



## 2017 Health, Dental and Vision Monthly Contributions

Monthly Contributions for Active Regular <i>Full-Time and Part-Time</i> Employees				
Benefit Plan	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee & Family
Dental: Cigna PPO	\$ 13	\$ 26	\$ 28	\$ 41
Health: Saver HSA Option*	\$ 69	\$159	\$138	\$214
Health: Classic Option	\$101	\$231	\$201	\$312
Vision	\$ 7	\$ 12	\$ 13	\$ 20
Cigna International (Health & Dental)	\$111	\$223	\$223	\$349

\* Excludes employer HSA contribution.





## 2017 Health Plan Options Comparison

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

	Saver HSA Option <i>In-network benefits</i>	Classic Option <i>In-network benefits</i>
<b>Deductible</b>	\$1,350 Employee Only	\$500 Individual
	\$2,700 Employee + Dependents**	\$1,000 Family
<b>Out-of-Pocket (OOP) Maximum*</b>	\$5,000 Individual	\$3,000 Individual
	\$10,000 Family	\$6,000 Family
<b>Coinsurance</b>	You pay 20% after deductible	You pay 20% after deductible
<b>Office Visit</b>	You pay 20% after deductible	\$20 for primary care; \$50 for specialist and urgent care
<b>Preventive Services</b>	Plan covers at 100% (no deductible)	Plan covers at 100% (no deductible)
<b>ER Charge</b>	Deductible, then \$150 charge, then 20% coinsurance	\$150 charge, then deductible plus 20% coinsurance

\* Medical and prescription drug expenses will apply toward meeting the out-of-pocket maximum.

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

### Company Contribution to Health Savings Account

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

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

(continued)





## 2017 Health Plan Options Comparison

### Prescription Drugs (Rx)

Marathon Petroleum’s prescription drug coverage for both Health Plan options is administered by **Express Scripts**. You will automatically receive prescription drug coverage if you enroll in either Health Plan option. Your prescription drug costs will depend on the Health Plan option you elect, whether you purchase at a retail pharmacy or through mail order, and the type of prescription drugs you buy (i.e., generic or brand name).

All prescription and specialty drugs **MUST** be purchased through Express Scripts Mail Order or at a Participating Network Pharmacy, or there will be no coverage from the Plan.

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

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





## 2017 Dental Plan and Vision Plan Overview

### Cigna Dental PPO Plan Overview

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

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

### Anthem Vision Plan Overview

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

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

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



## 2017 Monthly COBRA Contributions

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

Option	Member Only	Member & Spouse	Member & Child(ren)	Member & Family
Dental: Cigna PPO	\$ 33.13	\$ 64.94	\$ 70.91	\$ 104.70
Health: Saver HSA Option	\$ 438.43	\$1,020.68	\$ 876.86	\$1,395.02
Health: Classic Option	\$ 513.06	\$1,179.12	\$1,026.12	\$1,589.16
Vision	\$ 7.14	\$ 12.24	\$ 13.26	\$ 20.40
Employee Assistance	\$0 per person			

