult a tax advisor.
- You cannot have any other medical coverage (such as through your spouse’s employer), unless it is also an HSA-qualified, high-deductible health plan under the IRS rules.
- If you are eligible for Veteran’s benefits or TRICARE, special rules apply. Please consult a tax advisor.
- You cannot use HSA dollars for domestic partners unless they are qualified tax dependents.
- You (or your spouse) cannot contribute to, or receive reimbursement from a regular Health Care Flexible Spending Account (FSA).
- While Health Care Reform mandates health plans cover dependents up to age 26, the definition of dependent for tax purposes has not changed. This means HSA funds can only be used for expenses incurred by a dependent up to age 19 (or up to age 24 if he or she is a full-time student) who qualifies as your tax dependent. Any funds used for non qualified dependents are taxable and subject to penalty.

### Important! Health Savings Account (HSA) Information

It is the responsibility of each HSA owner to ensure that he or she satisfies applicable HSA eligibility rules and complies with applicable contribution limitations. Contributions that are made by ineligible owners and contributions in excess of IRS prescribed limits are taxable to the owner and subject to an excise tax imposed on the HSA owner, unless distributed to the HSA owner within IRS-prescribed time frames. It is the HSA owner’s responsibility to request a distribution of excess contributions (including Company contributions) within such time frames in order to avoid the excise tax.
Setting Up Your HSA

When you enroll in the Saver HSA for the first time, you must contact Fidelity to open a Health Savings Account. First, complete your Saver HSA Health Plan enrollment. Once your eligibility information is sent to Fidelity, you will be able to set up your HSA with Fidelity via netbenefits.com. If you don’t have an account with Fidelity, click Register Now from the NetBenefits login screen. If you have an existing Fidelity account, simply log in and click open your account in the Health Savings Account tile. After your HSA is established, you will receive a Fidelity HSA Debit Card (checks are available upon request).

Note: Newly eligible employees are able to begin contributions to their accounts on the first of the month following enrollment in the Saver HSA option. To receive funding for the current year, the HSA must be opened by November 30th.

Health Savings Account: A Triple Tax Advantage

If you are looking for ways to boost your savings and plan for retirement medical expenses, consider enrolling in the Saver HSA plan to take advantage of the HSA. When you contribute to an HSA, you get a triple tax advantage. Here’s how:

• No taxes on contributions. Any money you contribute to your HSA is exempt from federal income, Social Security and Medicare taxes.

• No taxes on earnings. The more you save, the more your money grows. If you invest your account balances, you will not be taxed on investment earnings.

• No taxes when you use it. As long as you use your HSA to pay for eligible health care expenses, you will not be taxed on those dollars.

When using your HSA to pay for eligible health care expenses, be sure to keep your receipts and EOBs to verify eligibility and accuracy of payments and/or reimbursements, as well as documentation for the IRS (if audited). For a more complete list of eligible expenses, refer to IRS Publication 502, available online at irs.gov.

How the HSA Helps You Save for Retirement

The HSA can be a resource to help you reach your retirement goals. It combines many of the attributes you find in a traditional IRA and Roth IRA including tax-deductible contributions, tax-free growth and tax-free distributions.

If you are able to pay for most of your annual health care expenses out of pocket, or if your annual HSA contributions are more than your expenses, the money in your account will accumulate. This money rolls over from year to year and grows tax-free through any investment returns it may earn. You can use this money to pay for qualified health care expenses in the future, including medical expenses in retirement.

You can take distributions and use your HSA balance even after you stop participating in the Saver HSA Health Plan option. If you use your funds for non-qualified expenses, the withdrawal is taxable and there is an additional penalty. However, after age 65, you can withdraw your funds to pay for any expenses without penalty, but your withdrawals for non-qualified medical expenses are still taxable.
DENTAL PLAN

Marathon Petroleum’s Dental Plan is administered by Delta 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 Delta Dental PPO Network, since these dentists have agreed to give Plan members the largest discounts. If you receive care from an out-of-network dentist, Delta will reimburse you directly and it is your responsibility to pay the dentist. You may also be required to file your own claims. To find a Delta Dental PPO Network provider, call Delta at 1-800-524-0149 or go to www.deltadentaloh.com.

2019 Dental Plan Monthly Employee Contributions

<table>
<thead>
<tr>
<th>Monthly Contributions (pre-tax payroll deductions)</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Children</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental</td>
<td>$13.50</td>
<td>$27.50</td>
<td>$29.50</td>
<td>$46.50</td>
</tr>
</tbody>
</table>

The Dental Plan is designed to pay the following (subject to individual calendar year deductible/maximum and lifetime maximum):

- **Annual Deductible:** $50 per person
- **Calendar Year Maximum** (not including orthodontia): $2,000 per person

<table>
<thead>
<tr>
<th>Type of Service</th>
<th>Service Examples</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive and Diagnostic</td>
<td>Exams (limited to two per year), x-rays, fluoride treatments</td>
<td>100%*† (no deductible)</td>
</tr>
<tr>
<td>Basic dental services</td>
<td>Filling, extractions, root canals</td>
<td>80%* (after deductible)</td>
</tr>
<tr>
<td>Major dental services</td>
<td>Inlays, crowns, dentures</td>
<td>50%* (after deductible)</td>
</tr>
<tr>
<td>Orthodontia services (lifetime maximum: $2,000)</td>
<td>Traditional metal braces</td>
<td>50%* (after deductible)</td>
</tr>
</tbody>
</table>

*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.

Dental Plan Highlights

<table>
<thead>
<tr>
<th>Delta Dental PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Benefits</strong></td>
</tr>
<tr>
<td>• No deductible for preventive and diagnostic services.</td>
</tr>
<tr>
<td>• $50 deductible per individual on other services.</td>
</tr>
<tr>
<td>• $2,000 calendar year maximum per individual (not including orthodontic expenses).</td>
</tr>
<tr>
<td>• $2,000 lifetime orthodontia maximum per individual.</td>
</tr>
<tr>
<td><strong>Claims</strong></td>
</tr>
<tr>
<td>Dental cards are mailed to you upon completion of your enrollment.</td>
</tr>
</tbody>
</table>

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

Legacy Marathon Petroleum Employees
Your 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. To find a provider, visit www.anthem.com. ID cards are provided for this plan. Vision coverage is included on your Anthem medical ID card, if you are enrolled in the Health Plan as well.

Transitioning Andeavor Employees
Your Vision Plan is administered by VSP. You may visit any vision care provider, but you will receive a higher benefit if you choose a VSP preferred provider. To find a provider, visit www.vsp.com. No ID cards are provided through VSP.

2019 Vision Plan Monthly Employee Contributions

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Employee Only</th>
<th>Employee + Spouse</th>
<th>Employee + Children</th>
<th>Employee + Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Plan</td>
<td>$7</td>
<td>$12</td>
<td>$13</td>
<td>$20</td>
</tr>
</tbody>
</table>

Vision Plan Highlights

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frequency of Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Exams</td>
<td>Once every calendar year</td>
<td>Once every calendar year</td>
</tr>
<tr>
<td>• Lenses/Contacts</td>
<td>Once every calendar year</td>
<td>Once every calendar year</td>
</tr>
<tr>
<td>• Frames</td>
<td>Once every other calendar year</td>
<td>Once every other calendar year</td>
</tr>
<tr>
<td>Exams</td>
<td>No copay</td>
<td>Up to a maximum allowance of $35</td>
</tr>
<tr>
<td>Frames</td>
<td>No copay (Up to $130 retail)</td>
<td>Up to a maximum allowance of $45</td>
</tr>
<tr>
<td>Lenses</td>
<td>$10 copay</td>
<td>Up to a maximum allowance of $25</td>
</tr>
<tr>
<td>• Single Vision</td>
<td>$10 copay</td>
<td>Up to a maximum allowance of $40</td>
</tr>
<tr>
<td>• Bifocal</td>
<td>$10 copay</td>
<td>Up to a maximum allowance of $55</td>
</tr>
<tr>
<td>• Trifocal</td>
<td>$10 copay</td>
<td>Up to a maximum allowance of $55</td>
</tr>
<tr>
<td>Contact Lenses (in lieu of prescription eyeglass lenses)</td>
<td>Up to a maximum allowance of $130</td>
<td>Up to a maximum allowance of $105</td>
</tr>
<tr>
<td></td>
<td>This benefit applies to one order of contact lenses per calendar year</td>
<td>This benefit applies to one order of contact lenses per calendar year</td>
</tr>
</tbody>
</table>

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, or call VSP at 1-800-877-7195 or visit www.vsp.com.
LIFE INSURANCE PLAN

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 25 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 $.031 to $1.405 per $1,000 of coverage per month. Election changes may be made during Annual Enrollment – increases are limited to 1x your salary.

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

<table>
<thead>
<tr>
<th>Monthly Contributions* (after-tax payroll deductions)</th>
<th>Age Category</th>
<th>Per $1,000 of Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>&lt; 25</td>
<td>$0.031</td>
</tr>
<tr>
<td></td>
<td>25 – 29</td>
<td>$0.038</td>
</tr>
<tr>
<td></td>
<td>30 – 34</td>
<td>$0.050</td>
</tr>
<tr>
<td></td>
<td>35 – 39</td>
<td>$0.059</td>
</tr>
<tr>
<td></td>
<td>40 – 44</td>
<td>$0.064</td>
</tr>
<tr>
<td></td>
<td>45 – 49</td>
<td>$0.095</td>
</tr>
<tr>
<td></td>
<td>50 – 54</td>
<td>$0.147</td>
</tr>
<tr>
<td></td>
<td>55 – 59</td>
<td>$0.275</td>
</tr>
<tr>
<td></td>
<td>60 – 64</td>
<td>$0.424</td>
</tr>
<tr>
<td></td>
<td>65 – 69</td>
<td>$0.813</td>
</tr>
<tr>
<td></td>
<td>70 +</td>
<td>$1.405</td>
</tr>
</tbody>
</table>

*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 contributions 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 1).

Dependents are not eligible for dependent coverage if they are already enrolled as an employee or dependent, under another optional life insurance 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. The maximum amount for spouse life insurance is $100,000. Additional coverage can be purchased during Annual 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. Contributions 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.

**2019 Dependent Life Insurance Monthly Employee Contributions**

<table>
<thead>
<tr>
<th>Age of Spouse</th>
<th>Cost per $1,000 of Coverage per Month*</th>
<th>Coverage</th>
<th>Cost per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 25</td>
<td>$0.032</td>
<td>$10,000</td>
<td>$0.89</td>
</tr>
<tr>
<td>25 – 29</td>
<td>$0.041</td>
<td>$20,000</td>
<td>$1.78</td>
</tr>
<tr>
<td>30 – 34</td>
<td>$0.053</td>
<td>$30,000</td>
<td>$2.67</td>
</tr>
<tr>
<td>35 – 39</td>
<td>$0.062</td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 – 44</td>
<td>$0.068</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45 – 49</td>
<td>$0.102</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 – 54</td>
<td>$0.156</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55 – 59</td>
<td>$0.292</td>
<td></td>
<td></td>
</tr>
<tr>
<td>60 – 64</td>
<td>$0.451</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65 – 69</td>
<td>$0.865</td>
<td></td>
<td></td>
</tr>
<tr>
<td>70 +</td>
<td>$1.495</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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 Additional Benefits on pages 32-33.
ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE PLAN

Marathon Petroleum provides a Company-paid accidental death and dismemberment benefit of two 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:

<table>
<thead>
<tr>
<th>Type of Coverage</th>
<th>Percentage of Your Principal Sum of AD&amp;D Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>100%</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>100%</td>
</tr>
<tr>
<td>Employee + Children</td>
<td>100%</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>100%</td>
</tr>
<tr>
<td>Spouse</td>
<td>0%</td>
</tr>
<tr>
<td>Each Child</td>
<td>0%</td>
</tr>
<tr>
<td></td>
<td>25%*</td>
</tr>
<tr>
<td></td>
<td>50%*</td>
</tr>
</tbody>
</table>

*Subject to a maximum of $37,500.

2019 AD&D Employee Monthly Contributions

<table>
<thead>
<tr>
<th>Principal Sum</th>
<th>Monthly Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Employee Only</td>
</tr>
<tr>
<td>$ 10,000</td>
<td>$0.16</td>
</tr>
<tr>
<td>$ 20,000</td>
<td>$0.32</td>
</tr>
<tr>
<td>$ 30,000</td>
<td>$0.48</td>
</tr>
<tr>
<td>$ 40,000</td>
<td>$0.64</td>
</tr>
<tr>
<td>$ 50,000</td>
<td>$0.80</td>
</tr>
<tr>
<td>$ 60,000</td>
<td>$0.96</td>
</tr>
<tr>
<td>$ 70,000</td>
<td>$1.12</td>
</tr>
<tr>
<td>$ 80,000</td>
<td>$1.28</td>
</tr>
<tr>
<td>$ 90,000</td>
<td>$1.44</td>
</tr>
<tr>
<td>$100,000</td>
<td>$1.60</td>
</tr>
<tr>
<td>$150,000</td>
<td>$2.40</td>
</tr>
<tr>
<td>$200,000</td>
<td>$3.20</td>
</tr>
<tr>
<td>$250,000</td>
<td>$4.00</td>
</tr>
</tbody>
</table>
LIFE & ACCIDENTAL DEATH AND DISMEMBERMENT OVERVIEW

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Enrollment</th>
<th>Description</th>
<th>Cost</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Life Insurance</td>
<td>Automatic</td>
<td>Company-paid life insurance equal to two times your annual covered compensation.</td>
<td>Company Paid</td>
<td>2x your salary</td>
</tr>
<tr>
<td>Optional Life Insurance</td>
<td>Elective</td>
<td>Optional employee life insurance coverage from one to six times your annual covered compensation at age-based premium rates. Pays in addition to basic life insurance.</td>
<td>Employee Paid</td>
<td>Up to 6x your salary</td>
</tr>
<tr>
<td>Basic AD&amp;D</td>
<td>Automatic</td>
<td>Company-paid accidental death and dismemberment benefit of two times your annual covered compensation. Paid in addition to basic life if death or injury is the result of an accident.</td>
<td>Company Paid</td>
<td>2x your salary</td>
</tr>
<tr>
<td>Optional AD&amp;D</td>
<td>Elective</td>
<td>Optional coverage in increments up to $250,000 paid in addition to basic life and basic AD&amp;D if death or injury is the result of an accident.</td>
<td>Employee Paid</td>
<td>Up to $250,000</td>
</tr>
<tr>
<td>Occupational Accidental Death</td>
<td>Automatic</td>
<td>Company-paid coverage if you die as a result of an accident while you are engaged in Company duty.</td>
<td>Company Paid</td>
<td>The greater of $500,000 or two times your annual gross pay. (Not to exceed $1,500,000)</td>
</tr>
</tbody>
</table>

OCCUPATIONAL ACCIDENTAL DEATH (OAD) BENEFIT PLAN

Marathon Petroleum provides Company-paid OAD coverage, which 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 through Businessolver for transitioning Andeavor employees.

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.

Legacy Marathon Petroleum employees can also designate beneficiary information with a paper form. Please 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.

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. Transitioning Andeavor employees can designate a beneficiary through Businessolver. It is critical that beneficiary records be as up-to-date as possible.
THRIFT PLAN

To help you build a secure financial future, Marathon Petroleum offers the Thrift Plan, commonly known as a 401k 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

• Marathon Petroleum offers a Company matching contribution of $1.17 per $1.00 contributions, 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 your pay to get the maximum 7% match from the Company.

• 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. For example, highly-compensated employees cannot make after-tax contributions.

• If you will reach age 50 or older by the end of the calendar year, you can take advantage of a “catch-up” contribution, 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.

• 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.

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 into NetBenefits.

How to Enroll

You enroll for this plan separately from your medical, dental, insurance and other benefits - and you don’t have to worry about the 60-day deadline as you do for those benefits. Enroll in the 401(k) Plan anytime through Fidelity’s NetBenefits website or by calling Fidelity at 1-866-602-0595.

To enroll:

• Visit netbenefits.com
• Click on the welcome banner at the top of the page
• Click on Start Easy Enroll or Start Standard Enrollment and follow the prompts
• Don’t forget to designate your beneficiary online during your enrollment!

Transitioning Andeavor employees must make a new election with Fidelity for the Marathon Petroleum Thrift Plan.

Important: 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 Marathon Petroleum Benefits Service Center at benefits@marathonpetroleum.com, or 1-888-421-2199 at your earliest convenience.
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 in the chart. Marathon Petroleum will also provide Interest Credits, which will be compounded monthly.

<table>
<thead>
<tr>
<th>Age + Cash Balance Service</th>
<th>Annual Percentage of Eligible Pay Credited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 50</td>
<td>7%</td>
</tr>
<tr>
<td>50 – 69</td>
<td>9%</td>
</tr>
<tr>
<td>70 and over</td>
<td>11%</td>
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</tbody>
</table>

• Administered by Fidelity and can be viewed anytime at www.netbenefits.com or by calling Fidelity at 1-866-602-0595.

• 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.
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 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 a vacation benefit 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. Employees can carry over all unused vacation into the following year; however, your vacation benefit at any point in time cannot exceed two times your Normal Vacation Benefit.

<table>
<thead>
<tr>
<th>Hire Month</th>
<th>New Hire Vacation Will Be</th>
</tr>
</thead>
<tbody>
<tr>
<td>January – March</td>
<td>100% of eligible weeks</td>
</tr>
<tr>
<td>April</td>
<td>90% of eligible weeks</td>
</tr>
<tr>
<td>May</td>
<td>80% of eligible weeks</td>
</tr>
<tr>
<td>June</td>
<td>70% of eligible weeks</td>
</tr>
<tr>
<td>July</td>
<td>60% of eligible weeks</td>
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<tr>
<td>August</td>
<td>50% of eligible weeks</td>
</tr>
<tr>
<td>September</td>
<td>40% of eligible weeks</td>
</tr>
<tr>
<td>October</td>
<td>30% of eligible weeks</td>
</tr>
<tr>
<td>November</td>
<td>20% of eligible weeks</td>
</tr>
<tr>
<td>December</td>
<td>10% of eligible weeks</td>
</tr>
</tbody>
</table>

SICK BENEFIT PLAN

Plan benefits are based on your length of service and range from three weeks of full sick pay upon your date of hire, to 26 weeks of full pay after 13 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.

TRANSITIONING ANDEAVOR EMPLOYEES

Paid Sick Leave

The Paid Sick Leave program is for occasional and brief illnesses, and is a bridge to the Short-Term Disability Program, if needed. Paid Sick leave provides seven days of paid sick leave each calendar year, up to a maximum of 14 days. Paid Sick Leave can also be used to meet specific needs for qualifying members or other close personal relations, as defined in the Paid Sick Leave Program.

Short Term Disability

For medical conditions of longer duration, continuation for all or part of your regular pay in the form of STD benefits. There is a seven day waiting period before benefits begin. The seven day waiting period can be covered by available Paid Sick Leave.

Please consult local HR for more information.
WELLNESS AT MARATHON PETROLEUM

The program includes:

• On-demand resources – online portal access 24/7 from any device, personalized goal setting, coaching and tobacco cessation
  – Transitioning Andeavor employees will be able to access these features beginning in 2019

• Educational opportunities – live webinars, videos, on-site presentations, communications and health fairs

• At-work resources – Volunteer Champion network, physical activity programs, corporate-wide challenges

• Incentives – Complete annual preventive physical with a primary care provider and online health assessment to earn rewards

Wellness Incentives for 2019

<table>
<thead>
<tr>
<th>Description</th>
<th>Incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee completes annual preventive physical with primary care provider and online health assessment</td>
<td>$400</td>
</tr>
<tr>
<td>Eligible dependent completes their annual preventive physical with primary care provider*</td>
<td>$200</td>
</tr>
</tbody>
</table>

*Eligible dependents include spouse or qualified domestic partner or one child dependent for single parent employees.

• Incentives paid out as taxable payroll stipends on the employee’s paycheck.

• If enrolled in either the Classic or Saver HSA Health Plan, the annual preventive physical is covered at 100% by insurance.

• Employees not enrolled in either health plan are still eligible for the Wellness Incentive.

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.

FAMILY LEAVE

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.

For transitioning Andeavor employees, continue to follow local practices. Further integration will occur in 2019.

PARENTAL LEAVE

Marathon Petroleum provides a paid parental leave program that includes 8 weeks of maternity leave for the birthing-parent at 100% pay and 4 weeks of paid parental pay for non-birthing parents including adoption and foster placement. For more details, please see the Parental Pay Policy at www.myMPCbenefits.com.
EDUCATIONAL REIMBURSEMENT PLAN

Marathon Petroleum encourages you to enhance your job-related knowledge and skills by helping you pay for outside educational expenses. The Company will reimburse expenses for your eligible tuition and required fees and textbooks, subject to a maximum reimbursement of $5,250 per year for undergraduate studies, or $9,000 per year for graduate studies upon satisfactory completion of approved courses. Reimbursement of Certification and Licensing programs is also available. 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 a scholar award of $4,000 annually for a limited number of high school students who are sons or daughters of Regular Full-time or Regular Part-time employees and retirees.

MATCHING GIFTS PROGRAM

Marathon Petroleum’s Matching Gifts Program offers you a way to double your contribution to a qualified institution 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 (certain rules apply). 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.
## CONTACTS

<table>
<thead>
<tr>
<th>Plan or Service</th>
<th>Online</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Marathon Petroleum Benefits Service Center</td>
<td><a href="http://www.myMPCbenefits.com">www.myMPCbenefits.com</a></td>
<td>1-888-421-2199 1-419-421-3057 (Fax)</td>
</tr>
<tr>
<td>transitioning andeavor employees business solver</td>
<td><a href="http://www.myMPCbenefits.com/mybenefits">www.myMPCbenefits.com/mybenefits</a></td>
<td>1-844-408-2575</td>
</tr>
</tbody>
</table>

## Health Care

### Classic and Saver HSA Health Plan Options

- **Anthem BlueCross BlueShield**
  - [www.anthem.com](http://www.anthem.com)
  - Group #: 003329993
  - 1-855-698-5676 1-866-776-4793 1-888-596-9473 1-800-810-2583
- **Best Doctors**
  - [www.bestdoctors.com/members](http://www.bestdoctors.com/members)
  - 1-866-904-0910
- **Future Moms**
  - 1-800-828-5891

### Prescription Drug Program

- **Express Scripts**
  - [www.express-scripts.com](http://www.express-scripts.com)
  - Group #: MARAPET
  - 1-877-207-1357

### Employee Assistance Program (EAP)

- **Anthem EAP**
  - [http://www.anthemeap.com](http://www.anthemeap.com)
  - 1-800-865-1044

### Dental Plan

- **Delta Dental**
  - [www.deltadentaloh.com](http://www.deltadentaloh.com)
  - 1-800-524-0149

### Vision Plan

- **Anthem Blue View Vision**
  - [www.anthem.com](http://www.anthem.com)
  - 1-866-723-0515
- **VSP**
  - [www.vsp.com](http://www.vsp.com)
  - 1-800-877-7195

### Health Care Flexible Spending Account

- **PayFlex**
  - [www.payflex.com](http://www.payflex.com)
  - 1-844-PAYFLEX (1-844-729-3539)

### Life & Accident Insurance

- **Life & Accident Insurance Beneficiary Designations — MetLife**
  - [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)
  - 1-866-574-2864

- **Travel Assistance — AXA Assistance USA, Inc.**
  - [www.webcorp.axa-assistance.com](http://www.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

- **Property, Casualty & Automobile Insurance — MetLife**
  - [www.mybenefits.metlife.com](http://www.mybenefits.metlife.com)
  - 1-800-438-6381

### Savings & Retirement

- **Thrift, Retirement and Health Savings Account — Fidelity**
  - [www.netbenefits.com/marathonpetroleum](http://www.netbenefits.com/marathonpetroleum)
  - 1-866-602-0595

### Wellness

- **Health Assessment, Programs, Education, and Tools — Health Fitness**
  - [www.mymcpwellallways.com](http://www.mymcpwellallways.com)
  - 1-800-851-5951 Option 1

- **Health Services Wellness Helpline**
  - 1-800-851-5951 Option 1
ADDITIONAL BENEFITS

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.

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 Lifeworks at 1-888-319-7819 or visit https://metlifegc.lifeworks.com (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
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 Marathon Petroleum and group number, which is #37600.

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

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.

We are required by provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to provide you with the HIPAA Privacy Notice. Unless your circumstance or preference falls within item numbers 2 (on this page) or 3 (on page 35) 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 Notice 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.

Unless items 2 (on this page) or 3 (on page 35) apply to you, this letter is informational and no action from you is required.
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:**

Marathon Petroleum Company LP  
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, Delta 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 on the left) 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 BCBS 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 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 Company LP
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, 2018

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 regard 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:

Marathon Petroleum Company LP
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:

Marathon Petroleum Company LP
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:

Marathon Petroleum Company LP
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:

Marathon Petroleum Company LP
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:

1. A power of attorney for health care purposes, notarized by a notary public.
2. A court order of appointment of the person as the conservator or guardian of the individual.
3. 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, 2018.

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:

Marathon Petroleum Company LP
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:

Marathon Petroleum Company LP
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, 2018.

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 Annual 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 Annual 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 on page 43, 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 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 16, 2018. Contact your state for more information on eligibility:

<table>
<thead>
<tr>
<th>State</th>
<th>Medicaid Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA — Medicaid</td>
<td><a href="http://myahipp.com">http://myahipp.com</a></td>
<td>1-855-692-5447</td>
</tr>
<tr>
<td>ALASKA — Medicaid</td>
<td><a href="http://myakhipp.com">http://myakhipp.com</a></td>
<td>1-866-251-4861</td>
</tr>
<tr>
<td>COLORADO — Medicaid</td>
<td><a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a></td>
<td>Phone: 1-800-221-3943/ State Relay 711</td>
</tr>
<tr>
<td></td>
<td>Health First Colorado Member Contact Center:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: 1-800-221-3943/ State Relay 711</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CHP+ Website: <a href="http://www.colorado.gov">Colorado.gov/HCPF/Child-Health-Plan-Plus</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>– Click on Health Insurance Premium Payment (HIPP)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Phone: 404-666-4507</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All other Medicaid</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Website: <a href="http://www.indianamedicaid.com">http://www.indianamedicaid.com</a></td>
<td>Phone: 1-800-403-0864</td>
</tr>
<tr>
<td>KENTUCKY — Medicaid</td>
<td><a href="https://chfs.ky.gov">https://chfs.ky.gov</a></td>
<td>1-800-635-2570</td>
</tr>
<tr>
<td>LOUISIANA — Medicaid</td>
<td><a href="http://dhh.louisiana.gov/index.cfm/subhome/1/n/331">http://dhh.louisiana.gov/index.cfm/subhome/1/n/331</a></td>
<td>1-888-695-2447</td>
</tr>
<tr>
<td></td>
<td>TTY: Maine relay 711</td>
<td></td>
</tr>
<tr>
<td>NEBRASKA — Medicaid</td>
<td><a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a></td>
<td>1-855 632-7633</td>
</tr>
<tr>
<td></td>
<td>Lincoln: (402) 473-7000</td>
<td>(402) 595-1178</td>
</tr>
<tr>
<td>NEVADA — Medicaid</td>
<td><a href="http://dwss.nv.gov">http://dwss.nv.gov</a></td>
<td>1-800-992-0900</td>
</tr>
</tbody>
</table>
NEW HAMPSHIRE — Medicaid
Website: https://www.dhhs.nh.gov/ombp/nhhpp/
Phone: 603-271-5218
Hotline: NH Medicaid Service Center at 1-888-901-4999

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.njfamilycare.org/index.html
CHIP Phone: 1-888-901-4999

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/medicaľassistance/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
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, 2018

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 1-800-318-2566 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.
<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marathon Petroleum Company LP</td>
<td>31-1537655</td>
</tr>
<tr>
<td>Marathon Petroleum Corporation</td>
<td>27-1284632</td>
</tr>
<tr>
<td>Marathon Petroleum Logistics Services LLC</td>
<td>45-4876417</td>
</tr>
<tr>
<td>Marathon Petroleum Service Company</td>
<td>27-4862301</td>
</tr>
<tr>
<td>Marathon Refining Logistics Services LLC</td>
<td>82-0757337</td>
</tr>
<tr>
<td>MW Logistics Services LLC</td>
<td>47-5231573</td>
</tr>
</tbody>
</table>

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 60 hours on a biweekly basis) or Regular Part-time basis (at least 20 hours but less than 35 hours per week and not on a time, special job competition, 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, and who become disabled before reaching the age of 19 and were covered under the Plan when they reached at 19; or, who became disabled between the ages of 19 and 26 and were covered under the Plan when they became disabled.