

Employee Assistance Program

Marathon Petroleum Employee Assistance Program

**Amended and Restated as of
January 1, 2020**





Employee Assistance Program

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Employee Assistance Program

I. Introduction

Marathon Petroleum Company LP (“MPC” or “Company”) sponsors and maintains the Marathon Petroleum Employee Assistance Program (“EAP” or “Program”). This document amends and restates the Program effective January 1, 2020. This document serves both as the plan document and the Summary Plan Description for the Program. To the extent not preempted by the Employee Retirement Income Security Act of 1974 (“ERISA”), the provisions of this document shall be construed and governed by the laws of the State of Ohio.

The EAP is provided by the Company at no cost to eligible members and is administered by Anthem EAP. The Program is designed to offer a professional, confidential source of help for employees and their household members who may want to seek assistance with personal problems.

II. Eligibility

A. Employee Members

Employees who work on a Regular “full-time” or Regular “part-time” basis are eligible for membership in the EAP (Employee Members). For purposes of benefit eligibility, Regular “full-time” basis means the employee has a normal work schedule of at least 40 hours per week or at least 80 hours on a bi-weekly basis. “Regular Part-time” means the employee is a non-supervisory employee and employed to work on a part-time basis (minimum of 20 hours but less than 35 hours per week), and not on a time, special job completion, or call when needed basis.

Regular employees who work on a “full-time” or “part-time” basis must be specifically designated as such by the Company to be eligible to participate in the EAP. Casual employees and common law employees who have not been designated by the Company as Regular employees who work on a “full-time” or “part-time” basis are excluded from eligibility to participate. Specifically excluded from eligibility to participate in the EAP are any individuals who have signed an agreement, or have otherwise agreed, to provide services to the Company as an independent contractor, regardless of the tax or other legal consequences of such an arrangement. Also specifically excluded are leased employees compensated through a leasing entity, whether or not the leased employee falls within the definition of “leased employee” as defined in Section 414(n) of the Internal Revenue Code.

Expatriate, Inpatriate or Third County National employees are not eligible for coverage under this Program.

B. Household Members

All Household Members of an eligible Employee Member may participate in EAP benefits. For this purpose a Household Member covers traditional dependents and also extends to any individual whose place of residence is the same as the Employee Member.



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III. Program Services

The EAP provides Employee Members and their Household Members (“Members”) with a broad range of services, including:

- Face-to-face counseling services
- Work/Life referral services and online resources, including child, elder care and legal/financial services

These services provide Members with comprehensive work/life and EAP counseling, education, and referral services. All of the resources provided by the EAP are professional and confidential, and are designed to help resolve personal problems and issues before they negatively affect one’s health, relationships with others or job performance.

A. EAP Counseling Benefits

To provide the EAP service, Marathon Petroleum has retained the services of Anthem EAP. Anthem EAP counselors, who are experienced in addressing the wide variety of problems and concerns that individuals can face in everyday life, are available to help 24-hours per day, seven days per week. Some of the types of issues and concerns addressed by the EAP include:

- Family/Marital
- Parenting
- Legal
- Alcohol and Drug Abuse
- Emotional
- Stress
- Anxiety
- Depression
- Physical
- Financial
- Child Care/Elder Care

The EAP will not intervene between an employee and their supervisor for work-related problems. The EAP does not supplant any established Company policies and procedures regarding work performance, behavior, or mandated compliance with the Drug and Alcohol Policy. Also, an Employee Member’s participation in the EAP does not exempt or shield them from compliance with established Company policies and procedures regarding work performance or behavior, and mandated compliance with the Drug and Alcohol Policy.



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The EAP provides:

- Confidential Services
- Assessment
- Professional Counseling
- Education
- Referral Assistance (if needed)
- Follow-up

Eligible Members may contact the EAP service 24 hours per day, seven days per week by calling 1-800-865-1044. Members who are located outside of the United States may contact the EAP service by calling Anthem EAP at 1-858-571-8222.

A counselor will speak with the caller, discuss the caller's needs, and assist in arranging an appointment with a counselor who is a part of the Anthem EAP network of EAP counselors. Anthem EAP may provide the names of more than one available EAP counselor. It is the caller's responsibility to notify Anthem of which EAP counselor is ultimately chosen. Anthem EAP will then contact the chosen EAP counselor to authorize your EAP visits or will provide you with information to use online counseling visits. Members are eligible for up to eight counseling sessions per individual per problem or concern per year. Counseling options include visits conducted over the telephone, through online video using your smartphone, tablet or computer with a webcam, or one-on-one with a counselor.

B. Work/Life Services

Anthem EAP consultants are available to help with a wide range of work/life issues as follows:

- Pre-natal care
- Child-care
- Health and wellness
- Summer child care
- Adoption
- Parenting
- Adult care and elder care
- Academic services
- Relocation
- Locating a service provider (such as a plumber, electrician, or pet sitter)

Anthem EAP Work/Life consultants can provide counseling, education, and referral to providers and programs that meet particular service and location requirements. Anthem EAP Work/Life consultants will research specific needs and will provide the information about resources they have located.



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C. www.AnthemEAP.com

The Anthem EAP website provides 24 hours a day online access to educational information including stress, eating disorders, depression, and alcohol and drug abuse, and tip sheets on topics of interest. The link at www.AnthemEAP.com provides self-assessment tools that can be used to evaluate and create action plans based on health issues, depression, and family stress. You do not need to register to use this website. Your company name is Marathon Petroleum.

Anthem counseling benefits and work/life services can be accessed by using the Anthem EAP toll free number, 1-800-865-1044, or online through the Anthem EAP website.

IV. Cost

Under the EAP counseling portion of the program, up to eight counseling sessions per individual per problem or concern per year with an EAP counselor are a free service and are prepaid by the Company. Sometimes, additional counseling or specialized treatment is required that is outside of the EAP benefit and, in this case, you would be responsible for any cost. This additional cost may be partly covered under the Marathon Petroleum Health Plan or Marathon Petroleum Retiree Health Plan (“Health Plan”). See the Health Plan if you are a member of that plan.

The resource, educational and referral services provided by Anthem EAP work/life services are available free of charge to Members. Organizations and services that these programs refer you to may charge a fee. The services you may select that do charge a fee are not provided free and are not a covered benefit of the EAP. These fees would be your responsibility to pay. For example, any dependent care services or adult care services you might select would be your financial responsibility.

V. Confidentiality

The Company recognizes that confidentiality is a cornerstone for the success and effectiveness of the EAP. The EAP was designed to benefit you and your Household Members. Your participation in the EAP, including online services and work life services, will be treated confidentially in accordance with all state and federal laws. Local counseling offices are located away from the work site. Except in very unusual circumstances as prescribed by law (such as life threatening events), any private discussions a Member has with an Anthem EAP counselor will not be disclosed to anyone.

The Company will not be aware of an Employee Member’s participation in the EAP unless the employee requests it. Should an Employee Member wish the Company to be aware of their participation or progress in the EAP, the Employee Member must sign a release of information form to that effect. The Company receives only a quarterly statistical report of usage. No names or other individual identifying information are included in these reports.



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In certain circumstances, an Employee Member may have a problem that so seriously impacts work performance, they may be terminated if their work performance does not improve. In these cases, the Employee Member's supervisor may refer the Employee Member to the EAP as a condition of continued employment. Once the initial contact is made between the Employee Member and the EAP, the supervisor will receive no information regarding the Employee Member's participation and progress in the program, unless the Employee Member signs the release of information form. As with voluntary use of the EAP, any case details will be held in strict confidence and will not be provided to the supervisor or the Company, except as required by law, or as authorized by the Employee Member.

VI. Program Responsibilities

The Marathon Petroleum Employee Assistance Program is designed to offer a professional, confidential source of help for Members who may want to seek assistance with personal problems and work/life issues. The Company does not determine the method of care, the services to be provided by the EAP counselors or by others to whom the EAP counselors may refer Members, nor the referrals and education provided by Anthem EAP work/life services. The Company makes no representation about the quality of the providers or the services provided. In addition, the Company does not assume any responsibility for the results of participation in the EAP.

VII. Health Plan Coverage

The EAP provides assessment and referral services to Anthem EAP network providers at no cost Members. For those individuals covered by both the EAP and the Marathon Petroleum Health Plan or Retiree Health Plan, Members are encouraged (but not required) to contact the EAP to assess the individual's needs. If the problem can be treated with short-term counseling (eight sessions or less), the individual will be referred to the EAP for treatment. However, if the problem requires ongoing treatment and the individual is covered under the Classic or Saver HSA options of the Health Plans, the EAP will refer the individual to a network provider (Anthem) under the Health Plan. If the individual is covered under the Kaiser Permanente Traditional HMO options of the Health Plans, the individual will should seek further treatment options through the Kaiser Permanente option in which they are enrolled.

VIII. Termination of EAP Coverage

Coverage for you and your Household Members terminates 36 months following the date you or your Household Members cease to meet the eligibility requirements including, but not limited to, ceasing to be a Regular full-time or part-time employee (except if your normal work schedule is reduced to 20 hours or more per week to accommodate a bona fide health problem or disability).

Coverage will also terminate if the Program is terminated by MPC or if the Company through which you have coverage ceases to be a participating employer and coverage would end effective with the date of termination of the Program or date on which the Company through which you have coverage ceases to be a participating employer.



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IX. Cancellation of Coverage

If you and/or an individual claimed to be a covered dependent were covered by the Plan and should not have been covered, the Plan will cancel coverage prospectively once the mistake is identified.

X. Claims and Claims Appeal Procedures

The Company anticipates that EAP services will be provided to eligible employees and their dependents automatically. If, however, an individual believes that a request for EAP services has been denied, in whole or in part, the individual is entitled to appeal the decision and the appeal must be made by following the appeal procedures outlined below.

The Plan Administrator, or others delegated authority to hear appeals by the Plan Administrator, has the authority to render decisions on all appeals submitted under the Plan and the determination made by the Plan Administrator, or others delegated authority to hear appeals by the Plan Administrator, to an appeal concerning benefits shall be final.

Appeals to the Plan Administrator must contain all of the required information in order to be regarded as an appeal under the Plan. If required information is missing, the request will not be regarded by the Plan as an appeal and it will be returned to the covered individual, or their designated representative, with no determination made. The covered individual, or their duly authorized representative, should contact Anthem EAP prior to filing the appeal in order to clarify any questions they may have on the reason for the denial by the claim payer. All appeals must contain the following information:

- a. A statement that a formal appeal under the Plan is being made and the type of appeal (Urgent Pre-Service Claim Appeal, Non-Urgent Pre-Service Claim Appeal or Post-Service Claim Appeal).
- b. The name of the individual for whom the claim was denied.
- c. The Social Security number of the employee and, if the individual for whom the claim was denied is not the employee, the name of the individual.
- d. Name of Plan the individual is covered under. (For example, the Employee Assistance Program.)
- e. Identify the claim denied for which the appeal is being made. Include the date of service, name of the provider and/or facility.
- f. Any and all information necessary for a complete and thorough review of the claim appeal. Provide the complete name and phone number of any mental health professionals to contact for additional information supporting the approval of the appeal.
- g. Address and telephone number of the individual or duly authorized representative making the appeal.
- h. Authorization for release of personal health information if appropriate and necessary.

How an appeal is made and the time frames for requesting an appeal vary depending on the type of health service claim denied. The following explains the three types of appeal for the three types of claims and the procedures for making an appeal for each of the three types of appeals: Urgent Pre-Service Claim Appeal, Non-Urgent Pre-Service Claim Appeal, and Post-Service Claim Appeal.



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For those claim appeal procedures that require that the appeal be sent in writing to the Plan Administrator, the address for the Plan Administrator of the Marathon Petroleum Employee Assistance Program is below. A form for you to use to submit the appeal can be found at <http://www.mympcbenefits.com> under “Your Health Forms” and is titled “Claim Denial Appeal Form.” The form can also be obtained by requesting a copy from the Benefits Service Center at 1-888-421-2199.

Marathon Petroleum EAP Appeals
The Plan Administrator
539 South Main Street
Findlay, Ohio 45840

A. Pre-Service Claim Appeal

If a request for health care was denied before the health care is rendered by Anthem EAP under the Plan, the claim is a pre-service claim and the covered individual may appeal by following the pre-service claim appeal procedures. In addition, the pre-service claim appeal procedures depend on if it is an urgent or a non-urgent claim. **An urgent claim appeal is a claim for medical care or treatment where withholding immediate treatment could seriously jeopardize the life or health of a patient or a patient’s unborn child, or could affect the ability of the patient to regain maximum functions.**

1. Urgent Pre-Service Claim Appeal

A covered individual, or their designated representative, may appeal a denial decision of an urgent pre-service claim by phone or in writing (by mail or facsimile). There is no time limit for the covered individual to make such an appeal.

If the appeal is made by telephone or facsimile, the covered individual is to make the appeal by contacting the Benefits Service Center at 1-888-421-2199. Listen for the prompt in the opening message for filing an urgent pre-service claim appeal. Information for filing an appeal by phone or facsimile will be provided. If the appeal is made by facsimile, the covered individual is to make the appeal by sending the appeal to the Plan Administrator, Attention: Marathon Petroleum EAP Claim Appeals, The Plan Administrator of the Marathon Petroleum EAP.

If the appeal is made in writing, the appeal is to be sent to the Plan Administrator at the address stated at the beginning of this section on “Claims and Claim Appeal Procedures.”

A determination by the Plan Administrator, or others delegated authority to hear final appeals by the Plan Administrator, will be made within 72 hours of receipt of the appeal request. The appeal determination will be sent to the individual making the appeal at the telephone number and address provided in the appeal.

Note: A pre-service claim that is “urgent” when it is initially filed and the determination is made by the Plan Administrator, will cease to be an “urgent” pre-service claim and will become a non-urgent pre-service claim if, between the date of the claim denial and the date the appeal is made, the health care services are actually rendered and the only decision to be made is who will pay for the services.

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It is not anticipated that there will be any Urgent Pre-Service Claim Appeals under the EAP due to the nature of the benefits provided by the EAP. These Urgent Pre-Service Claim Appeal provisions are provided to meet federal regulations.

2. Non-Urgent Pre-Service Claim Appeal

A covered individual, or their designated representative, is to first telephone Anthem EAP at 1-800-865-1044 and ask that their claim be reviewed.

If, after the claim has been reviewed in response to the telephone call, the covered individual, or their designated representative, continues to disagree with the handling and disposition of the claim, they are entitled to submit a written appeal to the Plan Administrator at the address found at the beginning of this section on “Claims and Claim Appeal Procedures.” The written appeal must be received by the Plan Administrator within 180 days of the initial denial. The Plan Administrator, or others delegated authority to hear appeals by the Plan Administrator, must respond to your written appeal within 15 days for a Non-Urgent Pre-Service claim. The appeal determination will be sent to the individual making the appeal at the address provided in the appeal.

B. Post-Service Claim Appeal

A covered individual, or their designated representative, is to first telephone Anthem EAP at 1-800-865-1044 and ask that their claim be reviewed.

If after the claim has been reviewed in response to the telephone call, the covered individual, or their designated representative, continues to disagree with the handling and disposition of the claim, they are entitled to submit a written appeal to the Plan Administrator at the address found at the beginning of this section on “Claims and Claim Appeal Procedures.” The written appeal must be received by the Plan Administrator within 180 days of the initial denial (Such appeal must be in writing and cannot be submitted by telephone, facsimile or e-mail.)

A determination by the Plan Administrator, or others delegated authority to hear appeals by the Plan Administrator, will be made within 30 days of the Plan Administrator receiving the appeal request. The appeal determination will be sent to the individual making the appeal at the address provided in the appeal.

C. Appointment of Authorized Representative

An authorized representative may act on behalf of a claimant with respect to a benefit claim or appeal under the Plan’s claim and appeal procedures. No person will be recognized as an authorized representative until the Plan receives an *Appointment of Authorized Representative* form signed by the claimant, except that for urgent care claims the Plan shall, even in the absence of a signed *Appointment of Authorized Representative* form, recognize a health care professional with knowledge of the claimant’s medical condition (e.g., the treating physician) as the claimant’s authorized representative unless the claimant provides specific written direction otherwise.



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An *Appointment of Authorized Representative* form may be obtained from, and completed forms must be submitted to, the Marathon Petroleum Benefits Service Center, 539 S. Main Street, Findlay, OH 45840, 1-888-421-2199, or the appropriate claims administrator. The form is also available on <http://www.mympcbenefts.com>. Once an authorized representative is appointed, the Plan shall direct all information, notification, etc. regarding the claim to the authorized representative. The claimant shall be copied on all notification regarding decisions, unless the claimant provides specific written direction otherwise.

A representative who is appointed by a court or who is acting pursuant to a document recognized under applicable state law as granting the representative such authority to act, can act as a claimant's authorized representative without the need to complete the form, provided the Plan is provided with the legal documentation granting such authority.

A claimant may also need to sign an authorization form for the release of protected health information to the authorized representative.

D. Finality of Decision and Legal Action

A claimant must follow and fully exhaust the applicable claims and appeals procedures described in this Program before taking action in any other forum regarding a claim for benefits under the Program. Any suit or legal action initiated by a claimant under the Plan must be brought by the claimant no later than one year following a final decision on the claim for benefits under these claims and appeals procedures. The one-year statute of limitations on suits for benefits applies in any forum where a claimant initiated such suit or legal action. If a civil action is not filed within this period, the claimant's benefit claim is deemed permanently waived and abandoned, and the claimant will be precluded from reasserting it.

XI. Administration

Plan Name and Plan Identification Number

The formal name of the plan is the Marathon Petroleum Employee Assistance Program. MPC's employer identification number is 31-1537655 and the plan number is 554. Plan documents may be inspected by submitting a request to your local Human Resources office or to Marathon Petroleum Company LP, Benefits Administration, 539 South Main Street, Findlay, OH 45840.

Plan Sponsor and Administrator

The plan is sponsored by Marathon Petroleum Company LP, 539 South Main Street, Findlay, Ohio 45840. The Plan Administrator and Named Fiduciary of the plan is Jonathan M. Osborne, 539 South Main Street, Findlay, Ohio, 45840, (419) 422-2121. The Plan Administrator shall appoint such Assistant Plan Administrators as may be deemed necessary.



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In determining the eligibility of participants and others for benefits and in construing the EAP's terms, the Plan Administrator has the power to exercise their discretion in the construction of doubtful, disputed or ambiguous terms or provisions of the EAP, in cases where the EAP plan instrument is silent, or in the application of terms or provisions to situations not clearly or specifically addressed in the EAP plan instrument itself. In situations in which the Plan Administrator deems it to be appropriate, the Plan Administrator may evidence (i) the exercise of such discretion, or (ii) any other type of decision, directive or determination they may make with respect to the Plan, in the form of written administrative rulings which, until revoked or until superseded by plan amendment or by a different administrative ruling, shall thereafter be followed in the administration of the Plan. All decisions of the Plan Administrator made on all matters within the scope of their authority shall be final and binding upon all persons, including the Company, all participants and beneficiaries, and their heirs and personal representatives. It is intended that the standard of judicial review to be applied to any determination made by the Plan Administrator shall be the "arbitrary and capricious" standard of review.

Participating Employers

Upon specific authorization and subject to such terms and conditions as it may establish, Marathon Petroleum Company LP may permit subsidiaries and affiliated organizations to participate in this plan. Currently, these participating companies include Marathon Petroleum Company LP, Marathon Petroleum Corporation, Marathon Petroleum Service Company, Marathon Petroleum Logistics Services LLC, Marathon Refining Logistics Services LLC and Treasure Card Company LLC.

The term "Company" and other similar words shall include Marathon Petroleum Company LP and such affiliated organizations. The term "employee" and other similar words shall include any eligible employee of these companies.

Type of Plan and Administration

The plan provides employee assistance and is administered in part by the plan sponsor, Marathon Petroleum Company LP, and in part under a contract with Anthem EAP, 700 Broadway, Denver, CO 80273.

Plan Year

The plan year ends on December 31, and the plan's records are kept on a calendar year basis.

Agent for Service of Legal Process

The agent for service of legal process on the Plan is the Plan Administrator and process may be served on the Plan Administrator at 539 South Main Street. Findlay, Ohio 45840.

XII. Modification and Termination of the EAP

The Company reserves the right to modify or terminate this Plan, in whole or in part, in such manner, as it shall determine, either alone or in conjunction with other plans for the Company. Modification or termination may be made by the Company for any reason.



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XIII. Your Rights Under Federal Law

As a Participant in the Marathon Petroleum Employee Assistance Program, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (“ERISA”). ERISA provides that all plan Participants shall be entitled to:

Receive Information About Your Plans and Benefits

Examine, without charge, at the plan administrator’s office and at other specified locations, such as worksites, all plan documents governing the plan, including insurance contracts, and a copy of the latest annual reports (Form 5500 Series) filed by the plans with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration.

Obtain, upon written request to the plan administrator, copies of documents governing the operation of the plan, including insurance contracts, and copies of the latest annual reports (Form 5500 Series) and updated summary plan descriptions. The administrator may make a reasonable charge for the copies.

Receive, as required by law, a summary of a plan’s annual financial reports.

Prudent Actions by Plan Fiduciaries

In addition to creating rights for plan Participants ERISA imposes duties upon the people who are responsible for the operation of the plans. The people who operate your plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and other plan Participants and beneficiaries. No one, including your employer, or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a welfare benefit or exercising your rights under ERISA.

Enforce Your Rights

If your claim for a welfare benefit is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request a copy of plan documents or the latest annual reports from the plan and do not receive them within 30 days, you may file suit in a Federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or Federal court. In addition, if you disagree with the plan’s decision or lack thereof concerning the qualified status of a domestic relations order or a medical child support order, you may file suit in Federal court. If it should happen that plan fiduciaries misuse the plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim is frivolous.



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Assistance With Your Questions

If you have any questions about your plan, you should contact the plan administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the plan administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

Appendix A

Protected Health Information (PHI)

A. Use and Disclosure of Protected Health Information (PHI)

The Plan will use protected health information (PHI) to the extent of and in accordance with the uses and disclosures permitted by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Specifically, the Plan will use and disclose PHI for purposes related to health care treatment, payment for health care and health care operations. The Plan will disclose PHI only to the Plan Administrator and other members of the Company's workforce who are authorized to receive such PHI, and only to the extent and in the minimum amount necessary for that person to perform Plan administrative functions. "Members of the Company's workforce" generally include certain employees who work in the Company's employee benefits department, human resources department, payroll department, legal department, and information technology department. The Plan Administrator keeps an updated list of those members of the Company's workforce who are authorized to receive PHI.

In the event that any member of the Company's workforce uses or discloses PHI other than as permitted by the terms of the Plan regarding PHI and 45 C.F.R. parts 160 and 164 ("HIPAA Privacy Standards"), the incident shall be reported to the Plan's privacy officer. The privacy officer shall take appropriate action, including:

- Investigation of the incident to determine whether the breach occurred inadvertently, through negligence or deliberately; whether there is a pattern of breaches; and the degree of harm caused by the breach;
- Appropriate sanctions against the persons causing the breach which, depending upon the nature of the breach, may include oral or written reprimand, additional training, or termination of employment;
- Mitigation of any harm caused by the breach, to the extent practicable; and
- Documentation of the incident and all actions taken to resolve the issue and mitigate any damages.

In order to protect the privacy and ensure adequate security of PHI and EPHI (EPHI means PHI that is transmitted by or maintained in electronic media), as required by HIPAA, the Company has agreed to:

- Not use or further disclose PHI other than as permitted or required by the Plan document or as required by law, including HIPAA privacy standards;
- Implement reasonable and appropriate administrative, physical and technical safeguards to protect the confidentiality, integrity and availability of EPHI that the Company creates, receives, maintains or transmits on behalf of the Plan;
- Ensure that the adequate separation between the Plan and the Company described above is supported by reasonable and appropriate security measures;
- Ensure that any agents, including a subcontractor, to whom it provides PHI received from the Plan agree to the same restrictions and conditions that apply to the Company with respect to such PHI;



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- Ensure that any agent to whom it provides EPHI shall agree, in writing, to implement reasonable and appropriate security measures to protect the EPHI;
- Not use or disclose PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the Company;
- Report to the Plan any PHI use or disclosure that is inconsistent with the uses or disclosures provided for of which it becomes aware;
- Report to the Plan Administrator any security incident of which it becomes aware;
- Make PHI available to an individual in accordance with HIPAA's access requirements;
- Make PHI available for amendment and incorporate any amendments to PHI in accordance with HIPAA;
- Make available the information required to provide an accounting of disclosures;
- Make internal practices, books and records relating to the use and disclosure of PHI received from the Plan available to the HHS Secretary for the purposes of determining the Plan's compliance with HIPAA;
- If feasible, return or destroy all PHI received from the Plan that the Company still maintains in any form, and retain no copies of such PHI when no longer needed for the purposes for which disclosure was made (or if return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction infeasible);
- To use reasonable and appropriate security measures to protect the security of all PHI, including EPHI, and to support the separation between the Plan and the Company, as needed to comply with the HIPAA Security Standards.

More information can be obtained regarding the use of PHI under HIPAA and the establishment of a security officer from the Notice of Privacy Practices available at <http://www.mympcbbenefits.com/documents/mpc-hipaa-notice-of-privacy-practices.pdf>.